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2006

Uganda

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**Country Contacts**

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**Table 1: Country Program Strategic Overview**

*Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.*

☐ Yes ☑ No

**Description:**

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 Targets for Reporting Period Ending September 30, 2006**

| | National 2-7-10 | USG Direct Target End FY2006 | USG Indirect Target End FY2006 | USG Total target End FY2006 |
|---|---|---|---|---|
| **Prevention** | | | | |
| | **Target 2010: 164,194** | | | |
| Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | 160,707 | 139,293 | 300,000 |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT | | 6,428 | 5,572 | 12,000 |
| **Care** | | | | |
| | **Target 2008: 300,000** | 296,912 | 44,177 | 341,089 |
| Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri | | 204,757 | 35,777 | 240,534 |
| Number of OVC served by an OVC program during the reporting period | | 92,155 | 8,400 | 100,555 |
| Number of individuals who received counseling and testing for HIV and received their test results during the reporting period | | 571,417 | 428,583 | 1,000,000 |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period | | 19,797 | 5,421 | 25,218 |
| **Treatment** | | | | |
| | **Target 2008: 60,000** | 54,233 | 35,777 | 90,010 |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period | | 54,233 | 35,777 | 90,010 |

## 2.2 Targets for Reporting Period Ending September 30, 2007

| | National 2-7-10 | USG Direct Target End FY2007 | USG Indirect Target End FY2007 | USG Total target End FY2007 |
|---|---|---|---|---|
| **Prevention** | | | | |
| | **Target 2010: 164,194** | | | |
| Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | 136,800 | 238,200 | 375,000 |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT | | 5,472 | 9,528 | 15,000 |
| **Care** | | | | |
| | **Target 2008: 300,000** | 388,113 | 68,000 | 456,113 |
| Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri | | 233,516 | 50,000 | 283,516 |
| Number of OVC served by an OVC program during the reporting period | | 154,597 | 18,000 | 172,597 |
| Number of individuals who received counseling and testing for HIV and received their test results during the reporting period | | 590,692 | 659,308 | 1,250,000 |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period | | 21,579 | 6,000 | 27,579 |
| **Treatment** | | | | |
| | **Target 2008: 60,000** | 70,000 | 50,000 | 120,000 |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period | | 70,000 | 50,000 | 120,000 |

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HIV/TB testing with TB treatment-Cooperative Agreement**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3439
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:**

**Mechanism Name: Laboratory Quality Assurance-Cooperative Agreement**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3440
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:**

**Mechanism Name: Logistics Technical Support**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3325
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:** No

**Mechanism Name: Capacity Building of Indigenous Institutions**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3370
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:**

**Mechanism Name: Conflict Districts**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3167
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:**

**Mechanism Name: PHA Network**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3166
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:**

**Mechanism Name: Targeted evaluations**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3518
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** To Be Determined
**New Partner:** No

**Mechanism Name: PL480 Title II HIV/AID Feeding Program**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 2759
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** ACDI/VOCA
**New Partner:** No

Sub-Partner: The AIDS Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Catholic Relief Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Africare
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3173
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** African Medical and Research Foundation
**New Partner:** No

Sub-Partner: National Tuberculosis & Leprosy Program, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV

**Mechanism Name: OVC Track 1/Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3348
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Africare
**New Partner:** No

Sub-Partner: Emerging Markets
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

**Mechanism Name: AIC CDC**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3326
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** AIDS Information Centre
**New Partner:** No

**Mechanism Name: AIC USAID**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 2758
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** AIDS Information Centre
**New Partner:** No

**Mechanism Name: OVC Track 1/Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3168
***Planned Funding($):***
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Associazione Volontari per il Servizio Internazionale
**New Partner:** No

**Mechanism Name: Pediatric Infectious Disease Clinic**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3331
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Baylor University, College of Medicine
**New Partner:** No

**Mechanism Name: The Core Initiative**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 2760
***Planned Funding($):***
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** CARE International
**New Partner:** No

Sub-Partner: International Center for Research on Women
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

*Associated Program Areas:* *OVC*

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: International HIV/AIDS Alliance
*Planned Funding:*
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Ministry of Gender, Labor and Sports, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Alliance for African Assistance

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Save the Children UK
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Grassland Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: National Council for Children
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: The African Network for Protection Against Child Abuse
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Uganda Women's Efforts to Save Orphans
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Uganda Muslim Supreme Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Action for Children
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Family Life Education Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Integrated Family Development Initiatve
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: National Youth Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Rukungiri Gender & Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Uganda Joint Christian Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Caritas Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

**Mechanism Name: Hope for African Children's Initiative**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3354
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** CARE USA
**New Partner:** No

**Mechanism Name: AB Track 1/ Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3180
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Catholic Relief Services
**New Partner:** No

Sub-Partner: Kampala Archdiocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Gulu Archdiocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Mbarara Archdiocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Kasana Luwero Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Fort Portal Dioces HIV/AIDS Focal Point
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

**Mechanism Name: AIDSRelief**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3330
**Planned Funding($):** [redacted]
**Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Catholic Relief Services
**New Partner:** No
***Early Funding Request:*** *Yes*
**Early Funding Request Amount:** [redacted]
**Early Funding Request Narrative:** AIDSRelief is a comprehensive and integrated HIV/AIDS program, providing prevention, ARVs, palliative care, and wrap-around services to HIV positive people and their families throughout Uganda. Catholic Relief Services is the lead agency of the AIDSRelief consortium, responsible for overall coordination and management of consortium activities, Futures Group leads the Projects Strategic Information systems which provide essential clinical and programmatic information for high quality care; the Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols.

The AIDSRelief program in Uganda has had marked success, currently providing ART to over 6,000 patients, and will expand access to ART to 9,650 patients (including 600 children) by March 2006 and provide palliative care services to 20,000 HIV positive patients. AIDSRelief services will be offered through 15 facilities distributed throughout Uganda. In Kampala, these include Nsambya Hospital, KCCC, Bethlehem Medical Center and WTC Kololo. Our upcountry sites include St. Mary's Lacor (Gulu), St Joseph's Hospital (Kitgum), Nile Treatment Center (Mukono/Jinja), Virika Hospital and Kabarole Hospital (Kabarole), Villa Maria Hospital (Masaka), two Bushenyi Medical Centers (Katungu and Kabwohe), Kyamuhunga Comboni Hospital (Bushenyi), Kasanga Health Centre (Kasese) and Kalongo Hospital (Kasese). Most of these facilities have outreaches, often collaborating with CBOs to support adherence.

In FY06 AIDSRelief will maintain 9,650 patients on free ARVs through this program. The cost of ARVs for these patients in FY06 will be [redacted] of which AIDSRelief requests [redacted] early funding from the COP06. These funds will support a 6-month advance order of ARVs, assuring the integrity of the ARV pipeline, so that all patients have uninterrupted access to anti-retroviral therapy.

**Early Funding Associated Activities:**

Program Area:Treatment: ARV Services
Planned Funds: [redacted]
Activity Narrative: This activity also relates to activities in: 4390-Laboratory Infrastructure, 4377-HIV/AIDS Treatment

Sub-Partner: Christian HIV/AIDS Prevention and Support
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

*Associated Program Areas:* *Abstinence/Be Faithful*
Palliative Care: Basic health care and support
OVC

Sub-Partner: Meeting Point
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC

Sub-Partner: Villa Maria Hospital

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Kalongo Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Workers Treatment Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Laboratory Infrastructure
Strategic Information

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Comboni Samaritans
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC

Sub-Partner: St. Joseph's Hospital
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Nsambya Hospital Home Care Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC
Treatment: ARV Services

Sub-Partner: Kamwokya Christian Caring Community
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: St. Mary's Hospital, Lacor
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
OVC
Treatment: ARV Services

Sub-Partner: Kasanga Health Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Bethlehem Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Nile Treatment Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Katungu Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Kabwohe Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Children's AIDS Fund
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services
Strategic Information

Sub-Partner: Kabarole Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Virika Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

Sub-Partner: Kyamuhanga Comboni Hospital, Bushenyi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Treatment: ARV Services
Strategic Information

**Mechanism Name: OVC Track 1/Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3172
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
***Funding Source:*** N/A
**Prime Partner:** Christian Aid
**New Partner:** No

Sub-Partner: Concerned Parents Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Aids Care Education & Training - Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3155
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Commodity Security Logistics
**New Partner:** No

**Mechanism Name: PIASCY/ Basic Education and Policy support (BEPS)**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3181
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Creative Associates International Inc
**New Partner:** No

Sub-Partner: Teamline
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: Abstinence/Be Faithful

**Mechanism Name: Legislative Support and Advocacy**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3454
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Development Associates Inc.
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3158
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation
**New Partner:** No

Sub-Partner: Jinja District Health Services, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Mukono District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Mayuge District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Mpigi District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Rakai District Health Services, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: World Harvest Mission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Johns Hopkins University Bloomberg School of Public Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Associazione Volontari per il Servizio Internazionale
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Mbale District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Kabale District Health Services, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Iganga District Health Services, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Integrated Community Based Initiatives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Mbarara District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Masaka District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Sembabule District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Kasese District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services

Sub-Partner: Masindi District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

**Mechanism Name: AIDS and Workplace Project**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3165
***Planned Funding($):***
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Emerging Markets
**New Partner:** No

*Sub-Partner:* *Uganda Flower Exporters Association*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Federation of Uganda Employers
*Planned Funding:*
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

**Mechanism Name: Northern Corridor Program/Uganda Section**

***Mechanism Type:*** *Headquarters procured, country funded (HQ)*
**Mechanism ID:** 3366
***Planned Funding($):***
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
***Prime Partner:*** *Family Health International*
**New Partner:** No

*Sub-Partner:* To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
*New Partner:* Yes

Associated Program Areas: Other Prevention

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
*New Partner:* Yes

Associated Program Areas: Other Prevention

Sub-Partner: Family Planning Association of Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
*New Partner:* No

Associated Program Areas: Other Prevention

Sub-Partner: Inter-Religious Council of Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention

**Mechanism Name: N/A**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3161
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** HOSPICE AFRICA, Uganda
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3174
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Integrated Community Based Initiatives
**New Partner:** No

**Mechanism Name: Refugee HIV/AIDS services in Kyaka II Settlement**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3834
**Planned Funding($):**
**Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Prime Partner:** International Medical Corps
**New Partner:** Yes

**Mechanism Name: Community Resilience and Dialogue**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3160
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** International Rescue Committee
**New Partner:** No

Sub-Partner: Catholic Relief Services

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Blood Safety
Counseling and Testing

Sub-Partner: Associazione Volontari per il Servizio Internazionale
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: TB/HIV

Sub-Partner: SCIU
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

**Mechanism Name: Refugee HIV/AIDS services in northern Uganda**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3833
**Planned Funding($):**
**Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Prime Partner:** International Rescue Committee
**New Partner:** No

**Mechanism Name: AB Track 1/ Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3333
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** International Youth Foundation
**New Partner:** No

Sub-Partner: The Uganda Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

**Mechanism Name: IRCU**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3327
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Inter-Religious Council of Uganda
**New Partner:** No

Sub-Partner: Uganda Catholic Secretariat
*Planned Funding:*
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Uganda Muslim Supreme Council
*Planned Funding:*
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Orthodox Church
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Uganda Seventh Day Adventist Church
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Uganda Christian AIDS Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Nyakibale Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: Meeting Point
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Nsambya Hospital Home Care Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV

Sub-Partner: Kampala Diocese HIV/AIDS Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Namirembe Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Karera Ecumenical Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: West Ankole Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Nebbi Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Gulu Archdiocese
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Mary Amuke Solidarity Fund
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Caritas Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Kasana Luwero Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mbarara Archdiocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Family Concept Care and Support Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Noor Islamic Institute
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Kimosi Orphan Care and Support Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: YOUTH ALIVE
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Church Human Services AIDS Programme
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Scripture Union
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Villa Maria Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: St Francis Home Care Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: Kumi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Kiwoko Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Kisiizi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Kuluva Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Islamic Medical Association of Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV

Sub-Partner: Iganga Islamic Medical Center
Planned Funding:
*Funding is TO BE DETERMINED:* No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

*Sub-Partner:* *Ishaka Adventist Hospital*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Kyetume Church Based Health Care Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV

Sub-Partner: Ugandan Orthodox Church
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: AIDS Orphans Education Trust
Planned Funding:
*Funding is TO BE DETERMINED:* No
New Partner:

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Services
Laboratory Infrastructure

*Sub-Partner:* *Church of Uganda*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Pope John's Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: Nyenga Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: Chain Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Friends of Cannon Gideon Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Kabale Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Kiyinda-Mityana Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Mukono Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Busoga Muslim Support Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Al Quadus
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Acholi Orphan Institute
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Nsinze Friends of Children
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Ngombe Community Health Care Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Lira Community Orphans and Peace Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Bulami Community Health Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Amucha Seventh Day Adventist Child Development Project
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Bringing Hope to the Family Full Gospel Mission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Tender Mercies International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Young Christian Students Movement
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Network
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Women's Vision
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Education Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Lyantode Islamic Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Holy Cross Hospital Namungona
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: Campus Alliance to wipe out AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Uganda Youth Forum
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

**Mechanism Name: The Capacity Project**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3312
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** IntraHealth International, Inc
**New Partner:** Yes

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Counseling and Testing

**Mechanism Name: Track 1**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3332
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** John Snow, Inc.
**New Partner:** No

*Sub-Partner:* *Program for Appropriate Technology in Health*
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

***Mechanism Name: AIDS Integrated Model District Program (AIM)***

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3151
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** John Snow, Inc.
**New Partner:** No

Sub-Partner: World Learning
Planned Funding:
*Funding is TO BE DETERMINED:* *No*
*New Partner:* *No*

Sub-Partner: World Education
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Action Against Child Abuse and Neglect
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Aakum Child & Family Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Abaritela Community Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Abele Community Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

*Sub-Partner:* *Aber Hospital*
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: ACOWA Family Helper Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Action for Socio-Economic Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Action for Youth Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Adventist Development and Relief Agency
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: African Child Care Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Agency for Cooperation and Research in Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Agency for Young Adults Health and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Agwiciri Development Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: AID Child
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: AIDS Orphans Education Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: ALENGA Health Centre III
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Amai Community Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: All Nations Christian Care
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: African Medical and Research Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ankole Cultural Dramactors
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ankole Youth Trust Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac Director of Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac DDHS TB
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac District HIV/AIDS Committee
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac Fisheries Department on AIDS awareness and nutrition
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Apac Women Development Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Arch Bishop Desmond Tutu Home
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Aringa Disaster Preparedness Forum
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Appropriate Revival Initiative for Strategic Empowerment
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Arua District HIV/AIDS Committee
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Arua DHS TB
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Arua District HCGA-Directorate of Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Arua District Local Government - Community Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Association for Social Development & Environment, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Atiira Church of Uganda Youth Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Aturur Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Aturur Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Associazione Volontari per il Servizio Internazionale
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Balyalwoba Rehabilitation & Development Agency
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bannamyole Youth Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: BIDI-BIDI Cooperative Savings and Credit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi District Network of People Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bugangaizi Health Sub-district, Kibaale

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bugangaizi Self Help Alliance Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bugangari Health Centre IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bukedea Health Centre IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bukedea Jazz band & drama group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bukedea Community AIDS support Initative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bunyaruguru Health Sub-District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bunyaruguru Muslim Youth Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi District, Probation Department
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Buseta Community AIDS Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi District HIV/AIDS Committee
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi Director of Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi District Human Resource Sector
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: PLWHAs Role Model Action Group
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Popular Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Post Test Club/Philly Lutaaya Initiatives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Bushenyi District Education Sector
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi District Probation and Social Welfare Office
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: United Christian Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Peoples Defence Forces
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Bushenyi Rural Women's Development Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Busolwe Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: UPDF 409 BDE
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Busujju/Mwera Health Subdistrict
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: UPDF 5th Division Acholi Pii-Pader
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Buwekula Women Development Association
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Uganda Women's Efforts to Save Orphans
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Buyanja Health-Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Buyanja Integrated Community Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: UWESO-2
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Caritas Arua
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Women's Efforts to Save Orphans, Tororo Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Caritas Nebbi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Caritas Pader
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: UWESO Bushenyi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Catholic Education Research and Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Women's Efforts to Save Orphans, Lira Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Voluntary Action Plan for Rural Community Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Catholic Education Research and Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Venus Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Catholic Education Research and Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Vision Terudo, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: West Ankole Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Centre for Recreation and Appropriate Training for Everyone
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Wilia HIV/AIDS Support Association - WASA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Child Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Children & Widows of Disabled Soldiers
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: World Vision Tubur
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Christian Children's Fund, Inc
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: YOUTH ALIVE
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Church of Uganda, Bukedi Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Youth Alive Club
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Yumbe District HIV/AIDS Committee

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Church of Uganda, Bukedi Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Yumbe HDS TB
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Yumbe Safe Motherhood
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Yumbe Youth HIV/AIDS Awareness Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Community Alert
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Community Empowerment Initiatives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Community for Participatory Action
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Community Vision
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Concerned Parents Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Canadian Physicians for Aid & Relief- Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Collegio Universitario Aspiranti Medici Missionari Medici con L'Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Deaf Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Dokolo Health Centre
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ediofe Health Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Edrema Psychotherapy & Counseling
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Emmaus Community Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Entebbe All Christian Women Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Equator Dramactors
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Erussi Women Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Erute North Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Family Planning Association of Uganda - Apac Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Family Planning Association of Uganda - Bushenyi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Family Therapy Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Family Planning Association of Uganda - Soroti Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Family Planning Association of Uganda - Mubende Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Friendship Association
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Goli Health Center of Uganda - Nebbi Diocese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Good Samaritan AIDS Association - Ayivu Community
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Gospel Believers Fellowship
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: HealthNeed Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: HOSPICE AFRICA, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Integrated Community Based Initiatives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Igara East Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Igara West Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Integrated Program for Orphans
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Islamic Outreach Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Itojo Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Joint Efforts to Stop Tears of AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Jule Integrated Development Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: KABA (Kasambya)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kabasuma Maanyi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kagadi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kagadi Post Test Club
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kaina Youth Dramactors
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kajara Community Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kangai Integrated Community Development Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kasambya Health Center III
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kasilo Community Based Health Care
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kumi AIDS Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kassanda South
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Katakwi District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Katakwi Egangakinos People Living with HIV/AIDS Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kebisoni HC IV

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kibaale District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kibaale District Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kibaale Integrated Health and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kibaale Network of PLWA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kibaare Anti AIDS Initiative Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: KIPABBUSAWA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kitenga CBO Forum
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kitwe Health Centre IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kiyora Dramactors Club
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Koboko Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Koboko United Women's Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kole Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kolir Women Development Association
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kolping House Mityana
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kuluva Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kumi District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kumi Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kuru Youth Effort for Healthy Life and Environmental Protection
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Lira District Development Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Lira Commmunity Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Lira Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Link Rural Based Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Lodonga Women's Club
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Lucia Youth Development Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Maracha Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Maracha Health Sub District/ HIV/AIDS Referal Network Committee
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Marie Stopes Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: MIRUDA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mission for All - Kitokolo Development Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mityana Health Care Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mityana Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mityana North
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mityana South Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mubende Local Government
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mubende Local Government, Uganda (Hospital, MRC)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mukali Mbega Womens Group Kabelai - Butebo Sub County
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Multi Purpose Youth Development Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Mwera Health Center IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Association of Women Living with AIDS, Kumi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Association of Women Living with AIDS, Soroti Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Association of Women Living with AIDS, Lira Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Association of Women Living with AIDS, Pallisa Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nagongera Youth Development Projects
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Association of Women Living with AIDS, Rukungiri Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Youth Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ndere Troupe
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nebbi Cultural Troupe
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nebbi Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nebbi Local Government, Uganda (Community Services)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nebbi Women Community Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nebbi Youth and Orphans Development Union
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Needy Kids Orphans Support Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Neighborhood Women Group

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: National Guidance and Empowerment Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ngoma Vivid Theatricals Features
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ngora Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nakaseeta Initiative for Adult Education and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ntungamo District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ntungamo Development Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nyabushenyi Womens Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nyakibale Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nyarweshama Widows Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Obimileku Youth Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Odravu Popular Initiative for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Ogongora Calvary Chapel
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: No

Sub-Partner: Olilo Orphanage & PLWA Project
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Orungo Youth Integrated Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Otuke Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Oyam North Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: PACEGO Women's Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Pader Director of District Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Padre Pio
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Pallisa AIDS Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Pallisa Community Development Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Pallisa Community with Vision to Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Pallisa District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Parombo Allied Youth Association for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Participatory Rural Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Partners in Compassion Ministries
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Philly Lutaya Initiative People Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Planning & Development Secretariat
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: PLWHAs Role Model Action Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Popular Action for Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Post Test Club/Philly Lutaaya Initiatives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: PRISONS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Private Sector Promotion Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: REPEHAC
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Revival Mission of Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Rukungiri Rural Integrated Community Development Organisation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: RIEKO Women & Youth Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rubaare Health Center IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rubabo Health Sub-District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rubabo Community Initiative to Promote Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rukungiri Gender & Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ruhinda Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ruhinda Women Integrated Development Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rukungiri District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rukungiri District Veterans Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rukungiri Empowerment and Rural Transformation Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rural Health Concern
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rural Health Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rural Integrated Development Organization Network
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rushenyi Youth Drama Actors
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rushooka Orphans Education Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Rwashamaire Health Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Save Foundation

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Save Owere
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Save Youth from Drug Abuse
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Substantiating Community Resources and Experiences Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Scripture Union Of Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Serere Health Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Sheema North Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Sheema South Health Sub District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Solidarity for AIDS Organizations
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Soroti District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Soroti Environment Concern
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Soroti Medical Associates
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Soroti Youth AIDS Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: St. Anthony Hospital
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: St. Joseph Integrated Orphanage
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: St. Mary's Ediofe Girls' Secondary School
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: St. Tereza Vocational Training Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Students Partnership Worldwide
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: SUPPORT UGANDA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Task Force for Women & AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: TB Leprosy Control Programme DHS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Teso AIDS Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Teso Family Vulnerable Children and Support Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Teso Islamic Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Teso Private Sector Development Center Ltd
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Teso Students Development Association (TESDA)
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Tororo District
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Transcultural Psychosocial Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Tuliki CHBC
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Twegatte Kisekende
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda National Scout Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Orphan Rural Development Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Tororo Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Pallisa Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Arua Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Nebbi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Mityana Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Rukungiri Branch
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Uganda Red Cross - Bushenyi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross - Kumi Branch
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Red Cross, Lira
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Rural Literacy and Community Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Network for AIDS Service Organisations
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

**Mechanism Name: *UPHOLD***

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3152
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** John Snow, Inc.
**New Partner:** No

Sub-Partner: Kamuli Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Bugiri Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Kyenjojo Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Luwero Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Kitgum Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Wakiso Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Gulu Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Mbarara Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Kisubi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Rakai Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Mayuge Local Government
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Nakapiripirit Local Government, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Agency for Cooperation and Research in Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: Agency for Cooperation and Research in Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Francois Xavier Bagnoud International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Bandimagwara Cultural Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Counseling and Testing

Sub-Partner: Fort Portal Dioces HIV/AIDS Focal Point
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: German Foundation for World Population Consortium
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Ibanda Child Development Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Kamuli Mission Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Kyembogo Holy Cross
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Maturity Audiovisuals
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Mayanja Memorial Nursing Home, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Rakai Health Sciences Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing
Strategic Information

Sub-Partner: Rural Welfare Improvement for Development
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Student Partnership Worldwide
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Student Partnership Worldwide
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Uganda Community Based
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV

Sub-Partner: Uganda Reproductive Health Bureau
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: World Vision Bundibugyo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Sub-Partner: World Vision Gulu
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: World Vision Kapeeka
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Other Prevention
Counseling and Testing

Sub-Partner: World Vision Kitgum
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
OVC

Sub-Partner: World Vision Kooki
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Sub-Partner: YOUTH ALIVE
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Counseling and Testing

Sub-Partner: Uganda Private Midwives Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful

Sub-Partner: Save the Children US
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Environmental and Community Health Outreach
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: St. Joseph's Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Counseling and Testing

**Mechanism Name: Health Communication Partnership**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3334
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**New Partner:** No

Sub-Partner: Communication for Development Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: International HIV/AIDS Alliance
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

**Mechanism Name: AFFORD**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3340
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**New Partner:** No

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: TB/HIV

Sub-Partner: Aclaim
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Pulse Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Malaria Consortium
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Communication for Development Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: Sustainable Health Enterprise Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

**Mechanism Name: University Technical Assistance Programme (UTAP)**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3176
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Johns Hopkins University Insititue for International Programs
**New Partner:** No

**Mechanism Name: Joint Clinical Research Center, Uganda**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3352
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Joint Clinical Research Center, Uganda
**New Partner:** No

Sub-Partner: Mbale Regional Referral Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kabale Regional Referral Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kakira Sugar Plantation Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Hoima Regional Referral Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Lira Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Jinja Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Gulu Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kabong District Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Mubende District Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Mbarara Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Soroti Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Mukujju Health Center IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Laboratory Infrastructure

Sub-Partner: Kasana Health Center IV
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Iganga District Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Bombo Military Headquarters, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Nyakibale Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Mulago Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kitagata District Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kamuli District Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kayunga Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Apac Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Fort Portal Regional Referral Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Ishaka Adventist Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kagando Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Kisiizi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Laboratory Infrastructure

Sub-Partner: Kitgum Government Hospital, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: *Johns Hopkins University Bloomberg School of Public Health*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
*Treatment: ARV Drugs*
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Ngora Freda Carr Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: Rushere Community Health Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

Sub-Partner: St. Pauls Health Center, Kasese
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services
Laboratory Infrastructure

**Mechanism Name: Full Access Counseling and Testing**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3185
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** *Kumi Director of District Health Services*
**New Partner:** No

**Mechanism Name: Measure**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3369
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Macro International
**New Partner:** No

**Mechanism Name: Mulago-Mbarara Teaching Hospitals - MJAP**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3182
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Makerere University Faculty of Medicine
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3177
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Makerere University Institute of Public Health
**New Partner:** No

Sub-Partner: Rakai Health Sciences Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: The AIDS Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Reach Out, Mbuya, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Ministry of Gender, Labor and Sports, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Sub-Partner: The Uganda Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Sub-Partner: Uganda AIDS Commission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Peoples Defence Forces
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Johns Hopkins University Bloomberg School of Public Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Community Resilience & Dialogue
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: St. Francis Hospital, Nsambya-Kampala
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Kabarole District Health Services, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3438
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Medical Research Council of Uganda
***New Partner:*** *No*

Sub-Partner: The AIDS Support Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

**Mechanism Name: HIV/AIDS Project**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3344
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Mildmay International
**New Partner:** No
**Early Funding Request:** Yes
**Early Funding Request Amount:**
**Early Funding Request Narrative:** The Mildmay Centre (TMC) is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and treatment, paediatric services and provider training. Through PEPFAR support, TMC is currently providing ARV treatment to over 2,070 patients who reside in some of the most underserved neighbourhoods in Kampala. An additional 724 individuals receive ART treatment and care at the Mbuya Reach Out health facility, a sub-partner of Mildmay, which is located on the premises of Our Lady of Africa Catholic Church. 54% of all Mildmay and Reach-Out patients are children below 18 years of age, and women represent 60% of all adult patients.

In FY06 Mildmay is requesting a total of for 'early release' to ensure the continuity of HIV/AIDS care and treatment services during the period November 2005 and March 2006. These funds will support the procurement of ARVs, OI drugs and basic care commodities needed so that Mildmay/Reach-Out maintain adequate stock levels of drugs, supplies and commodities while retaining their procurement pipeline to refill current 'buffer' stock. Receipt of this early funding is essential to sustaining stock levels at both clinics. With this funding, comprehensive treatment and care services will continue without interruption or concern that the clients served would not be guaranteed full supply resulting in treatment interruptions and subsequent complications.

The Mildmay Centre has developed an extensive procurement system and has established the capacity to forecast and procure the drugs and commodities required in an efficient and cost-effective manner. To-date the center has effectively managed stocks of commodities and drugs in the required quantities thus avoiding major long-term stock-outs. With the availability of early funding, the system will be guaranteed to maintain their three-months buffer stock of ARV and OI drugs and other commodities with the suppliers.

**Early Funding Associated Activities:**

Program Area:Treatment: ARV Services
Planned Funds:
Activity Narrative: This activity complements activities 4419-Basic Health Care & Support, 4417-OVC, 4418-CT, 4414-ARV D

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: This activity also relates to activity 4419-Basic Health Care & Support,4417-OVC, 4418-CT, 4414-ARV

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: This activity also complements to activities 4417-OVC, 4418-CT, 4414-ARV services, 4415-ARV drugs, 4

**Sub-Partner:** Reach Out, Mbuya, Uganda
**Planned Funding:**
**Funding is TO BE DETERMINED:** No
**New Partner:** No

**Associated Program Areas:** Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

**Mechanism Name: N/A**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3342
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Ministry of Health, Uganda
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3178
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** National Medical Stores
**New Partner:** No

Sub-Partner: Joint Medical Stores
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing
Laboratory Infrastructure

**Mechanism Name: HIVQUAL**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3444
**Planned Funding($):**
**Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Prime Partner:** New York AIDS Institute
**New Partner:** No

**Mechanism Name: OVC Track 1/Round 1**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3349
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Opportunity International
**New Partner:** No

Sub-Partner: Habitat for Humanity
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Uganda Agency For Development Ltd. (UGAFODE)

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

**Mechanism Name: OVC Track 1/Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3525
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Plan Uganda
**New Partner:** No

Sub-Partner: Hope for African Children Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: World Conference of Religions for Peace
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: International Save the Children Alliance
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

**Mechanism Name: Basic Care Package Procurement/Dissemination**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3341
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Population Services International
**New Partner:** No

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

**Mechanism Name: AB Track 1/ Round 2**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3336
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Program for Appropriate Technology in Health
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3186
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
***Prime Partner:*** *Protecting Families Against AIDS*
**New Partner:** No

Sub-Partner: Islamic Medical Association of Uganda
Planned Funding:
*Funding is TO BE DETERMINED:* No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Tororo District Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

**Mechanism Name: Routine Counseling and Testing in Two District Hospitals**

***Mechanism Type:*** *Headquarters procured, country funded (HQ)*
**Mechanism ID:** 3184
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Research Triangle International
**New Partner:** No

Sub-Partner: AIDS Information Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: AIDS Health Care Foundation
Planned Funding:
*Funding is TO BE DETERMINED:* No
*New Partner:* No

Associated Program Areas: Palliative Care: Basic health care and support

**Mechanism Name: OVC Track 1/Round 2**

***Mechanism Type:*** *Headquarters procured, centrally funded (Central)*
**Mechanism ID:** 3351
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Salvation Army
**New Partner:** No

Sub-Partner: Salvation Army East Africa
Planned Funding: $0.00
Funding is TO BE DETERMINED:
New Partner: No

**Mechanism Name: Track 1, Round 2 AB**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3480
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Prime Partner:** Samaritan's Purse
**New Partner:** No

**Mechanism Name: Monitoring and Evaluation of the Emergency Plan Program**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3456
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Social and Scientific Systems
**New Partner:** Yes

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Strategic Information

**Mechanism Name: TASO CDC**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3188
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** The AIDS Support Organization
**New Partner:** No

**Mechanism Name: TASO USAID**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3157
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** The AIDS Support Organization
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, centrally funded (Central)
**Mechanism ID:** 3175
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Uganda Blood Transfusion Services
**New Partner:** No

Sub-Partner: The Uganda Red Cross Society
Planned Funding:
*Funding is TO BE DETERMINED:* *No*
New Partner: No

*Associated Program Areas:* *Blood Safety*

**Mechanism Name: University of California San Francisco - UTAP**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3345
**Planned Funding($):**
**Agency:** *HHS/Centers for Disease Control & Prevention*
**Funding Source:** GAC (GHAI account)
**Prime Partner:** University of California at San Francisco
**New Partner:** No

**Mechanism Name: Quality Assurance/ Workforce Development Project (QA/WD)**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3187
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** University Research Corporation, LLC
**New Partner:** No

**Mechanism Name: USAID Management**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3450
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** US Agency for International Development
**New Partner:** No

**Mechanism Name: CDC Base GAP**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3347
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Prime Partner:** US Centers for Disease Control and Prevention
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3481
**Planned Funding($):**
**Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Prime Partner:** US Centers for Disease Control and Prevention
**New Partner:** No

**Mechanism Name: N/A**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3156
**Planned Funding($):**
**Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Prime Partner:** US Department of Defense
**New Partner:** No

**Mechanism Name: State Department**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3455
**Planned Funding($):**
**Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Prime Partner:** US Department of State
**New Partner:** No

**Mechanism Name: Peace Corps**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3162
**Planned Funding($):**
**Agency:** Peace Corps
**Funding Source:** GAC (GHAI account)
**Prime Partner:** US Peace Corps
**New Partner:** No

**Mechanism Name: Makerere University Walter Reed Project (MUWRP)**

**Mechanism Type:** Headquarters procured, country funded (HQ)
**Mechanism ID:** 3365
**Planned Funding($):**
**Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Prime Partner:** Walter Reed
**New Partner:** No

**Mechanism Name: Education Sector Workplace AIDS Policy Implementation**

**Mechanism Type:** Locally procured, country funded (Local)
**Mechanism ID:** 3353
**Planned Funding($):**
**Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Prime Partner:** World Vision International
**New Partner:** No

**Table 3.3.01: Program Planning Overview**

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01

**Total Planned Funding for Program Area:**

**Program Area Context:**

Uganda's Ministry of Health (MOH) developed a pilot program in 2000 to scale up PMTCT. In 2004, the challenge was met of ensuring broad coverage of PMTCT by establishing at least one implementing health facility per district. Of nearly 315,000 women presenting to 224 sites for antenatal services in 2004, close to half were tested. 9.2% were found to be HIV-infected, yet only 56% received nevirapine (NVP) and one third of infants received NVP syrup. While there is progress, challenges remain to ensure further uptake to improve this cascade of services. By the end of 2005, over 200 health facilities will be functioning through existing antenatal sites (ANC) to reach lower level centers providing PMTCT.

USG support to Uganda's PMTCT activities began in 2000 with the Presidential Mother and Child HIV Prevention Initiative. With the Emergency Plan, USG has made significant contributions to the country's PMTCT efforts. By March 2005, through implementing partner activities over 180,000 women were counseled and tested in 177 sites, representing over half of the ANC attendees reported by MOH. A national PMTCT communications campaign was launched. USG continues to support the updating of national monitoring and evaluation registers and efforts and policy discussions to evaluate current policies to include dual-regimens for PMTCT based on the WHO 2004 Guidelines on Care.

Notable challenges were experienced in 2005. Due to evolving systems of procurement within the MOH and challenges affecting Global Fund for AIDS, TB and Malaria disbursement, the majority of sites had HIV test-kit stock outs and related commodities. Some districts were heavily affected and experienced delays in service delivery for over three months. MOH has established a national committee with key stakeholders involved in HIV counseling and testing to determine forecasting and national procurement needs via National Medical Stores (NMS), the primary MOH body for public sector health commodities.

Successes in 2005 include strengthening referral links to incorporate women as the entry point from PMTCT services and their families to comprehensive HIV care, including antiretroviral therapy (ART). For family members found to be HIV-negative, there is an emphasis on preventive care in attempts to reduce new infections. EGPAF's formation of peer psychosocial support groups, with an emphasis on family planning and male partner involvement and improving post-natal follow-up, targeted counseling and education for entire families is a priority area. Other USG achievements include support to the MOH policy for infant diagnostic testing with PCR which represents a valuable opportunity to reach infants requiring ART, cotrimoxazole prophylaxis and other aspects of basic care and counseling. With 2005 came the introduction of infant feeding job aides sponsored by the USG and WHO, in an effort to address the complexities related to infant feeding to a potentially uninfected newborn.

Innovative approaches to PMTCT in 2006 include intra-partum VCT, distribution of NVP syringes to women and traditional birth attendants, as the vast majority of women (>60%) continue to deliver at home, and the implementation of the infant diagnostic testing program. Furthermore, the introduction of dual prophylactic regimens at USG supported PMTCT sites will be evaluated while demonstrating the feasibility of increasing access to a more complex ART regimen for PMTCT. Until the evaluation of the dual regimen is complete, the majority of sites will continue to use NVP. The PMTCT program will expand to lower level health units in Uganda as dictated by the MOH.

Partners: UNICEF for national coordination; PLAN Uganda in 4 districts; MSF France in Arua; GTZ in 4 districts; and Boeringer and Abbot that donate determine test kits and Nevirapine. USG has been liaising closely with UNICEF and other key partners since well before PEPFAR, with the PMTCT Initiative.

**Program Area Target:**

| | |
|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 275 |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 5,472 |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 10,509 |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 136,800 |

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 3949
**Planned Funds:**
**Activity Narrative:** AIM is currently supporting the delivery of PMTCT services in 16 districts. In FY05 to date, AIM has supported 54 sites and supported testing of 24,936 women - demonstrating a 45% increase in the number of women tested from FY04. There has also been an 8% increase in the number of women who are counselled and then tested in ANC/PMTCT programs. AIM is moving into its final year of implementation, complete in May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. It is expected that a total of 81 sites will be supported and 49,000 women tested in FY06. A key focus in FY06 will be to further strengthen HCT within PMTCT programs. In response to O/GAC priorities for funding, the new activities that will replace AIM will focus on high prevalence and highly vulnerable populations. Efforts are being made to continue to support these activites through our increased funding to EGPAF and a new targeted Conflict District project which will be procured in FY06.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing the minimum package of PMTCT services according to national or international standards* | *80* | ☐ |
| *Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting* | 5,184 | ☐ |
| *Number of health workers trained in the provision of PMTCT services according to national or international standards* | 500 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| *Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results* | | ☑ |
| *Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards* | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Discordant couples (Parent: Most at risk populations)

*HIV/AIDS-affected families*

Infants

*Refugees/internally displaced persons (Parent: Mobile populations)*

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Pregnant women

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 3953
**Planned Funds:** [redacted]
**Activity Narrative:** This activity links to activities in AB (3956), Other Prevention (3951), Palliative Care: Basic Health Care (4954), Palliative Care: TB/HIV (3950), OVC (3957) counseling and testing (3952), and Strategic Information (3955).

The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have helped to customize program interventions on a district by district basis.

This activity will target 47 public and private health facilities that are providing antenatal care services in 9 UPHOLD supported districts (the districts of Mbarara, Mayuge and Rakai are supported by the Elizabeth Glaser Pediatric AIDS Foundation, another USAID partner). All 47 PMTCT service outlets will have HCT and goal oriented antenatal care services provided to pregnant mothers and their partners. HIV positive mothers who consent will then be enlisted in the PMTCT program. Funding will cover 47 health facilities including both public and private and civil society organizations (majority of which are faith based) will provide PMTCT services in the private sector. The funding will also be used to train additional health care staff to increase quality use and access of PMTCT services. Both the private and public PMTCT service delivery sites will train 120 additional health workers. The training will target clinicians, nurses, and general support staff in different aspects of PMTCT service provision. In addition funding will also increase support supervision training of the health workers over seeing PMTCT activities in the service outlets in order to provide minimum quality standards of service. With increase in number of health facilities/service outlets and additional training of health workers an estimated 16,000 pregnant mothers will be reached with HIV Counseling and Testing for PMTCT. Approximately 640 HIV positive pregnant women will be provided with a complete course of antiretroviral prophylaxis in a PMTCT setting women services in the nine UPHOLD supported districts. In addition, treatment and prevention of malaria will be a focal activity among the pregnant mothers accessing goal oriented ante natal services and PMTCT services. An estimated 700 nets will be procured for HIV positive mothers enlisted for the nevirapine prophylaxis program.

Community mobilization activities will focus on key legislative issues which includes promoting positive behaviors such as: gender equity; couple dialogue; counselling and testing together; and male supportive behaviors for women seeking access and use of PMTCT services. Early marriages and having multiple sexual partners (including transactional sex), sexual coercion and gender-based violence will be among the discouraged behaviors. Stigma and discrimination against women and their families who have undergone counseling and testing and have tested positive will be discouraged. Psychosocial support groups will be established for HIV + women and their partners. These volunteer-led support groups promote counseling and address sex and gender-based violence and stigma related behaviors that affect mothers' access and use of PMTCT services. These activities will be conducted through nine district government grants and seven civil society organizations which include faith based organizations, community theater groups, networks of HIV+ Women and PLWHAS. Psychosocial support groups will be established for HIV + women and their partners.
This funding will also specifically support Ministry of Health to procure test kits to help

avoid major national stock outs. An estimated 10,000 test kits are planned under this funding period. Renovation of health facilities to provide quality PMTCT services will also be part of this funding. This component of the activity will provide resources to 47 service outlets to acquire adequate counseling space and furniture in accordance with standards recommended by Ministry of Health. These renovations will ensure client confidentiality through adequate counseling space, improve record storage and clinic- based client flow as per MoH standards.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Commodity Procurement | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 47 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 640 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 120 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 16,000 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Private health care workers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing women's access to income and productive resources

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Nakapiripirit

Wakiso

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 3978
***Planned Funds:***
**Activity Narrative:** This activity links to Activity 3979 in ARV services

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a non governmental organization delivering PMTCT and ART services globally. The overall program goal for EGPAF in Uganda is to prevent HIV infection among infants by supporting the *Uganda National Prevention of Mother-to-Child Transmission (PMTCT) Program which* calls for a single-dose of NVP to mother and infant. EGPAF utilizes the PMTCT program as a point of identification of HIV positive individuals and their families, providing care, support and access to HIV treatment services. The Foundation is currently implementing PMTCT services with *USAID* support in 11 districts. The Uganda program in FY06 will focus on improving quality and coverage of services at existing PMTCT sites, and increasing the percentage of pregnant HIV positive mothers and their babies receiving the intervention. Of note, the largest site, the Johns Hopkins University and Makerere University Joint Collaboration includes three hospitals. Among these is Mulago Hospital, Uganda's national referral center, which accounts for over one third of all antenatal attendees since Uganda's PMTCT program began. For Mulago and other existing sites, technical assistance and support will focus on improving logistics, implementing routine counseling and testing and piloting early provision of ARV prophylaxis for the mother to take home as well as the infant dose. Another pilot includes the evaluation of dual regimens for PMTCT. In district programs. EGPAF and its partners are piloting interventions to change gender norms and increase male involvement in PMTCT. In the next year, using FY 05 funds, the Foundation plans to expand into a total of 17 districts with 100 sites by formalizing new sub-agreements with Masaka, Sembabule, Mbarara, Bushenyi, Kasese and Masindi Districts. FY 06 funding will be used to maintain field support to these 17 districts. EGPAF's support to these districts will scale up critical PMTCT services and will build on the identified best practices from EGPAF's older existing sites. The Foundation aims to reach more than 144,000 pregnant women with HIV counseling by the end of FY 06 and to increase uptake targets to reach 86,400 pregnant women with HIV testing, and 3,456 HIV positive pregnant women and 4,441 HIV exposed infants with ARV prophylaxis.

Response to review query: Uganda's Ministry of Health (MOH) developed a pilot program in 2000 to scale up PMTCT. In 2004, the challenge was met of ensuring broad coverage of PMTCT by establishing at least one implementing health facility per district. Of nearly 315,000 women presenting to 224 sites for antenatal services in 2004, close to half were tested. 9.2% were found to be HIV-infected, yet only 56% received nevirapine (NVP) and one third of infants received NVP syrup. While there is progress, challenges remain to ensure further uptake to improve this cascade of services. By the end of 2005, over 200 health facilities will be functioning through existing antenatal sites (ANC) to reach lower level centers providing PMTCT.
USG support to Uganda's PMTCT activities began in 2000 with the Presidential Mother and Child HIV Prevention Initiative. With the Emergency Plan, USG has made significant contributions to the country's PMTCT efforts. By March 2005, through implementing partner activities over 180,000 women were counseled and tested in 177 sites, representing over half of the ANC attendees reported by MOH. A national PMTCT communications campaign was launched. USG continues to support the updating of national monitoring and evaluation registers and efforts and policy discussions to evaluate current policies to include dual-regimens for PMTCT based on the WHO 2004 Guidelines on Care.
Notable challenges were experienced in 2005. Due to evolving systems of procurement within the MOH and challenges affecting Global Fund for AIDS, TB and Malaria disbursement, the majority of sites had HIV test-kit stock outs and related commodities. Some districts were heavily affected and experienced delays in service

delivery for over three months. MOH has established a national committee with key stakeholders involved in HIV counseling and testing to determine forecasting and national procurement needs via National Medical Stores (NMS), the primary MOH body for public sector health commodities.
Successes in 2005 include strengthening referral links to incorporate women as the entry point from PMTCT services and their families to comprehensive HIV care, including antiretroviral therapy (ART). For family members found to be HIV-negative, there is an emphasis on preventive care in attempts to reduce new infections. EGPAF's formation of peer psychosocial support groups, with an emphasis on family planning and male partner involvement and improving post-natal follow-up, targeted counseling and education for entire families is a priority area. Other USG achievements include support to the MOH policy for infant diagnostic testing with PCR which represents a valuable opportunity to reach infants requiring ART, cotrimoxazole prophylaxis and other aspects of basic care and counseling. With 2005 came the introduction of infant feeding job aides sponsored by the USG and WHO, in an effort to address the complexities related to infant feeding to a potentially uninfected newborn.
Innovative approaches to PMTCT in 2006 include intra-partum VCT, distribution of NVP syringes to women and traditional birth attendants, as the vast majority of women (>60%) continue to deliver at home, and the implementation of the infant diagnostic testing program. Furthermore, the introduction of dual prophylactic regimens at USG supported PMTCT sites will be evaluated while demonstrating the feasibility of increasing access to a more complex ART regimen for PMTCT. Until the evaluation of the dual regimen is complete, the majority of sites will continue to use NVP. The PMTCT program will expand to lower level health units in Uganda as dictated by the MOH.
Partners: UNICEF for national coordination; PLAN Uganda in 4 districts; MSF France in Arua; GTZ in 4 districts; and Boeringer and Abbot that donate determine test kits and Nevirapine. USG has been liaising closely with UNICEF and other key partners since well before PEPFAR, with the PMTCT Initiative.

Response to review query: No targets are missing for EGPAF now. The C&T target had been missing for some unknown reason. EGPAF's most significant program site, the Makerere University-Johns Hopkins University (MU-JHU) collaboration contributes to over one third of all antenatal women seen in the PMTCT program in Uganda. MUJHU is a flagship program for all PMTCT activities in Uganda and beyond. It is here that the HIVNET-012 trial evaluated and spearheaded the use of single-dose nevirapine for use in PMTCT. Through its activities in FY06, this site will evaluate more complicated dual regimens for PMTCT. Furthermore, EGPAF is leading initiatives to incorporate peer-psychosocial support groups into all of Uganda's PMTCT sites. With FY06 funds, EGPAF will also lead activities to integrate care and treatment for the entire family utilizing pregnant mothers as the index client.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Human Resources | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Infrastructure | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 91 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 3,456 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 300 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 86,400 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Adults

Infants

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

**Key Legislative Issues**

Addressing male norms and behaviors

**Coverage Areas**

Bundibugyo

Hoima

Iganga

Jinja

Kabale

Kampala

Kasese

Masaka

Masindi

Mayuge

Mbale

Mbarara

Mpigi

Mukono

Rakai

Sembabule

Bushenyi

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Community Resilience and Dialogue |
| **Prime Partner:** | International Rescue Committee |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 3985 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984). |

CRD's goal is to contribute to the reduction of vertical HIV transmission through increased accessibility and utilization of PMTCT and CT services. CT acts as an entry point for PMTCT services for pregnant women to reduce their risks of producing babies infected with HIV virus. This program component will be provided to pregnant women and their partners in Gulu and Kitgum districts, which are the most affected war areas in Uganda.

AVSI, a member of the CRD consortium, has accumulated a lot of experiences in provision of PMTCT services in Kitgum and Pader districts, where over 95% of ANC mothers are reported to have tested for HIV. To maintain that level of response, AVSI will consolidate PMTCT services by targeting two hospitals and 8 peripheral health centers in Kitgum district to provide quality PMTCT services. According to program reports, majority of women who are pregnant in conflict districts live in IDP camp and are young (below 24) with low education standards. Such women need special services to enable them know and also benefit from PMTCT services. AVSI intends to support CT activities for diagnostic purposes for pregnant women, their children and partners.

One of the biggest challenges of PMTCT to-date is involvement of male partners. With the infection rate of about 7% among women attending ANC services, only 60% of these women enroll and also deliver in hospital. There are plans to involve male partners through special education/counseling plus training of couples in income generating activities through wrap around initiatives. In addition, support will go to the two hospitals to provide related PMTCT services like home based care services, monitoring mothers and their babies, replacement feeding and monthly meeting for PMTCT mothers and partners. In Gulu district, PMTCT is still registering low uptake. Stigma and discrimination have been reported to be among the contributing factors for women's acceptance PMTCT services.

CRS, another member of the CRD consortium, is working to improve the situation through supporting Lacor hospital to link CT to PMTCT services. Using AVSI experiences in the provision of holistic approach, CRS will offer improved PMTCT services to pregnant women and the follow up services for the HIV positive mothers. Activities to involve male partners and communities will be conducted. With experience in ART services, CRS will work with other agencies to support PMTCT mothers with ARVs through referrals to St Josephs's Hospital in Kitgum. Implementation of PMTCT services in Gulu district will require CRS to conduct community mobilization exercises to public about PMTCT, procure kits/drugs, training staff and other activities like those in Kitgum district. Funding will be used to provide support to 12 PMTCT outlets, training of 115 health workers, serving 9,000 mothers with CT services, providing a complete course of antiretroviral prophylaxis in PMTCT setting to 360 mothers, and facilitation of a complete follow up at home to 500 (250 mothers and 250 babies).

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 12 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 360 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 115 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 9,000 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

Refugees/Internally displaced persons (Parent: Mobile populations)

Pregnant women

Volunteers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Reducing violence and coercion

Wrap Arounds

Microfinance/Microcredit

**Coverage Areas**

Gulu

Kitgum

Pader

Kotido

Nakapiripirit

**...by Funding Mechanism:**

| | |
|---|---|
| **Mechanism:** | University Technical Assistance Programme (UTAP) |
| **Prime Partner:** | Johns Hopkins University Institue for International Programs |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4016 |
| **Planned Funds:** | |

**Activity Narrative:** JHPIEGO/JHU, through its advisor based at a national NGO Protecting Families Against HIV/AIDS (PREFA), is contributing to strengthen PREFA's capacity; specifically, the principle emphasis areas addressed by this support are in training, local organization capacity development, strategic information, policies and guidelines. The PMTCT technical advisor has a broad technical assistance scope of work that covers building the technical, administrative, and managerial capacity of the NGO, improving quality assurance, accessibility and overall increase in uptake and follow-up of PMTCT services at PREFA facilities.

In FY06, JHPIEGO/JHU will support the national PMTCT programme in revising the PMTCT curriculum and training, TIMS, and enhance PREFA's capacity in PMTCT counseling, infant feeding, establishing referral networks and standardized record-keeping at all of the PREFA-supported sites. Public and private health care workers, as well as pregnant women and their families are the targeted beneficiary population. The PMTCT Advisor will continue to be key to the community component of PREFA's PMTCT program, the objectives of which include increasing understanding and acceptance of the benefits of PMTCT at the community and family level, thus generating increased uptake of PMTCT services. The Technical Advisor will continue to support capacity building at PREFA to achieve the specific targets enumerated in its monitoring and evaluation plan.

Activities will continue to include: direct technical assistance in PMTCT issues, such as advising PMTCT site implementation at 10 different sites, monitoring PMTCT sites; advising on training, community, and M&E activities, and appropriate reporting; Strategic planning, goal definition, work plan development, networking, proposal development, and establishment of administrative systems and policies. On a continual basis, the PMTCT Technical Advisor at PREFA reviews financial requests and organizational policies, prepares and participates in technical sub-committee meetings, and assumes leadership in strategic planning.

In FY06 JHPIEGO/JHU will continue to support pre-service training for both the Nursing/Midwifery and Clinical Officer schools. In collaboration with the Curriculum Strengthening Working Group (CSWG) and the MOH, JHPIEGO will provide technical assistance, as follows: improving generic training skills, adaptation and roll-out of the generic WHO/CDC/UNICEF PMTCT training package into national training manuals to standardize PMTCT training; providing PMTCT technical updates for all tutors, clinical preceptors and selected decision-makers; developing evidence-based operational standards for PMTCT services; and development of appropriate learning guides and checklists for specific PMTCT skills, and incorporated in a PMTCT pocket guide.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Local Organization Capacity Development | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Policy and Guidelines | 10 - 50 |

***Targets***

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 1 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | | ☑ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 35 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | ☑ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Public health care workers

Private health care workers

**Key Legislative Issues**

Stigma and discrimination

***Coverage Areas:***

National

...1: Activities by Funding Mechanism

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 4022
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4024-Counseling and Testing, 4020-ARV Drugs, 4021-ARV Services, 4026-Laboratory Infrastructure, 4017-Other/Policy Analysis. The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and prevention components. Key elements within RHSP's comprehensive program include HIV-related and 'wrap-around' initiatives including: VCT, PMTCT, health education, condom distribution, family planning services, an adolescent clinic, prevention of cervical cancer (all commodities for these services are procured with other funding sources, no GHAI funds are used for these purposes) and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational. Co-funding for laboratory activities is by National Institutes of Health through the International Center of excellence in Research (ICER).

This activity will work to identify pregnant women in the district who will then be directed to the ARV program sites for comprehensive counseling and testing. The program maintains 16 outreach sites (HUBS) based at existing MOH health centers and one at our field office from which ARV services and Laboratory services are available to community members. MOH staff is included in all training activities at each of the outreach sites. The program is working directly with the district director of health services (DDHS) to facilitate staff training and health center renovation to cater for more patients at these units. This funding will be specifically used for human resource and capacity building through staff training in counseling issues.

A total of 800 pregnant women will receive VCT from the sites of which we estimate 140 will be HIV positive to receive PMTCT services in form of prophylaxis care, ANC services, Infant HIV testing, Infant feeding, HIV general care and ART services to those who are eligible. A more intensive follow up is done for pregnant women, both in the home and at the HUB. Nevirapine (NVP) prophylaxis is given in form of single dose tablet and NVP syrup for the baby to all women above 32 weeks gestation. Bi-monthly follow up is then done at the HUBs as the women are encouraged to attend antenatal care at the same MOH health unit. This regimen will be changed based on soon to be released MOH guidelines for use of short course AZT/NVP in Uganda. Women are encouraged to notify the program within 48 hours of delivery to further assist with infant feeding and ensure that the NVP syrup was given to the baby.

Additional work will be done by the health education and mobilization team to provide information to the Rakai community regarding PMTCT through community meetings and at the outreach programs. Target groups will be Adults, PLWA and women of reproductive age group. A total of 15 sensitization meetings will be done and an additional 380 sessions at the HUBS (one per HUB/month). Provision of PMTCT at the HUB enables more women to access this service within their communities and reduces the level of stigma since it is at the health center.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 16 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 100 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 800 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | 24 | ☐ |

**Target Populations:**

Adults

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Coverage Areas**

Rakai

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Protecting Families Against AIDS |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4047 |
| **Planned Funds:** | |
| **Activity Narrative:** | Protecting Families Against HIV/AIDS (PREFA) is a Non-Governmental Organisation supported by USG to promote extended PMTCT activities in Uganda.<br>In FY06, PREFA's activity will have three main components, all addressing PMTCT issues in Uganda. The first component is to support comprehensive PMTCT services within the antenatal setting in Kampala and Kayunga districts. Ten health centers and one hospital will be supported to provide counseling and testing for PMTCT targeting mainly pregnant women, their partners and families. Clients will receive, comprehensive PMTCT package including ANC, HIV counseling and testing (HCT) services, quality obstetric care, ARV prophylaxis for mother and baby according to national policy, client follow up through home and clinic visits, basic health care package, as well as referral of clients and their immediate family members for further care and treatment to other institutions including PIDC, MJAP, and Reach Out Mbuya. This funding will support training of health workers in provision of PMTCT and general HIV care and support services, fill critical human resource gaps, infrastructure renovation to accommodate PMTCT services at two health centers, and purchase of a buffer stock of HIV test kits, ARVS (for PMTCT), logistics and supplies, and community mobilization activities. The funding will support 11 outlets to provide counseling and testing to 20,000 ANC clients, provide ARV prophylaxis to 1,280 HIV+ pregnant women, and training of 362 health workers in PMTCT service provision. PREFA will liaise with the Ministry of Health for the development and dissemination of training curricula, training manuals, and user hand books, as well as appropriate community IEC methods and materials for PMTCT. PREFA will also work to improve further the ongoing activities, and practice new innovations and best practices at Kangulumira model site in Kayunga district. The program, M&E, Finance, and training officers provide technical support (including periodic support supervision) to all partner PMTCT programs in general terms or on a need-to basis.<br><br>The second component includes a partnership with Tororo District Hospital (TDH), will provide comprehensive PMTCT services within their antenatal/MCH setting, as well as at six outreach health centers. The hospital will provide comprehensive PMTCT services to pregnant women and their partners. Clients will receive the comprehensive PMTCT services according to national policy, follow up clients through home and clinic visits, home based VCT to increase access to HIV services by family members, and provide the basic health care package, as well as referral of the client and her family members for further care and treatment to TASO - Tororo. This funding will purchase of HIV test kits, ARVS (for PMTCT), logistics and supplies for the laboratory. Funding will be used to support staff capacity building including training of health workers in provision of PMTCT, care and support services, procure test kits and lab equipment, reagents and supplies especially strengthening early infant testing; support facility-, outreach- and home-based implementation of the program, with a particular emphasis on improving TDH's capacity for infant treatment, care, support and follow up; and program administration. TDH will provide counseling and testing to 6,000 ANC clients, provide ARV prophylaxis to 480 HIV+ pregnant women, and training of 148 health workers in PMTCT service provision. The hospital will also sensitize Traditional Birth Attendants (TBAs) on PMTCT and monitor their contribution to service delivery.<br><br>The third component is a partnership with Islamic Medical Association of Uganda (IMAU) to provide comprehensive PMTCT services at Saidina Abubakar Islamic Hospital (SAIH) in Wakiso district. Staff at SAIH will provide PMTCT services including HIV Testing to pregnant women and their male partners, provision of anti-retroviral (ARV) drugs to the HIV infected mothers, their infants and their partners respectively. IMAU will also work at its smaller health unit in Kampala district called "Saidina Abubakar Nursing Home (SANH)" to enroll more pregnant women in the |

PMTCT program, and refer those eligible for anti-retroviral therapy to the relevant health facilities. IMAU will also conduct community education and mobilization that targets adult men and women in the district, and people living with HIV/AIDS. The project will provide follow up services for PMTCT clients and their families. Community Educators will sensitize and mobilize their communities to utilize PMTCT services in the districts of Kampala and Wakiso and encourage them to adopt those behaviors that are supportive of PMTCT. These educators will refer clients to SAIH as well as to other health facilities in Kampala and Wakiso districts that offer PMTCT services.

This funding will support training of health workers in provision of PMTCT services including care and support, purchase of HIV test kits, ARVS (for PMTCT), equipment, logistics and supplies. The hospital and related health facilities' target is to provide counseling and testing to 1,000 ANC clients, provide ARV prophylaxis to 80 HIV+ pregnant women, and training of 20 health workers in PMTCT service provision. All three components will contribute to PREFA's vision of improving access to HIV/AIDS services using a family approach through provision of PMTCT services, appropriate referral of HIV affected clients for treatment, care and support, as well as through sustaining an elaborate community sensitization, mobilization, and follow up program.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Community Mobilization/Participation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 20 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 1,840 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 530 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 27,000 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

***Target Populations:***

Adults

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Religious leaders

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** Logistics Technical Support
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 4357
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: Basic Health Care (4356), Palliative Care: TB/HIV (4955), counseling and testing (4355) and ARV drugs (4355).

Identification and preventative treatment to stop transmission by pregnant women to their child is a key objective of both MOH and USAID programs. From a logistics standpoint, this objective requires both HIV test kit access and treatment of HIV positive women with Nevaripine and both mother and child with other palliative care drugs. This involves quantification of products, procurement and coordination by various donors, ordering and distribution systems and information flow to USAID and other donors of the results from their progamatic inputs.

This logistics support is currently being provided by the DELIVER Project, but will need to be maintained in FY06 COP and beyond. This project is intended to continue DELIVER's work after it ends in FY06. If there are no test kits, there is no testing program. If Nevaripine is not available exactly when needed, there is reduced chance to prevent transmission. If the MOH policy on PMTCT treatment changes to a preventative ARV treatment, logistics must play an even more important role to get those treatment drugs to pregnant women at exactly the right time.

MOH and NGO PMTCT logistics systems require the following support: quantification of national PMTCT test kits needs; quantification by site of test kits needs; data entry by site of test kit needs; reporting to donors of PMTCT test kit use; coordination of free and purchased test kits, and coordination of other required supplies; logistics inputs into test kit selection and policy (dipsticks vs cassettes for example); quantification of Neverapine; tracking of Nevaripine use; coordination of national procurement and long-term planning; emergency response to product shortfall; and an information system that can report on HIV test kit and Nevaripine use.

Through USAID logistics support, technical assistance is available to help design, maintain and revise national and NGO PMTCT systems. HIV tests are currently being given to 150,000 pregnant women in 320 MOH sites. Test numbers have more than doubled in the last two years with very substantial site expansion. This expansion is expected to continue with ever increasing sertvices to pregnant women and their children requiring increased logistics support and oversight.

| Emphasis Areas | % Of Effort |
|---|---|
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | | ☑ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | | ☑ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | ☑ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Ministry of Health, Uganda |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4402 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activity 4402-PMTCT, 4401-AB, 4405-Injection Safety, 4404-Basic Health Care & Support, 4503-OVC, 4403-CT, 4407-ARV services, 4408-Laboratory Infrastructure, 4406-SI and 4502-Policy. |

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

The Programme for Prevention of Mother to Child HIV transmission contributes to the Millennium Development Goal to reverse and halt the spread of HIV/AIDS by 2015. It is now 5 years since the PMTCT programme started in Uganda and the services are provided in all districts of the country. The services include HIV counselling and testing for pregnant women and their spouses, administration of ARVs to HIV positive pregnant women and their babies in addition for comprehensive antenatal, delivery, postnatal and follow up care. Policy guidelines and training manuals were developed to support this programme. In the fiscal year 2005, this activity supported training of health workers in 5 districts to increase PMTCT service outlets by 10, trained 25 health workers in counselling and infant feeding, developed a protocol for early diagnosis of HIV among infants and supported 4 regional quality assurance meetings. In addition, support was provided for development of guidelines for quality assurance of rapid HIV testing in PMTCT service outlets.

During fiscal year 2006, this activity aims at strengthening capacity for delivery of PMTCT services. The main components to be supported will include review of the existing national PMTCT training manuals and adaptation of the generic WHO/CDC training manual, training of health care workers in counselling and Integrated Infant and Young child feeding. The revised training manuals will be disseminated to all districts in the country to strengthen ongoing in-service trainings. A total of 100 health care workers will be trained in addition to training support from other development partners.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Policy and Guidelines | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | | ☑ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | | ☑ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 100 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | ☑ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Policy makers (Parent: Host country government workers)

Program managers

Public health care workers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

Twinning

Wrap Arounds

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas:**

National

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** University of California San Francisco - UTAP
**Prime Partner:** University of California at San Francisco
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 4422
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4423-ARV services, 4421-Other/Policy analysis and system strengthening, 4424-SI.

The University of California San Francisco (UCSF) is one of several U.S. universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally for service providers and program managers on inventive strategies for the care and treatment services.

Beginning in FY04, UCSF provided CDC-Uganda Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY06, a UCSF in-country technical advisor will work with the MOH PMTCT technical committee to update the national pre- and in-service training curriculum and training guide. Technical assistance will also be to the National PMTCT program subcommittee to finalize revision and disseminate the policies, protocols and guidelines developed in FY05.

In addition, the advisor will continue work with Tororo District Hospital (TDH) to implement the pilot PMTCT program initiated in FY05. This program supports the development of appropriate protocols and standards of care in the hospital to ensure increased uptake of PMTCT services, and to build a family focused approach to PMTCT through linkages with comprehensive HIV care and treatment services. Support and supervision for project activities and TDH staff will be enhanced to ensure the program develops into a suitable and sustainable service within the constraints of Uganda public hospital systems. Assistance to complete the development of the hospital's health information system to monitor and evaluate PMTCT activities will be finalized. Program level data will be analyzed to identify relevant operational PMTCT clinical and managerial issues to inform the national program and direct service revisions as needed. Finally, as pilot activities are tested and found most effective, the advisor will provide vital linkages on how policy development at the national level can be directly derived from the operational services at the facility level.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 51 - 100 |
| Training | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 1 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | | ☑ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 15 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | | ☑ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | 15 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

*Pregnant women*

HIV+ Families

Men (including men of reproductive age) (Parent: Adults)

Laboratory workers (Parent: Public health care workers)

**Coverage Areas**

Tororo

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | US Department of Defense |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4551 |
| **Planned Funds:** | |
| **Activity Narrative:** | The activity is linked to activities 3970-CT,4552-ARV services, 3967 Other Preventions, 3968-Basic Health Care & Support, 3969-SI. Key legislative issues addressed in this area are gender issues through targeting women and increasing their access to services.<br><br>The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the president mandated the UPDF's Aids Control Program to oversee and manage prevention, care and treatment programs through out the forces.<br><br>PMTCT is a new activity and a number of the women have been receiving services from MoH sites, and the focus is on ramping up service delivery and increasing uptake of services at the military sites. PMTCT services have been functioning in three army units. This activity aims to expand as well as strengthen PMTCT services to three military hospitals. Use innovative approaches to raise awareness and improve access to services. The activity aims to train 20 midwives and nurses and increase uptake of PMTCT services by pregnant mothers in Bombo, Mbuya and Kaldri by 50%. It is hoped that in FY06 a target of 300 pregnant women will be counseled and tested and receive their results. The activity also aims to fill gaps in terms of strengthening referral systems and linking activities to care and treatment and support the families and communities to encourage more women to enroll in PMTCT services. |

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 3 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | | ☑ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 20 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 300 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Adults

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Kampala

Luwero

Wakiso

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)
**Budget Code:** MTCT
**Program Area Code:** 01
**Activity ID:** 4696
**Planned Funds:**
**Activity Narrative:** This activity links to activities in AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

Overall access to PMTCT in conflict affected districts is severely limited. Where services do exist, acceptance from counseling to testing is high (90%), but is followed by large drop-out rates for enrollment into PMTCT programming and delivery within facilities. Successful programs such as those supported by AVSI (CRD and AIM supported) in the North will be expanded. Particular areas of focus will include community awareness, staff training, increasing partner involvement; reducing ANC drop-out rates; quality control among providers; uptake of appropriate infant feeding; and stock-out of HIV test kits. Efforts will also focus on referring HIV positive women and children to care and treatment sites.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 6 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 180 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 60 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 4,500 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Community leaders

Refugees/internally displaced persons (Parent: Mobile populations)

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Religious leaders

Public health care workers

Private health care workers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Refugee HIV/AIDS services in northern Uganda |
| **Prime Partner:** | International Rescue Committee |
| **USG Agency:** | Department of State |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4757 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4754-AB, 4755-Other Preventions, 4761-OVC, 4760-TB, 4759- Basic Health Care & Support, 4758-CT<br>This activity also relates to activities in Counseling and Testing and HIV/AIDS Treatment/ARV Services.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.<br><br>In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.<br><br>IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.<br><br>IRC introduced PMTCT in Kiryandongo and Ikafe refugee camps under the 2005 PEPFAR program and these services will be strengthened and expanded with 2006 funding. There is one PMTCT site per camp, with an estimated 2,000 antenatal attendances at the 2 major facilities in the refugee camps. IRC will recruit staff to support this activity and will support their training on counseling and testing and infant feeding options. IRC will procure PMTCT commodities for mothers and infants, produce IEC materials, and establish of referral systems for mothers who opt to benefit from PMTCT. The PMTCT program will be closely linked with VCT, with pregnant women being asked to attend counseling and testing routinely but still emphasizing voluntarism. There will also be a link with ART services, with mothers who qualify being referred accordingly. IRC will aim for this program to achieve the following:<br>1. increased access to quality PMTCT services; increased awareness and demand for PMTCT services among beneficiary populations;<br>2. adoption and implementation of internationally-approved PMTCT curriculum; sufficient number of skilled staff are trained, motivated and productive<br>3. quality PMTCT services integrated into routine maternal and child health services.<br><br>Expected outcomes of activities in this program area include:<br>1. increased use of complete course of ARV prophylaxis by HIV+ pregnant women;<br>2. a full supply of diagnostics and related medical supplies achieved and maintained;<br>3. improved logistics system for the rollout of PMTCT services. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 2 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 70 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 8 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 2,000 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Host country government workers

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.01: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Refugee HIV/AIDS services in Kyaka II Settlement |
| **Prime Partner:** | International Medical Corps |
| **USG Agency:** | Department of State |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Prevention of Mother-to-Child Transmission (PMTCT) |
| **Budget Code:** | MTCT |
| **Program Area Code:** | 01 |
| **Activity ID:** | 4795 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4814-CT, 4808-TB, 4803-Other Preventions, 4806-Basic Health Care & Support, 4799-OVC, 4810-AB.<br>The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services. PMTCT services are not currently available at the health facility. Females make up 50% of the total population in the settlement. The clinic records delivery of 35-45 babies per month, it is estimated that an equal number of births take place at homes with the assistance of traditional birth attendants (TBAs).<br><br>In FY06, IMC will support the clinic to establish and fully integrate PMTCT program into routine maternal and child health services. ANC/PNC services will be strengthened. The activities will include counseling and testing for 1,000 pregnant women and partners, malaria and STI prevention and case management, infant feeding and breast care counseling and family planning. A complete course of antiretroviral prophylaxis will be provided for HIV-positive pregnant women. Communities will be sensitized to achieve awareness and create demand for PMTCT services. Other activities include provision of related medical supplies, support to primary prevention of HIV infection, and training. Clinic staff will be trained on infection prevention, appropriate obstetric care, and other ANC/PNC services. Training will also include TBAs from the community. Linkages with other available programs that support vulnerable populations (like food distribution) will be established and strengthened. Additional staff will be recruited and trained (two nurses and one lab technician) to ensure clinic team will be able to manage additional workload. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing the minimum package of PMTCT services according to national or international standards | 1 | ☐ |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | 100 | ☐ |
| Number of health workers trained in the provision of PMTCT services according to national or international standards | 10 | ☐ |
| Number of individuals trained in logistics pull system for PMTCT | | ☑ |
| Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 1,000 | ☐ |
| Number of individuals trained in counseling and integrated infant and young child feeding in accordance to national and international standards | | ☑ |

**Target Populations:**

Community leaders

Infants

Refugees/internally displaced persons (Parent: Mobile populations)

Pregnant women

Volunteers

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Traditional birth attendants (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas**

Kyenjojo

**Table 3.3.02: Program Planning Overview**

**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02

**Total Planned Funding for Program Area:**

**Program Area Context:**

Preliminary results from the recent HIV Sero Behavioral Survey (UHSBS) brought some good news to Uganda. While overall prevalence is 7%, the lowest rates are now among 15-19 year-old boys and girls, indicating they are avoiding risky behaviors. GOU and USG are committed to maintaining this downward trend. USG programming for the prevention of sexual transmission will continue to support abstinence values and skills for young people. After successfully operationalizing the PIASCY Initiative, President Museveni's HIV/AIDS communication initiative for youth, and extending curriculum, entertaining reading materials, and teacher aides to all public primary schools in Uganda, USG will support the Ministry of Education to expand the approach to secondary and technical institutions. A draft curriculum was developed in FY05 for secondary schools, in consultation with stakeholders, including representatives from the First Lady's Office. Guidance and counseling materials and skills developed for primary institutions in FY05 will be adapted for secondary school teachers. In addition to this institutional approach, USG is supporting a large number of civil society and faith-based organizations working at community level to reach out of school youth through peer education, information, education, and communication approaches, drama, and local radio programming. Supported by USG and UNICEF, the Uganda AIDS Commission's Young Empowered and Healthy (YEAH) campaign exposes vulnerabilities young people face in today's Uganda, such as cross-generational sex, for which they need skills and adult support. YEAH has created a radio drama which began airing in July, and materials for youth and community groups to discuss events, decisions, and situations youth face in the drama. As USG abstinence programming continues to grow, and new civil society and faith based partners are added, USG is facilitating a forum for coordination and collaboration in which materials, approaches, and experiences can be shared among all partners. All participants appreciated a coordination meeting held in FY05, and two are envisaged in FY06.

HIV prevalence remains high in older age groups, and peaks earlier among women than among men. The recent national sero-survey showed worrisome findings that about 1/3 of men had had more than 2 partners in the last 12 months. Several USG supported NGOS, CSOs and FBOs, have identified the need to work on male gender norms, many of which condone multiple partnerships as a male prerogative, sanction violent male behaviors, and create an environment conducive to the spread of HIV, by increasing the vulnerability of young girls to unwanted sex, often with older men. A focus on men's behavior is overdue, as it will help reduce the risk of domestic violence and HIV transmission to women, at the same time that it shapes positive male attitudes. USG is supporting the UAC and the Ministry of Gender on the B a Man initiative to challenge some of the male gender norms, and to elevate the public debate about masculinity and behaviors such as having many partners, and/or high tolerance for alcohol, which define manhood but increase women's vulnerability. In FY05 the campaign addressed young boys, portraying positive role models of older men they can look up to. Formative research conducted in FY05 on ideals of manhood in Uganda, and successful male interventions, such the Zero Grazing campaign, is shaping the themes for FY06, including couple communication about HIV testing, sharing results, and faithfulness within a couple as desirable male values. Community level male to male approaches will be developed to increase the reach and depth of discussion and action around these values. USG-supported CSOs and FBOs working to change male gender norms, will be partners under the B a Man initiative, making it a true community movement.

**Program Area Target:**

| | |
|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 9,066,653 |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 3,059,082 |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 120,003 |

**3.3.02: Activities by Funding Mechanism**

**Mechanism:** The Core Initiative
**Prime Partner:** CARE International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 3198
**Planned Funds:** [redacted]
**Activity Narrative:** This activity is linked to activity 3197 in OVC.

This activity provides technical assistance and funding for promising approaches proposed by civil society partners and faith based organizations, through RFAs issued by the Ministry of Gender (MGLSD), the agency mandated by GOU to lead HIV prevention programs for Youth. This funding will support grants for programs that address one or more of the following areas: primary and secondary abstinence and behavior change among youth 10-19; causes and consequences of cross generational and transactional sex; and faithfulness among the engaged and newly married, including reducing the risk of one partner in a marriage infecting the other. All three intervention areas also focus on underlying factors such as male norms and behaviours, reducing violence and coercion, and promoting women's legal rights. In FY05, the MGLSD developed and issued a 1st round of solicitations, with awards made to 11 CSOs and FBOs. In FY06, additional solicitations will be issued and an expected 22 AB awards made. Through this granting process, it is expected that age appropriate messages, activities, and services will reach 325,000 youth with Abstinence only messages, and additional 100,000 will be reached with AB messages and information. 15,000 engaged and newlyweds will be reached through initiatives focusing on faithfulness and 10,000 adults and girls will be reached with messages discouraging cross generational and transactional sex. The project will support close monitoring and supportive supervision of all 33 grantees through quarterly coordination meetings, one-to one mentoring and information and networking exchanges. Coordination with other Key AB partners will be actively promoted, and includes engaging with USG-supported youth prevention mechanisms and campaigns in Uganda, pioneer AB actors in Uganda such as the First Lady's Office, as well as coordination between public and private sectors to strengthen multi-sectoral and community-based responses to HIV prevention, stigma reduction and policy advocacy. An innovation in FY06 will be to reach out to university students. Universities will be invited to bid on a solicitation designed to facilitate universities interested in developing innovative prevention programs. The second component of this activity is to support institutional capacity building for CSOs and FBOs. This funding will go to supporting an institutional capacity assessment focusing on their technical needs in scaling up abstinence and behavior change interventions as well as their institutional management needs to effectively manage, evaluate and sustain their programming efforts. Technical assistance that is responsive to grantees needs for implementation and capacity building will be provided using this funding. Particularly this funding will go to mobilizing technical & organizational capacity building support (including workshops, technical support visits, and networking exchanges) with CSOs and FBOs. The last component of this activity will support a long-term strategic plan for sustainable AB/Y programming in Uganda. This funding will go to conducting and documentation of a strategic planning consultation with stakeholders to identify lessons learned and directions for future programming for AB. This funding will also support the MGLSD to develop a national monitoring and evaluation framework to guide programming for HIV prevention among youth, guided by the ABC model for HIV/AIDS prevention pioneered in Uganda. Needs based operational support will be provided for the youth program unit (potentially includes: office equipment, supplies, local travel support, departmental networking, internet access and telecommunications) to facilitate coordination and strategic program planning for AB.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Needs Assessment | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 450,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 325,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 16,500 | ☐ |

**Target Populations:**

Community-based organizations
Country coordinating mechanisms
Street youth (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Program managers
Spiritual leaders
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Wrap Arounds

Microfinance/Microcredit

Education

**Coverage Areas**

Apac

Arua

Bugiri

Bundibugyo

Bushenyi

Busia

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

Kampala

Kamuli

Kamwenge

Kanungu

Kapchorwa

Kasese

Kayunga

Kibale

Kisoro

Kitgum

Kyenjojo

Lira

Luwero

Masindi

Mayuge

Moyo

Mpigi

Mukono

Nakasongola

Nebbi

Pader

Rakai

Rukungiri

Tororo

**Table 3.3.02: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDS Integrated Model District Program (AIM) |
| **Prime Partner:** | John Snow, Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Abstinence and Be Faithful Programs |
| **Budget Code:** | HVAB |
| **Program Area Code:** | 02 |
| **Activity ID:** | 3937 |
| **Planned Funds:** | |
| **Activity Narrative:** | This is an AB and A only activity. |

AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. It is expected that a total of 49,221 individuals will be reached in Fy06.

Working within the context of the National Strategic Framework for HIV/AIDS, as well as in support of 16 district-based HIV/AIDS strategic workplans, AIM's AB activities are focused on AB as well as A only. AIM supports the delivery of services through NGOs and FBOS by providing them financial assistance and capacity building that focuses on organizational development and technical competency in a given program area. In FY05 to date, AIM has reached 822,002 individuals with AB messages.

AIM's A only activities are geared toward youth 10 – 14 years old and primarily in school youth 15 - 19 years old. The AB activities are geared toward out-of-school youth 15-19 years old, sexually active adults and couples. The AB activities are part of a larger initiative to appropriately address behavior change among these populations.

A only activities use interactive communications, such as music, dance and drama. AIM's overall support is to 4 national NGOs with a multidistrict presence as well as civil society and faith-based organizations working at the community level. The four national activities include: Youth Alive, a FBO; Youth Forum, which was founded and managed through the First Lady's Office; Straight Talk, which focuses on print and radio communications and school clubs; and, a national music, dance and drama theatre group.

To address AB, AIM is providing financial and technical assistance to several national NGOs as well as civil society and faith-based groups at the community level to promote faithfulness messages. The National NGO's include Straight Talk and Family Planning Association of Uganda FPAU. FPAU has a strong focus on providing adolescent friendly services and uses youth organizations and peer education to reach their audience. AIM's support to FPAU's HIV/AIDS activities, through other program areas, includes delivery of VCT at the facility and through outreaches, promotion and referral for PMTCT and basic medical care for treatment of opportunistic infections. With a large focus on conflict-affected districts, many AB activities will be implemented to age appropriate audiences within IDP camps. Although CT is not supported with AB funds, promoting testing with partners is a key aspect of the be faithful message.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 179,200 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 142,800 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 1,360 | ☐ |

**Target Populations:**

Adults

Community-based organizations

Faith-based organizations

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

**Key Legislative Issues**

Gender

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Ntungaro

Pader

Rukungiri

Soroti

Tororo

Yumbe

Nebbi

Pallisa

**Table 3.3.02: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | UPHOLD |
| **Prime Partner:** | John Snow, Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Abstinence and Be Faithful Programs |
| **Budget Code:** | HVAB |
| **Program Area Code:** | 02 |
| **Activity ID:** | 3956 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951); Palliative Care: Basic Health Care (4954), Palliative Care: TB/HIV (3950), OVC (3957) counseling and testing (3952), and Strategic Information (3955). |

The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have helped to customize program interventions on a district by district basis. UPHOLD supports abstinence and faithfulness promotion as part of a comprehensive continuum of care in three main ways: a national effort to provide abstinence education in every primary school in the nation; IEC activities that reach 20 districts; and technical assistance to NGOs and district governments in the 20 districts. Nationally, support to the Presidential Initiative for AIDS Strategy Communication to the Youth (PIASCY) will include training 25,000 teachers in the formation of abstinence promotion activities in 7,000 primary schools in Uganda in order to reach approximately two million pupils. The activities will focus on guidance and counseling, IEC to foster community and school support for the initiative, and school club formation to build peer-to-peer assistance for abstinence. Safe school contracts will help to establish safer school environments for pupils, especially girls. School-community partnership meetings will work to engage parents/adults to actively communicate with their children and encourage the delay of sex until marriage. This component will target girls and boys in primary schools, with teachers, community leaders and parents as secondary targets. Special emphasis will be on pupils in conflict-affected areas and internally displaced camps.

In the 20 UPHOLD supported districts, IEC activities will include abstinence and faithfulness promotion through interpersonal communication and mass media. Abstinence promotion on the radio will be through Parent Talk Radio programs. These programs are designed to capture parents/adults' voices and experiences in promoting abstinence to their adolescent children, modeling good communication on delay of sexual debut, and sharing positive experiences. These programs will reach approximately 1 million parents of primary school children in the 20 districts. Print parent-young child communication guides on delaying sexual debut and avoiding risky situations accompany the radio programs. Over 40 radio journalists of the leading 15 FM radio stations will be trained to promote abstinence to the general public, which is expected to reach approximately 5.5 million people. Faithfulness promotion in FY06 will focus on promoting couple communication and counseling through religious leaders, in partnership with the Office of the First Lady and the network of NGOs, CBOs and FBOs working to promote faithfulness. Materials will include premarital and marital counseling guides for religious leaders and other counselors, including counselors of PLWHAs. Key to this activity is promoting new norms and behaviors of men, and reducing and mitigating gender-based violence. This activity will train 10,000 religious leaders to be premarital and marital counselors to target 200,000 men and women and HIV counselors to reach over 50,000 PLWHAs. This partner will continue to build capacity of local drama troupes in the 20 districts with technical assistance, supervision and scripts to promote abstinence and faithfulness in locally appropriate and effective ways. Community outreach by drama groups supported with these participatory scripts with community dialogue components will target 500,000 men, women, school children and out-of-school youth.This partner also

provides technical assistance to NGOs and district governments to promote abstinence and faithfulness. In addition to providing print materials to NGO and district government partners, the UPHOLD will facilitate workshops for grantees to strategize community outreach approaches in promoting abstinence and faithfulness. The partner expects to train approximately 100 people through this activity.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 5,500,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 2,000,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 35,140 | ☐ |

**Target Populations:**

Adults
Faith-based organizations
Most at risk populations
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Religious leaders
Host country government workers

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

Wrap Arounds

Education

Gender

**Coverage Areas**

Arua

Bugiri

Bundibugyo

Bushenyi

Gulu

Kamuli

Katakwi

Kitgum

Kyenjojo

Lira

Luwero

Mayuge

Mbarara

Mubende

Nakapiripirit

Pallisa

Rakai

Rukungiri

Wakiso

Yumbe

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Community Resilience and Dialogue
**Prime Partner:** International Rescue Committee
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 3983
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3985), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).

Studies in conflict affected areas show low knowledge on HIV transmission and prevention strategies. In addition to the effects of on-going conflict, a number of social, cultural and economic factors were identified as contributing to spread of HIV infection. These include; polygamy, female genital mutilation, rape, defilement, wife inheritance and low socio-economic status. Stigma and discrimination were also seen as major barriers for people to seek HIV services. Within this context, CRD partners saw the need to intensify HIV prevention campaigns to change HIV risk behaviors among youths and adults.

AB activities will be implemented in five-conflict districts of Uganda (Gulu, Kitgum, Nakapiripirit, Moroto, and Kotido). Our past operations in these areas have shown the need to increase mobilization and awareness campaigns on HIV ransmission/prevention strategies. IRC will work with its partners, AVSI, and SCIU, to conductthe following AB activities.

IRC will operate in the 3 districts of the Karamoja region to conduct AB campaigns through open air, radio talk shows, sports, dramas by Post Test club members, and the production of IEC materials with AB messages. These activities will address economic factors contributing to the spread of HIV (polygamy, FGM, rape, defilement, and wife inheritance) and to further stigma and discrimination.

AVSI will train primary and secondary school teachers on HIV/AIDS prevention behaviors (AB) and will guide them to teach the same to students within the schools. AVSI will also support two local agencies (Meeting Point and CHAPS) to conduct HIV/AIDS awareness among the communities through the production of T-shirt with AB messages, IEC materials, and radio shows.

SCIU plans to collaborate with other partners in Gulu to design a communication strategy for youth between 10-18 years. Messages will emphasize abstinence as the best prevention method, but will also educate youth on life saving skills. In addition, SCIU will work with parents, religious leaders, teachers, and radio stations to encourage youth to adopt positive behaviors and reinforce these behaviors through peer-to-peer discussions in and out of school.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 17,700 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 150 | ☐ |

**Target Populations:**

Adults

Community leaders

Faith-based organizations

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Kitgum

Kotido

Moroto

Nakapiripirit

Pader

Gulu

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Peace Corps
**Prime Partner:** US Peace Corps
**USG Agency:** Peace Corps
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 3999
**Planned Funds:**
**Activity Narrative:** This activities relates to Peace Corps other activities in the areas of other prevention (3993), OVC ( 3992), Palliative Care: Basic Health Care (3991), and strategic information (4746).

This program will support, PIASCY, a primary school based communications program of the Ministry of Education that focuses on age-appropriate information and activities for young people. Volunteers and their teacher-trainer counterparts will help roll out PIASCY activities in primary schools in their catchments areas by providing training on PIASCY in primary teacher colleges, coordinating centers, school-based teacher trainings and clubs, and by helping with materials development, and linking with other activities. These activities target primary school aged children and out of school youth, ages 15 or less with AB activities. This program will work through 12 community outlets that will focus on abstinence and being faithful messages. It is envisioned that 60 people, the majority being primary school teachers, will be training in materials development and message delivery for AB. 6000 individuals will be reached through messages promoting prevention through AB.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 6,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 60 | ☐ |

**Target Populations:**

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

**Coverage Areas**

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Ntungaro

Pallisa

Rukungiri

Tororo

Wakiso

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4019
**Planned Funds:**
**Activity Narrative:** This activity complements activity4024-Counseling and Testing, 4017-Other/Policy Analysis. The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational.

This activity will include community sensitization in which key community leaders and community Health workers are briefed on issues regarding abstinence and being faithful, and strategies to reach the communities are designed using appropriate language. After this initial activity, communities are invited to participate in meetings through which specific information is given. Specific activities will include training of community mobilizers and leaders, teachers, religious leaders and health providers (total of 170 volunteers) to communicate abstinence abd being faithful to target groups that will include adults, boys and girls. Mobilization of communities is done through community meetings, music, drama, sports and use of IEC material from RHSP, PSI and MOH. Multiple strategies are used to reach as many people to participate in the activities. A total of 45 RHSP communities will be reached, from which 15 sensitization meetings and 100 village meetings will be conducted; 40 music and drama shows will be staged and 20 sporting events will be carried out. All these activities are done in collaboration with the Community Advisory Board (CAB) that was set up between the program and the community. Four quarterly meetings will be held aimed at improving service delivery to the target population.

From these mobilization activities, individuals are referred to our resident counseling and the HUBs for VCT. Emphasis is made on safe sex practices and couple counseling is encouraged for married couples. Through this multiple approach system, we estimate to reach a total of 12,000 individuals with information and services to reduce HIV transmission through abstinence and being faithful. Patients in palliative care and ART at RHSP also participate in A/B activities.

| *Emphasis Areas* | *% Of Effort* |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 12,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 3,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 170 | ☐ |

**Target Populations:**

Adults

Community leaders

HIV/AIDS-affected families

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Public health care workers

Private health care workers

**Coverage Areas**

Rakai

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** AB Track 1/ Round 2
**Prime Partner:** Catholic Relief Services
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4029
**Planned Funds:**
**Activity Narrative:** Activities of the Abstinence and Be faithful prevention program are aimed at the mobilizing, sensitizing and training youth 15-24 and married couples 25-49 years old. There are six main activities.

1) Anti AIDS clubs: There will be formation and support to community based Anti AIDS clubs following Abstinence and Behavior change communication. The clubs will have a membership of both in school and out of school youth. During year 06, 6 clubs (1 per diocese) will be supported directly for purchase of sports equipment, for costumes for music, dance and Drama, for IEC materials and for training of club leaders responsible for club management. Through these clubs, the program aims at reaching out to about 1500 youth directly with educational messages on abstinence, safe living and life skills education associated with HIV prevention. Each of the youth participating in club activities will be encouraged to reach out to at least 3 peers with "Abstinence and Be faithful" messages.

2) Music, dance and drama shows and competitions: These shows or competitions will be organized on a quarterly basis in each of the six dioceses at parish level. The activities will allow youth to share experiences with each other in a more informal and educative way. There will also be drama competitions among parishes in the dioceses aimed at bringing together youth of different cultural backgrounds to learn and share from each other. It is expected that 12,000 youth both in and out of school will be reached in FY 06 with abstinence and be faithful messages via these activities.

3)Open-air campaigns: This activity will be organized in IDP camps particularly in Gulu district to sensitize youth and adults about HIV/ AIDS, Abstinence and faithfulness (for couples in a relationship or marriage). This activity will be organized on a monthly basis for a period of 5 months and will reach out to 25,000 youth and adults. Each open-air campaign is expected to reach out to about 5000 youth and adults. A team of facilitators from Comboni Samaritan Gulu will organize and facilitate the campaigns.

4) Sensitization through IEC: Information, Education and Communication materials will be procured and distributed to in- and out- of- school youth and adults. These materials will be obtained from different sources such as Faith based Organizations namely Youth alive and the Uganda Catholic Secretariat; Non- governmental organizations namely; Straight talk Foundation; and the Government agencies such as the Ministry of Health, Ministry of Gender, labour and Social Development and the Ministry of Education. Some materials will be produced locally by AB CRS partners (Dioceses). These materials will include posters, newsprints, T-shirts, stickers, videotapes and balls. The materials are targeted to reach out to 30,000 youth in-school and out- of- school. The information will guide youth on safer sex choices such as Abstinence, equip them with skills on how to reject sexual advances and campaign against Trans generational sex. The IEC materials will reach the targeted audience through schools, diocesan and local council structures present in each parish in the respective Diocese.

5)Referral to Voluntary Counseling and Testing centers: Referrals to HIV testing and counseling centers will be made by program staff in a bid to promote VCT as a HIV prevention strategy. Referrals for VCT will be made on a case- by- case base for youth at risk (especially out- of- school youth). HIV counseling and testing will enable program beneficiaries make wise and informed decisions after knowing their HIV status. The referral activity will be integrated into all the other activities mentioned above. The programs will aim at making 1800 referrals to VCT sites over the FY 06 period.

6) Capacity building through skills trainings workshops: The capacity building trainings will target influential persons and stakeholders in the promotion of Abstinence and Be faithful activities. The participants will include influential adults and youth such as the parents, women leaders, club patrons, school prefects, the clergy, schoolteachers, club leaders and peer educators. These groups will be given adequate skills in club management, Parent – child communication, personal development and life skills. The

clergy and the community leaders will be given mobilizing and communication skills to be able organize community focus group discussions to challenge social norms and cultural practices contributing toward s the spread of HIV/AIDS. The capacity building activities will contribute to the sustainability of the AB program within program areas. The trainings are expected to target a total of 3300 people in all 6 Dioceses.

| Emphasis Areas | % Of Effort |
|---|---|
| Needs Assessment | 10 - 50 |
| Training | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 51,900 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 50,100 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 3,300 | ☐ |

**Target Populations:**

Community leaders
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers (Parent: Host country government workers)
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Gulu

Kabarole

Kampala

Masaka

Mbarara

Luwero

Wakiso

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** PIASCY/ Basic Education and Policy support (BEPS)
**Prime Partner:** Creative Associates International Inc
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4339
**Planned Funds:** [redacted]
**Activity Narrative:** In response to President Museveni's call to enhance communication to youth on HIV/AIDS, the Ministry of Education and Sports and US Government have designed and implemented the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) Program. PIASCY is singularly devoted to helping pupils, the source of Uganda's future competitive advantage, to stay safe from HIV/AIDS. Initially focused on primary school students (ages 9– 14), PIASCY has now expanded to secondary and vocational education students (ages 15 – 20). In FY06, the BEPS/ABE Program will work in both of these sub-sectors.

BEPS will support the expansion of a Guidance and Counselling program to all primary schools in the country. The purpose of the program is to equip the primary school teachers' with the basic knowledge and skills in Guidance and Counselling so that they effectively provide Guidance and Counseling services to the pupils under their care. The national scale up follows a pilot in 12 districts and an independent evaluation that documents successes in imparting life skills and enabling children, including orphans and vulnerable, to deal with the underlying emotional issues that interfere with her/his ability to function well, within or outside of school. The program will be coordinated by the Ministry of Education and district teams that include school inspectors, coordinating center tutors and primary teacher colleges. Three teachers per school, the Head teacher, Senior woman teacher & Senior man teacher, will be trained in guidance and counseling and they, in turn will orient the colleagues in their schools. The program will encourage establishment of counseling rooms within schools where abstinence, life skills, and guidance messages can be reinforced.

The second component of BEPS support to PIASCY will be in secondary and technical and vocational education institutions. BEPS will reach 1.5 million post primary school students with abstinence and life skills messages. In 2005, two student handbooks (one for "O" level and one for "A" level students) and one teachers guide were developed and pre-tested. Key stakeholders, including the FBO community and representatives from the First Lady's Office, reviewed these books to ensure that the message for staying safe was age-appropriate. The books are now ready for nation-wide dissemination. Complementary activities involve: peer-to peer sessions; inter-disciplinary clubs; performing arts; community outreach events; curriculum mainstreaming strategies; and open days where parents and communities are brought to schools to exchange information and experiences. A specific attempt will be made to have the young adults in PPET institutions to be more involved in the specific school based program design, thus ensuring their voice and full participation in the program. Research & documentation will be emphasized and skills developed among the students. The model of implementation will be to have a national working group which will set up district based committees. The Headteacher associations will be play a central role in activities, while the national teacher training institutions will train tutors who will serve as co-facilitators to the district officials and assist the monitoring of the program.

The final component will be procurement and distribution of HIV Readers containing fictional accounts of individuals affected by HIV/AIDS. In reading the stories, children identify with the characters and situations they confront, while discussion questions generate opportunities to discuss sensitive topics with adults and peers. An independent evaluation of the HIV Readers found that they were widely read and greatly appreciated by both teachers and pupils. Previous PEPFAR financing has enabled 4,500 primary schools (out of 15,000 primary schools in the country) to receive a package of 10 HIV Readers and a teachers guide. The Ministry of Education and Sports has complemented this procurement with Readers to another

4,000 schools. The set of HIV readers in FY06 will target another 2,500 schools and 1,000,000 primary school students with HIV prevention and abstinence messages and life skills.

| *Emphasis Areas* | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful* | 1,500,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 55,000 | ☐ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Wrap Arounds

Education

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC USAID |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Abstinence and Be Faithful Programs |
| **Budget Code:** | HVAB |
| **Program Area Code:** | 02 |
| **Activity ID:** | 4371 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in Other Prevention (3193) Palliative Care: Basic Health Care (3195), counseling and testing (3194), and ARV services (4373).<br><br>AIDS Information Center(AIC) is an indigenous Ugandan organization providing HIV/AIDS counseling and testing services and information on HIV/AIDS since 1990 and is currently the largest single provider of HCT services in the country. HIV/AIDS counseling and testing is recognized an as important entry point to prevention, care and treatment. AIC will take advantage of these entry points to emphasize the importance of prevention. AIC, through their post test clubs and adolescent friendly services, is a particularly suitable setting to reinforce messages of abstinence and faithfulness<br><br>This activity builds on the successes of the confidential and Youth friendly HIV/AIDS Counseling and Testing services (HCT) that AIC provides at the Kampala Main branch and the Naguru Teenage Information and Health Center, to strengthen and enhance delivery of abstinence messages to the youth. The confidential and youth friendly Counseling and Testing services will be expanded to upcountry branches by reserving special youth HCT days each week at all the 8 AIC branches. Youths will be encouraged to join Post-Test-Clubs (PTCs) and HIV/AIDS Youth Clubs. 72 youths will be trained as peer educators to provide one-one-one behavioral change counseling to fellow youths, act as role models for behavioral change and encourage youths to learn their HIV status.<br><br>Through the PTCs, drama and Youth Clubs, outreaches to youths will be in schools, communities and the informal sector. This activity will target the 10-14 year olds with messages on abstinence and delay of sexual debut. It is estimated that 76,800 youths will be reached in FY06 with such messages.<br><br>All 8 AIC branches will provide training and outreaches to 72 parents, guardians and teachers in these communities to improve parent-teen communication and connectedness. Through community outreaches and radio spots, AIC will target influential adults in the community with messages that will create an enabling environment conducive for promoting abstinence among youth. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 76,800 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 76,800 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 144 | ☐ |

**Target Populations:**

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

*Addressing male norms and behaviors*

**Coverage Areas**

Adjumani

Apac

Arua

Bugiri

Gulu

Jinja

Kabale

Kaberamaido

Kampala

Kamuli

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kisoro

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Masindi

Mbale

Mbarara

Moroto

Moyo

Nakapiripirit

Nakasongola

Nebbi

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Yumbe

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** AB Track 1/ Round 2
**Prime Partner:** International Youth Foundation
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4384
**Planned Funds:**
**Activity Narrative:** As one of the 4 grantees under Track 1.0, the International Youth Foundation – Empowering Africa's Young People Initiative (EAYPI) will be implemented by 5 sub-grantees: Uganda Red Cross Society (URCS); Uganda Scouts Association (USA); Uganda Girls Guides Association (UGGA); Uganda Young Women's Christian Association (UYWCA) and the Source of the Nile Award (SNA) NGO. This activity links with an activity implemented by PATH, which also supports reaching youth through the Uganda Scouts Association. In FY 2006, EAYPI will train at least 1960 peer educators to promote abstinence and being faithful and reach 51,300 people (38,000 young people and 13,300 adults) by implementing four integrated and reinforcing approaches in the 10 districts of Kampala, Iganga, Kabale, Hoima, Lira, Kayunga, Kamuli, Pallisa,Tororo & Wakiso. Training will facilitate the development of skills and norms for practicing abstinence, valuing fidelity, and dealing with peer pressure. Older youth, some of whom could be sexually active, will be additionally be referred for appropriate services for further help. Enter-educate youth activities like folk media will also be utilized and focused on themes that deal with ABY topics, VCT, vulnerability of girls to rape, sexual exploitation and coercion etc and presentations followed by discussions.

Community participatory dialogue and action planning outreaches will be conducted with communities in selected sites with a focus on identifying prevailing youth health norms, gender issues, youth risky behaviors, advocacy issues related to stigma and discrimination, and ways that the communities can address the identified risk behaviors that predispose young people to HIV including sexual violence and coercion. Target audience includes adult members/volunteers of the youth serving associations, parents and community leaders.

Participatory identification of potential allies and adversaries among key influential leaders will be conducted in selected start up sites, targeting among others, faith-based and cultural leaders, women, youth and civic leaders.
This will be followed by focused sensitization, mobilization and advocacy community outreaches for the identified key influential members as well as other community members about identified HIV prevention advocacy issues as indicated in SO 2. Advocacy topics may include stigma, discrimination and HIV/AIDS mitigation as well as the risky behaviors that predispose young people to HIV/AIDS including transactional and cross generational sex. Existing in country IEC /BCC materials like the YEAH campaign focused on ABY will be disseminated during outreach events.

A context adapted and curriculum based training will be developed to strengthen activities that support parent-to-child (PTC) communication and help parents communicate with today's adolescents on their values, healthy choices, and identify when and where to seek additional help. Here, a parent is defined as a "trusted adult' by the youth and the communities. The sub-grantees already have existing structures such as teacher guiders, youth mentors and role models and parent-elder programs that will be utilized to strengthen communications, mentoring and role modeling. Specifically with adults, the aim will be to increase their self-esteem and skills to talk about youth sexuality, abstinence, fidelity and monogamy, and define parental responsibilities to help young people value and practice the A and B behaviors.

Linking with the B a Man Initiative, EAYPI will include a focus on masculinity and gender norms. Community advocacy and sensitization meetings will be conducted for younger and older males. For younger males, the focus will be on male norms, challenging norms about masculinity, the acceptance of early sexual activity and multiple sexual partners for boys and men, and transactional sex. This is a deliberate

effort to impart positive gender sensitive interactions, attitudes, practices and behaviors in male young people at an early age as a long term strategy to address sexual violence and exploitation of female young people. While for older males, the focus will be to support counseling, peer education, and community interventions.

Furthermore, community mobilization, sensitization and advocacy meetings will be conducted for the identified key influential leaders and communities on the identified risk areas for young people with the aim of reducing sexual violence and coercion, and which will focus on:
• Identified norms/behaviors that encourage cross generational and transactional sex
•Support for in/out of school plus community based programs for the prevention of violence
•Training adult and peer educators to identify counsel and refer the victims of sexual abuse and violence within VCT, STI and other youth friendly services programs
•Training in prevention with the young positives, risk assessment, stigma and discrimination reduction
•Supporting youth to mitigate potential violence or other negative outcomes of disclosure.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 51,300 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 1,960 | ☐ |

**Target Populations:**

Community leaders
Street youth (Parent: Most at risk populations)
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Kampala

Lira

Mukono

Rukungiri

Hoima

Iganga

Kabale

Kayunga

Pallisa

Tororo

Yumbe

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Health Communication Partnership
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4385
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities in Counseling & Testing, through its promotion of couple communication, counseling and testing to encourage mutual disclosure.
This activity has four components. The first component is an expansion and deepening of the B a Man information, education, and communication activities initiated during FY 05. The B a Man initiative addresses male gender norms and expectations which underly young people's vulnerability to HIV and AIDS. In FY06, there will be a special focus on challenging male gender expectations; exploring further associations of masculinity with tolerance for alcohol intake; discouraging gender based violence and transactional sex; discouraging concurrent relationships and encouraging faithfulness to one partner/spouse; promoting couple communication, HIV counseling and testing, and mutual disclosure of HIV status; as well as a continued focus on abstinence before marriage. Linguistically and culturally appropriate tools, media and materials that stimulate dialogue and personal reflection will be produced in consultation and partnership with a wide variety of organizations—faith based, community based, government institutions, and other US government supported projects.

The second component involves training facilitators among men's groups at community level to facilitate interactive exercises and discussions, using materials and tools produced by the campaign. HCP will work with community and faith-based organizations in five regions of the country to facilitate group exercises among men. Group sessions will stimulate men to critically assess behaviors and attitudes associated with masculinity and their social, health, and environmental consequences. Alcohol intake, multiple partners, and violence against women are expected to be key discussion issues. A total of 120 facilitators will be trained during the reporting period. Each will be expected to facilitate at least 5 sessions with approximately 8 men to reach 500 men.

The third component is an ongoing building of institutional capacity of two prime indigenous communication organizations, Communication for Development Foundation Uganda (CDFU) and Straight Talk Foundation (STF), to design, manage, and evaluate multi-channel communication for and by young people 15 – 24 years old. HCP will provide short training courses, and on-the-job mentoring and shadowing, including a Crisis Corps Volunteer who will provide technical assistance in monitoring and evaluation and training for community participation.

The fourth component of this activity is monitoring and evaluating the effects of information, education, communication, and community mobilization activities. HCP will assist CDFU and STF to design and conduct a population based assessment among young people 15 – 24 years old to determine whether or not there has been a change in male gender norms; and the extent to which young men have been exposed to tools, materials and activities.

| Emphasis Areas | % Of Effort |
|---|---|
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 38,400 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 120 | ☐ |

**Target Populations:**

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Religious leaders

***Key Legislative Issues***

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** AB Track 1/ Round 2
**Prime Partner:** Program for Appropriate Technology in Health
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4388
**Planned Funds:**
**Activity Narrative:** This activity relates to the IYF AB activity in its support to the Uganda Scouts Association (USA) and to the YEAH campaign for sharing of AB materials and approaches. It is one of four track 1.0 grantees in Uganda working to promote AB/Y.

Throughout the life of the project, Scouting for Solutions (SfS) will address gender issues (including coercive sexual activity and adolescent socialization), strengthen protective factors, reduce risk behaviors, and build community support. This activity has several different components that relate to prevention of HIV through abstinence and being faithful messages. The largest component of the project is reaching young people (ages 12-15) with information and skills for HIV prevention. The SfS project will create two activity packs this year, which are linked to scout badges and will address HIV-prevention and gender equity. USA will work with other partners to develop four different scout newsletter editions that address similar messages for dissemination to all scouts. These activity packs and newsletters will reach an estimated 71,680 girl and boy scouts.

The second component of the project is mobilizing parents/guardians and other protective adults to create a supportive environment for young people to adopt HIV-prevention behaviors. Parents, guardians, and protective adults will be involved in mobilization of community resources to support girls' and boys' involvement in scouting and in the Scouting for Solutions project activities. Parents, key community members, and representatives of partner organizations will be involved in reviewing and approving all project activities and products.

The final component of this project is building the capacity of USA to efficiently develop, implement, and monitor large-scale HIV-prevention programs. 4,536 individuals, including scout leaders and a national training team, will be trained to provide HIV-prevention and gender education to scouts. A monitoring and evaluation system will be implemented with USA to build the organization's ability to monitor key scouting activities and programs. PATH will work with USA to create a gender equitable policy for the organization and to advocate for changes to be made to the national Boy Scout Act to reflect the importance of girls in scouting. Finally, recruitment activities will be carried out to encourage the participation of girls and out-of-school youth in the scouting movement.

The FY06 budget is mainly comprised of the following cost items: subagreements with the implementing partners; print materials; vehicle and equipment; salaries of the core team and travel. The vehicle and equipment (i.e., computers, photocopier, generator) will be given to the Uganda Scouts Association. Print material includes the development and distribution of the HIV curriculum as well as the mass production of two Activity Packs and corresponding scouts badges. These materials will be used within the Scouts program for HIV prevention activities. The subagreement with Straight Talk Foundation is for training of a Scouts editorial team and the production of a Scouts newsletter while the subagreement with the Uganda Scouts Association includes staff time, training and M&E.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 71,680 | ☐ |
| *Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)* | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 4,536 | ☐ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** AIDSRelief
**Prime Partner:** Catholic Relief Services
**USG Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4393
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services, 4377-HIV/AIDS Treatment/ARV Drugs, 4390-Laboratory Infrastructure, 4395-Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4398-Counseling & Testing.

AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative, social and ARV services to HIV positive people their families & communities. Based on its successes and lessons learned, the AIDSRelief program in Uganda will continue to develop and promote HIV prevention through abstinence and being faithful. Community mobilization and educational outreach sessions on prevention using AB and A-only messages will be expanded to all sites.

In FY06, AIDSRelief services in prevention/abstinence and being faithful will be offered through the 15 Points of Service (POS), located throughout Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Homecare, Nsambya MTCT, Nsambya Private Clinic, KCCC, Nile Treatment Center, Bethlehem Medical Center, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. AIDSRelief will carry out the prevention/ abstinence and being faithful activities through the above points of service targeting the clients, partners and families that access care at these points.

In addition,the strong adherence support program developed by the POS will continue to serve as the foundation for outreach to communities. In years 1 and 2 of the project, outreach workers have reached out to community and religious leaders to educate them about HIV. Information reaches the targeted population through community outreach programs, during hospital visits, drama shows, newsletters and flyers as well as open-air campaigns and radio shows.

In FY06, community workers in the program will continue to play a significant role in the dissemination of the AB/A messages. Community outreach sessions will be conducted to provide information on life skills on how to reject sexual advances, faithful living and abstinence as well as prevention with positives. In addition, patients that come into care and treatment will receive individual and family education sessions on AB and A-only prevention education as appropriate.

Furthermore, training of service providers and community workers will be an integral part of this program. Training sessions in prevention/ abstinence and being faithful skills will be carried out in the 15 points of service for the nurses (72), counselors (98), adherence counselors (81) and the community workers. These providers will be given expanded life skills counseling techniques in abstinence and being faithful to ensure correct messages are passed to the patients in care, their families and their communities.

Technical assistance in high quality skills for prevention/abstinence and being faithful will also be provided by IHV and CRS. This funding will also be used for human resource support and provision of infrastructures related to provision of prevention/abstinence and being faithful activities carried out by the points of service. Finally, the program will develop links with other related community- and faith-based organizations that serve the same geographic areas, as well as partners working in other sectors, wherever possible.

With assistance from the Futures group, AIDSRelief will provide appropriate data-gathering tools to ensure collection and compilation of data in

prevention/abstinence and being faithful at all POS.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 322,636 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 107,543 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 251 | ☐ |

**Target Populations:**

Business community/private sector

Community leaders

Community-based organizations

Country coordinating mechanisms

Volunteers

Religious leaders

Public health care workers

*Other health care workers (Parent: Public health care workers)*

Private health care workers

*Other health care workders (Parent: Private health care workers)*

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4401
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities 4402-PMTCT, 4405-Injection Safety, 4404-Basic Health Care & Support, 4503-OVC, 4403-CT, 4407-ARV services, 4408-Laboratory Infrastructure, 4406-SI and 4502-Other/Policy Analysis & System Strengthening.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

This activity relates and supports the AB/A only portion of the Uganda national promotion of AB(C) prevention strategy within the context of comprehensive HIV/AIDS prevention and care. The country has a generalized epidemic but a large proportion of the Ugandan population is not infected. In FY 2005, the MOH continued the national focus on abstinence and being faithful interventions for the specific populations outlined in the national strategy. Key initiatives included the development of appropriate messages, training materials and, coordination of national campaigns.

In Fiscal year 2006, this activity will be expanded with focus on four different components to enhance HIV AB/A-only prevention interventions. One component provides for dissemination of AB messages through FM radios and popular local language newspapers. 20 FM radios and 7 popular local news papers that have a wider rural and urban coverage will be used to disseminate AB messages. Dissemination will be targeted to appropriate audiences: Abstinence and or being faithful messages for youth in and out of school; community leaders including faith based leaders; caregivers; and, health workers. The approach will be through enhanced community mobilization and prevention education about the benefits of AB in HIV prevention. The second component of this activity promotes advocacy through supporting bold leadership to promote prevention messages by holding regional meetings with district leaders in the five regions of Uganda. This activity will target district political leaders, faith-based leaders, cultural leaders, representatives of youth, women and HIV program managers. The third component focuses on the development and printing of I.E.C materials to support communication programs for national prevention strategy. IEC materials which are culturally sensitive and addressing needs of target audiences will include leaflets, posters, peer educators' handbook and health educator's hand books. Additional, existing materials will be translated into 7 local languages to increase readership coverage in the rural areas. Finally, the last component provides for technical support/supervision of MOH partners involved in promoting preventive activities in line with national policy to ensure quality assurance in the implementation of the strategy.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 300,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 100,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 20 | ☐ |

**Target Populations:**

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Program managers
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Implementing organizations (not listed above)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | TASO USAID |
| **Prime Partner:** | The AIDS Support Organization |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Abstinence and Be Faithful Programs |
| **Budget Code:** | HVAB |
| **Program Area Code:** | 02 |
| **Activity ID:** | 4420 |
| **Planned Funds:** | |

**Activity Narrative:** This activity links to other TASO activities in the areas of AB (4420), other prevention (3973), Palliative Care: Basic Health Care (3975), OVC (3974), Lab (3972), and strategic information (3976).

The AIDS Support organization (TASO) was established in 1987 with the original objectives and core activities of providing care and support services for PHAs, as well providing public HIV/AIDS education to prevent further spread of HIV/AIDS. In addition TASO supports communities and other organizations to provide similar services in their catchment areas. In this activity TASO plans to provide Abstinence and Be Faithful messages tailored to the specific audiences being addressed. The abstinence approach specifically targets children and youth, including girls, boys, students, out-of-school youth, and HIV positive children. The "Be Faithful" approach targets men and women who are sexually active.

One component of this activity is to conduct live radio talk shows to which listeners phone in to ask questions, seek clarification and provide information. TASO plans to conduct 550 radio program (i.e. 1 radio program per week per TASO Centre) using appropriate local languages. Of the 550 programs, half of them, i.e. 275 programs, will focus on Abstinence and Faithfulness messages while the other half will deal other prevention and palliative care issues. These programs will be conducted with partner radio stations in various parts of the country. Each TASO centre will collaborate with one radio station in their area of operation. TASO counselors and other staff, who are experts at discussing AB values and skills, will make live presentations on these stations and take questions from the audience. Focus of these programs will be prevention abstinence, particularly for the youth. The messages of faithfulness will be targeted at the adult population.

The second component of this activity is staging Drama Group performances in the community. TASO has 11 Drama Groups composed of PHAs that conduct performances in the rural communities, primary and secondary schools, gazetted places of religious worship, institutional settings and other venues. The out of school youth will be reached through appropriate fora that bring them together such as youth council meetings. These Drama Groups convey their messages through singing, dancing, acting plays, sharing personal HIV/AIDS testimonies and providing HIV/AIDS information. Through these drama performances the audiences will be able to ask questions and also relate their own experiences. The discussions highlight skills, values and vulnerabilites, lead to recommendations for abstinence and faithfulness. TASO will conduct approximately 800 Drama Performances reaching a total of 200,000 people. TASO will also provide various training programs which will include participatory drama skills and appropriate message design on issues related to A&B for 275 PHAs involved in Drama Groups (i.e. 25 PLWHA per each Group for 11 Groups).

The third component of this activity is staging community education and action activities. TASO has approximately 30 community HIV/AIDS programs with approximately 1,200 community volunteers who, among other roles, will carry out HIV/AIDS education, including the promotion of A&B in different venues in the community such as local council meetings, primary schools, places of worship, etc. The community workers will mobilize community residents to come together to attend HIV/AIDS talks, drama shows and other events aimed at providing HIV/AIDS information to the residents. The community workers will be trained by TASO in community facilitation skills and promotion of HIV/AIDS prevention through behavior change including A&B. An estimated 185,000 community members will be reached through these community outreach programs. All these activities are implemented

with full consciousness of gender issues, including the special vulnerability of women to HIV infection. Appropriate messages are delivered to minimize vulnerability based on gender disparities. TASO will coordinate with other media programs, governmental and community-based organizations to ensure harmonization of AB messages.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 385,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 200,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 575 | ☐ |

**Target Populations:**

People living with HIV/AIDS

Volunteers

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive children (6 - 14 years)

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Adjumani

Apac

Arua

Bugiri

Bundibugyo

Bushenyi

Busia

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

Kaberamaido

Kalangala

Kampala

Kamuli

Kamwenge

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kumi

Kyenjojo

Lira

Luwero

Masaka

Masindi

Mayuge

Mbale

Mbarara

Moroto

Moyo

Mpigi

Mubende

Mukono

Nakapiripirit

Nakasongola

Nebbi

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** IRCU
**Prime Partner:** Inter-Religious Council of Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4685
**Planned Funds:**
**Activity Narrative:** This activity links to activities inPalliative Care: Basic Health Care (4363), Palliative Care: TB/HIV (4364), OVC (4686) counseling and testing (4365), ARV drugs (4687), and ARV services (4366).

IRCU is an indigenous, faith-based organization founded by supreme leaders of five major religious institutions of Uganda including Catholics, Anglican Protestants, Muslims, Orthodox and Seventh Day Adventists. However, membership to IRCU remains open and other religious bodies are free to apply and join the consortium. Through its religious affiliates, IRCU encompasses a nation-wide network of not-for-profit hospitals and clinics as well as faith-based and community organizations, providing an array of HIV/AIDS services including prevention, care and support to affected individuals and families. With the support of USAID, IRCU has developed a robust sub-granting program through which resources are channeled to faith-based organizations. Using PEPFAR FY04 resources, IRCU has initiated 89 sub-grants to faith-based and community organizations. Through these FBOs, IRCU provided HIV/AIDS palliative care to 24,000 people including orphans and vulnerable children (OVC).

Religious leaders are able to interact with large masses of youth and married people through prayers and other religious activities such as weddings, fellowships, funerals and other pastoral ceremonies. In addition, religious leaders are strategically positioned to influence behavior change given the respect they enjoy in communities. In this context, IRCU, through the religious structures that form its constituency, is uniquely positioned to champion programs that promote abstinence and mutual faithfulness. Over the last one year, IRCU has taken a prominent position in implementing programs aimed at promoting abstinence and being faithful. Working with cohorts of youths, IRCU has produced and disseminated a series of youth friendly IEC materials in addition to workshops, open debates and dialogue with youth on abstinence. Similar initiatives have also been undertaken, targeting people in married relationships.

In FY06, IRCU will build upon these efforts to expand access to information and skills that enhance abstinence and faithfulness for youth and couples, with particular emphasis on extending these services to vulnerable populations in conflict affected areas. IRCU will support activities that enable young people who have not started sexual activity to continue abstaining while at the same time promote behavior change among those who are in marriage to remain faithful to their spouses. IRCU will also promote activities that will encourage secondary abstinence among those who might have initiated sexual activity but are not yet married and encourage those with multiple sexual partners to reduce them. IRCU will scale up activities in the following areas to further contribute to HIV infection reduction: 1) train religious leaders in HIV/AIDS prevention skills to be able to reach out to communities with accurate and consistent information, 2) support religious leaders to advocate for the modification and/or total elimination of religious policies and cultural practices that increase vulnerability to HIV infection; 3) engage youth in productive activities such as drama, debates and games to minimize their chances of engaging in risky behavior; 4) promote early value-based peer grouping to enable young people grow with values, norms and life skills that promote abstinence in later teenage years; and 5) support pre-marriage counseling to enable young people make informed life long decisions, 6) provide marriage counseling to enable couples remain faithful to each other, and 7) provide community outreach activities such as seminars, drama and person to person discussions that raise the individual perception of the risk of HIV infection. Through this activity, 1000,000 will be reached with AB messages, 40% of those will be reached with A only messages, and 184 individuals will be trained to

promote HIV/AIDS prevention through AB.

IRCU will support the mainstreaming of the AB approaches to prevention in all relevant religious activities including sermons sacraments of the Eucharist, confirmation, matrimony, fellowships and other pastoral ceremonies. IRCU will also prioritize integration of AB in other areas of HIV/AIDS service delivery including counseling and testing, care and treatment provided by FBOs. In implementing these activities, IRCU will network with government agencies that are strategic in the promotion of AB and other prevention services. These include the Behavior Change Communication Division of the Ministry of Health, Health Education Unit under the Ministry of Education as well as the Ministry of , Gender and Community Development, which is responsible for youth affairs. Similar networks will also be developed with private sector agencies and NGOs providing HIV prevention services including AIM, Uphold, AIC, TASO, Straight Talk Foundation, Moslem Women league, Mothers Union, Catholic Action and other relevant associations and societies. IRCU will support inter-religious linkages in promotion HIV prevention activities. Linkages with communities and institutions where the high-risk individuals and groups are found will also be supported.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Policy and Guidelines | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 1,000,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 400,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 184 | ☐ |

**Target Populations:**

Adults

Faith-based organizations

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

**Key Legislative Issues**

Stigma and discrimination

Addressing male norms and behaviors

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** *To Be Determined*
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4694
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unknown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

An International Institute of Migration assessment of 8 camps revealed that the major contributing factors to HIV infection were early age at first sexual activity and frequent sexual activity, exchange of sex for food or money, multiple sexual partners and unprotected sex. In addition, 21% of adolescents (10-17) do no live with either parent, and the increase in organized commercial sex trade is disproportionately affecting displaced children and orphans. 25% of households in the North are female-headed. 7,000 – 12,000 children are involved in commercial sex; 31% of unmarried older adolescent girls reporting ever having exchanged gifts or money for sex. A breakdown in traditional sexual norms and controls has been brought about by several generations being raised in camp environments; illiteracy is approximately 25% among people older than 10.

With approximately 75% of kids under 12 attending primary school, activities will be designed to complement the PIASCY program, which provides in school HIV/AIDS and life skills education. Activities will focus on providing life skills that foster a child's ability to remain abstinent. Teachers will be a primary focus of intervention, focusing on their role as mentor and role model and as well as addressing negative social norms that enable teacher-child sexual relations. However, interventions must also address sexual and gender-based violence in camps, which is most frequently manifested through rape and exchange for sex, and often provoked by alcohol use. Police reports indicated that girls aged 13- 17 are the most frequently reported survivors of SGBV, followed by women aged 19-36 and then younger children aged 4-9 years. 6 out of 10 women in one camp had been a victim of SGBV, and most perpetrators were under the influence of alcohol – usually a husband or soldier in camps. Such situations compromise the effectiveness of abstinence skills and messages and necessitate a broader community focus to ensure children's safety and efforts to focus on the men rather than on the young girls who are frequently the

victims.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 56,800 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 150 | ☐ |

**Target Populations:**

Adults

Community leaders

Community-based organizations

Faith-based organizations

Mobile populations (Parent: Most at risk populations)

Refugees/Internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Religious leaders

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in northern Uganda
**Prime Partner:** International Rescue Committee
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4754
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4761-OVC, 4760-TB, 4759- Basic Health Care & Support, 4758-CT, 4757-PMTCT, 4755-Other Preventions.
This activity also relates to activities in Prevention/Other and Counseling and Testing.

Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity. In May 2004, IRC conducted a knowledge, attitudes and practices survey related to, inter alia, HIV/AIDS. While the vast majority of respondents had heard of HIV/AIDS (98.2%) knowledge on ways to prevent HIV/AIDS was markedly lower, particularly amongst women; use of condoms was reported by 51.8% of the sample; abstinence from sex 49.1% and faithfulness to one partner (43.6%). Although this was an improvement on a previous KAP survey the results demonstrate a need to continue to strengthen HIV/AIDS-related behavior change activities in the refugee population.

In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

Under this activity category interventions promoting abstinence and faithfulness will strengthen the existing prevention initiatives in the Kiryandongo and Ikafe refugee settlement areas. IRC shall recruit and train more community-based staff and support AB activities. IEC-BCC materials for refugee and host populations in the two beneficiary camps and surrounding areas will be developed. IRC will also support community outreach, mobilization, and training of community-based health workers. The AB activities will be closely linked to BCC and information. AB prevention messages in faith-based and community networks will be strengthened in an effort to decrease high-risk behaviors among youth and reduce HIV/AIDS stigma and discrimination.

Community HIV/AIDS Assistants will work in each camp, providing training and support supervision for volunteer community mobilizers and also conveying messages to various community groups on abstinence and being faithful. Target community groups include youth in secondary schools, out-of-school adolescents, community health workers, and adults. Leaders within each of these target groups will be trained by the Community HIV/AIDS Assistants to multiply messages and become change agents within their camps of residence. The Assistants will coordinate with community members and other IRC staff in the development of appropriate IEC materials to be distributed among the beneficiary populations. IRC will train volunteer community mobilizers (2 in each camp), whose responsibilities will include the mobilization of community members for all HIV/AIDS-related activities, including AB activities. These community mobilizers will also be responsible for the distribution of IEC materials within the sectors of the camp in which they work. AB messages will be conveyed during all VCT and PMTCT sessions carried out by IRC staff, and community health workers in both camps will promote AB in community health education sessions on HIV/AIDS to be given at least twice during the year.

| ***Emphasis Areas*** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Training | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 46,410 | ☐ |
| *Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)* | 5,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 75 | ☐ |

**Target Populations:**

Community leaders

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

*Religious leaders*

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in Kyaka II Settlement
**Prime Partner:** International Medical Corps
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 4799
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4814-CT, 4808-TB, 4803-Other Preventions, 4795-PMTCT, 4806-Basic Health Care & Support, 4799-OVC.
The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services.

In FY06, IMC will design a community awareness campaign to improve HIV preventive behaviors among refugees and host population in Kyaka II settlement. The activity will target 20,507 beneficiaries residing in the settlement. Existing HIV prevention IEC materials will be adopted and reproduced. 20 community health workers (CHWs) will be identified and trained to disseminate relevant information to target communities. All population groups will be targeted, however special emphasis will be given to youth/students, consider that approximately 54 percent of target population is under age. Peer counselors will be trained to promote preventive behaviors at five primary and one secondary school in the area. Identical messages will be made available to patients visiting the clinic, as well as at other public areas of the settlement. Trained CHWs will also practice group discussions and door-to-door promotion visits. In September 2005, IMC is commencing implementation of a USG wraparound program: Integrated response to Sexual Exploitation and Gender-based Violence in the same location; and will already have infrastructure and networks in place to expand its community sensitization activities to HIV prevention. Both programs will aim to increase gender equity, challenge male norms and behaviors conducive to HIV and STIs transmission, and reduce violence and coercion.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 20,507 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | 3,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 20 | ☐ |

***Target Populations:***

Adults

Community leaders

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

*Volunteers*

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

*Women (including women of reproductive age) (Parent: Adults)*

Public health care workers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Kyenjojo

**Funding Mechanism**

**Mechanism:** Track 1, Round 2 AB
**Prime Partner:** Samaritan's Purse
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Abstinence and Be Faithful Programs
**Budget Code:** HVAB
**Program Area Code:** 02
**Activity ID:** 1913
**Planned Funds:** $0.00
**Activity Narrative:**

With Track 1 funding, Samaritan's Purse Uganda (SP-U) is working to mobilize, equip, and train (MET) older youth and grassroots leaders who work with youth to prevent new HIV infections, by promoting abstinence and being faithful. The program teaches all participants to initiate HIV/AIDS awareness aimed at youth, to involve youth in care programs for people living with HIV/AIDS (PLWHA) in their own communities, and to mentor and teach character and life-skills to at-risk youth. In support of prevention activities, there is also a minor element of basic health care and support (H&HC) that is limited to community-based support for vulnerable families in the form of non-medical care.Utilizing the MET approach, SP will work in 26 communities in Uganda's Kamwenge district in FY06. In each community, SP-U will train and mentor youth and youth leaders over a period of 18 months to two years before handing over the project to community based volunteer teams. Youth, youth leaders, and parents will benefit from HIV/AIDS awareness messages, training in basic home care for people living with HIV/AIDS (PLWAs), mentoring, and a life-skills and character-based curriculum. SP-U's goal is to promote healthy behaviors that prevent new HIV infections, primarily through abstinence and being faithful. To achieve this goal, SP will meet these two objectives:1. Mobilize the churches and communities to action in their spheres of influence by utilizing moral instruction for primary behavior change, focusing on abstinence, delay of sexual debut among youth and increasing secondary abstinence.2. Build and expand the capacity of communities, schools, and churches to reduce the risks of HIV infection in youth through new and existing programs of education, prevention, basic care, destigmatization, mentoring, testing, and training about AIDS.In each of the target communities, SP-U staff training teams will seek out participants from the community (especially older youth, pastors, women's and youth leaders) who are already involved in the lives of youth through some kind of activity such as sports clubs, church youth clubs, youth centers, school activities, religious activities, anti-AIDS clubs, etc. These participants will be selected based on their current involvement in the lives of community youth, their past and current community involvement, recommendations by community leaders, a commitment to education and care interventions following the workshop, and ability to complete the workshops (i.e. reading and writing skills). Selected community leaders will attend an initial week long training workshop in HIV/AIDS facts; basics of HIV prevention, HIV testing information, stigma, effective communication and education, and basic community based home care for the chronically ill. After three to six months, the leaders will attend an advanced workshop for training youth leaders to teach a character and life skills curriculum that empowers youth to achieve abstinence and being faithful and how to develop a mentoring relationship with youth at risk, particularly youth who are sexually abused or exploited. After completing the workshops, each of these leaders will commit to using their current platform for teaching and interacting with youth to teach youth lessons in HIV/AIDS facts, HIV prevention, stigma, and HIV testing; get two youth involved in basic home care for PLWHA or other vulnerables; facilitate basic home care visits with those youth to two vulnerable households; teach youth a 16 week character and life skills curriculum that empowers youth to choose abstinence, faithfulness, and other healthy behaviors; mentor two youth who are at risk (particularly of sexual abuse and/or exploitation). Primary program activities for FY06 are Monitoring and Evaluation of the program, Initial Workshops, Reaching Youth with Messages from the Initial Workshop, Involving and supporting youth in basic non-medical care for PLWHA, establishing a network or club of leaders reaching youth in communities, Advanced Workshops, teaching youth a character and life skill curriculum, mentoring youth at risk, raising awareness of child sexual abuse/exploitation and other risk factors for youth, and networking meetings for community stakeholders. Each activity is a part of a holistic approach towards helping youth make healthy choices, and towards promoting abstinence as both an effective

*and realistic means of preventing new HIV infections.*

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 17,000 | ☐ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB) | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | 1,700 | ☐ |

**Target Populations:**

Community leaders

Faith-based organizations

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Reducing violence and coercion

**Coverage Areas**

Kamwenge

**Table 3.3.03: Program Planning Overview**

**Program Area:** Medical Transmission/Blood Safety
**Budget Code:** HMBL
**Program Area Code:** 03

**Total Planned Funding for Program Area:** **$0.00**

**Program Area Context:**

The blood safety project supports the prevention of HIV/AIDS by ensuring provision of adequate quantities of safe blood and its products for all patients in Uganda. About 100,000 patients are transfused in Ugandan hospitals annually, about half of whom are children with severe anemia caused largely by malaria, 25% are pregnant women and the rest are medical, surgical and trauma patients. Blood transfusion needs are expected to grow by 20% annually to reach 400,000 units of blood in 2009.
Since 2004, with USG track-1 funding, USG has increased its support to MOH/ Uganda Blood Transfusion Service (UBTS), building on achievements of a 10-year program of the European Union and GOU, to further expand availability of safe blood throughout Uganda. UBTS collected over 150,000 units of blood for an estimated 110,000 transfusions in FY 2005, and with Uganda Red Cross Society (URCS) have successfully worked together to improve blood donor education and recruitment activities.

Over the next year, with continued USG support, the main reference laboratory at UBTS headquarters Kampala will be re-modeled to provide adequate space for increased workload resulting from expansion of safe blood transfusion activities. More equipment, reagents and supplies will be purchased for blood processing. In partnership with the URCS they will mobilize and educate different communities, building countrywide networks to access schools and workplaces to recruit low risk voluntary blood donors to ensure availability of safe and adequate quantities of blood. The blood donor recruitment and counselor staff will improve communication with individuals/communities through planned visits, letters, messages on radio and newspapers, approaches that have been found to be effective. Retention of repeat blood donors, who currently form 55% of the total donors and have low HIV seroprevalence, will increase by 10% in FY06. An appropriate documentation system will be established to recall previous donors, ensuring blood donor satisfaction. Blood donor clubs, where HIV negative blood donors will give blood at least twice a year will increase over the next year. The proportion of blood donors receiving post-donation HIV test results counseling will improve from the current 50% to 75%, through increased access to the communities. These strategies are expected to lower the HIV sero prevalence among blood donors, from 1.67% in last year, to less than 1.5% in FY06.

With FY06 funding, blood collection will reach 170,000 units utilizing 20 mobile blood collection teams that will each collect 710 units of blood per month. Next year, over 150 hospitals and about 80 additional Health Centre IVs will be able to transfuse blood, requiring another 25,000 units of blood including 10% that are discarded. In addition to whole blood being supplied to hospitals, regional blood banks will start processing blood components, required for management of individual patients, such as platelets, packed cells and fresh frozen plasma, currently supplied by the headquarters only. Appropriate equipment for this purpose is already in place this year.

Human resource development and schemes designed to retain key staff is another UBTS' priority area with USG support. Training for different cadres of staff will continue over the next year targeting a total of 375 health workers for training in safe blood transfusion methods. The organization's Quality Assurance (QA) unit is established, has a training curriculum and is developing procedures for minimum standards needed for operation of a safe blood program. Further development of QA processes will continue over the next year to ensure supply of safe blood and its products. The Management Information System (MIS), another important tool in efficient operation of the program, is currently operational and will be further developed to cope with increased volume of QA work and continuous monitoring and evaluation.

**Program Area Target:**

| | |
|---|---|
| Number of service outlets/programs carrying out blood safety activities | 230 |
| Number of individuals trained in blood safety | 375 |

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Medical Transmission/Blood Safety
**Budget Code:** HMBL
**Program Area Code:** 03
**Activity ID:** 3939
**Planned Funds:** $0.00
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. No activities are expected in Fy06.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets/programs carrying out blood safety activities | 15 | ☐ |
| Number of individuals trained in blood safety | 200 | ☐ |

**Target Populations:**

Adults
Community leaders

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Uganda Blood Transfusion Services
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** *Medical Transmission/Blood Safety*
**Budget Code:** HMBL
**Program Area Code:** 03
**Activity ID:** 4014
**Planned Funds:** $0.00
**Activity Narrative:** The main intervention of the blood safety project is the prevention of the transmission of HIV/AIDS and other infections through blood transfusion. The central objective is to provide adequate quantities of safe blood and blood products for treatment of all patients in Uganda. About 100,000 patients are transfused in Ugandan hospitals annually. Half the blood offered for transfusion goes to children with severe anemia caused, largely by malaria, intestinal worms and malnutrition; another 25% of the blood is used to treat expectant mothers with complications of pregnancy and child birth. The rest of the blood is used to treat medical, surgical and trauma patients.

Emphasis areas for the program include provision of adequate and appropriate infrastructure, transport, supplies and equipment to support other key areas of recruitment, care of low-risk voluntary non-remunerated repeating blood donors, collection, testing, storage and distribution of blood, training staff, quality assurance and monitoring and evaluation. Two out of the current 7 regional blood banks, will be built using plans developed in Financial Year 2005; which are compatible with GMP (good manufacturing practices). The main reference laboratory at UBTS headquarters in Kampala will be re-modeled and expanded to provide for adequate space for increased workload resulting from expansion of the safe blood transfusion activities under this support. More equipment, reagents and supplies will be purchased for blood processing.

A vital activity of the program is mobilization and education of different types of communities for the purpose of recruitment and care of low risk voluntary, non-remunerated blood donors in order to ensure availability of safe and adequate quantities of blood. This is a shared activity with our partners, the Uganda Red Cross Society (URCS) who are responsible for the recruitment of about half of the voluntary donors needed; they too receive support from this funding. About 125,000 donors will be recruited for the donation of 170,000 units of blood. Voluntary donors currently donate 98.6% of all blood. During Financial Year 2006, this will increase to 100%.

The Uganda Blood Transfusion Service (UBTS) and URCS have built a countrywide network to access communities in schools and workplaces. The access and communication with individuals and communities will be improved using planned visits of our blood donor recruitment and counselor staff, communication to individuals through letters, SMS messages on mobile phones, radio and news paper announcements, a process that has been piloted and found to be effective. In particular, a program of retention of repeating blood donors will be further emphasized. Repeat donors, currently forming 55% of the total donors have much less HIV sero-prevalence than new donors. The proportion of repeat donors is targeted to increase by 10% during Financial Year 2006. This will be made possible by use of an appropriate documentation system to enable recall of previous donors, ensuring blood donor satisfaction and by increasing the number of blood donor clubs in the country. HIV negative blood donors dedicated to donate blood at least two times a year form donor clubs. The proportion of blood donors receiving post-donation counseling will also be increased.

Currently, 50% of all blood donors received post donation counseling. Given the recruitment and training of more counselors in Financial year 2005, the level of post donation counseling will increase to 75% through increased access to the communities by counselors who will be provided with adequate transport by this funding. These strategies are expected to lower the HIV sero-prevalence among blood donors, previously at 2.1% in Financial Year 2004, 1.67% in Financial Year

2005, to less than 1.5% in Financial Year 06. Blood collection, another major activity, will reach 170,000 units of blood. UBTS has 19 mobile blood collection teams that will be increased to 20 in Financial Year 2006. These are expected to collect about 710 units of blood each per month. Recruitment and training of most of the teams were completed in Financial Year 2005. Modalities for provision of supplies and transport, which slowed progress of this program in Financial Year 2005, have now been improved; it is, therefore, expected that the teams will operate optimally. Twelve vehicles for blood collection and another twelve for blood donor recruitment will be purchased to support these activities. All blood collected will be tested for HIV, Hepatitis B and C, and Syphilis using effective testing algorithms. 187,000 tests for each of the following transmissible infections: HIV, Hepatitis B, Hepatitis C and Syphilis and adequate reagents will be purchased with this funding to ensure that blood supplied to over 150 hospitals in the country is safe. In addition to whole blood being supplied to hospitals, regional blood banks will start processing the blood to be able to supply blood components, specifically needed for management of individual patients, such as platelets, packed cells and fresh frozen plasma, hitherto supplied by the headquarters only. This will be possible because of appropriate equipment purchased for this purpose in Financial Year 2005.

Emphasis will also be placed on human resource development and on schemes designed to retain key staff. Training for all cadres of staff initiated in Financial Year 2005 will continue. These include seminars, workshops or specific courses for technicians (25), counselors (40), MIS staff (20), finance and personnel staff (20) and medical doctors and clinical officers (100), hospital blood bank technicians (150 from all hospitals and 80 from Health Centre IV). Training is aimed enabling staff to acquire and or improve their skills to be able to operate optimally. Staff is paid allowances commensurate with their contribution to the success of this program, to ensure their motivation and retention. This will continue during Financial Year 2006. This training program above will take advantage of the developments in the quality assurance department. The latter now has a training curriculum and is developing procedures and manuals aimed at attainment of minimum standards necessary for operation of a safe blood program. Further development of Quality Assurance processes will continue in Financial Year 2006 to ensure safety of the blood and blood products being supplied by the UBTS. Another important tool in the efficient operation of the program is the Management Information System (MIS). The MIS currently in operation designed with the assistance from the CDC team, here, in Entebbe, will be further developed to cope with increased volume of work, Quality Assurance and continuous Monitoring and Evaluation through provision of more appropriate computers, software and completion of the PDA scheme that had been designed to ensure efficiently in the documentation of blood donors data. Further training of the mobile staff (about 2 individuals per team) in use of the PDA has been planned.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Policy and Guidelines | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets/programs carrying out blood safety activities | 230 | ☐ |
| Number of individuals trained in blood safety | 375 | ☐ |

**Target Populations:**

Adults

Infants

Pregnant women

Volunteers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.04: Program Planning Overview**

**Program Area:** Medical Transmission/Injection Safety
**Budget Code:** HMIN
**Program Area Code:** 04

**Total Planned Funding for Program Area:**

**Program Area Context:**

USG is a major supporter of injection safety practices in Uganda. Activities focus on reducing new HIV cases and other blood borne pathogens among service providers, clients and the community resulting from unsafe injection. The goal of the program is to equip health workers and patients with knowledge and skills in safe injection, proper safe injection practices as well as to ensure the availability of equipment and supplies.

In collaboration with MOH, four district level situational analysis have been completed and disseminated; a revised injection safety policy and medical waste management policy have been finalized; commodities have been procured; and, 1,825 health workers from both government and non-government health units have been trained in safe injection use, communication for behavior change and safe waste disposal. These interventions enhanced awareness at all levels and resulted in a reduction of unsafe injections from an average of 124 to 64 per week per health unit. In addition, the supply chain management system was significantly improved. Commodity availability at the health units drastically improved with stock of adequate needles and syringes for curative services increased from 26.4% at baseline to 68%. In addition, the percentage of clients bringing their own equipment for injections dropped from 31.2 % to 16.1%, and unnecessary curative injections reduced from 201 to 63.8 /week. Over 90% of needles and syringes used were from sealed packs and use of syringes with re-use prevention features, increased from 2.5% at baseline to 80%.

In FY06 the injection safety program will develop a strategy to increase support from the GoU for on-going activities in the initial four districts and introduce activities to thirteen new districts thus expanded geographical coverage throughout the country. Other activities will include strengthening national leadership of the National Infection Control Committee and the Uganda National Injection Safety Task Force; operationize injection safety and medical waste management policy and guidelines; construct ten incinerators in ten districts in partnership with the WHO; develop a system for logistics management at the national, district, and health sub-district levels; procure adequate supplies of Auto-Disabling syringes and needles (ADS), and other related supplies; develop a system for monitoring stock out of ADS; design a M&E plan and quality assurance system for the program; strengthen service providers' capacity for self-protection against sharps; establish a disposal mechanism for clinical waste; implement a community mobilization strategy for safe injection practices; and, conduct support supervision. The National Medical Stores commodities delivery system will also be improved to mitigate any potential commodity procurement issues resulting from the suspension of the Global fund. Other activities will not be adversely affected this area as promoting injection safety is implemented through the Expanded Program on Immunization which is funded by the Global Alliance for Vaccine Initiative.

**Program Area Target:**

| | |
|---|---|
| Number of individuals trained in injection safety | 3,550 |

**Table 3.3.04: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDS Integrated Model District Program (AIM) |
| **Prime Partner:** | John Snow, Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Medical Transmission/Injection Safety |
| **Budget Code:** | HMIN |
| **Program Area Code:** | 04 |
| **Activity ID:** | 3947 |
| ***Planned Funds:*** | |
| **Activity Narrative:** | AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. No further injection safety activities are expected in FY06. |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in injection safety | 400 | ☐ |
| Number of people trained in universal precautions | 400 | ☐ |
| Number of people trained in PEP | 400 | ☐ |

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

3.3.04: Activities by Funding Mechanism

**Mechanism:** Track 1
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Medical Transmission/Injection Safety
**Budget Code:** HMIN
**Program Area Code:** 04
**Activity ID:** 4383
**Planned Funds:**
**Activity Narrative:** Major emphasis in FY 2006 will be put on ensuring full supply of injection commodities and training of health workers in expansion areas.

Using a ratio of 1.5 injections per person per year; Adequate needles and syringes with re-use prevention features will be procured and distributed with the aim of ensuring that 70% of health facilities in the project districts report no stock outs through out the year. For facilities that may happen to get stock outs, the duration of stock outs should not last more than 28days. This will be achieved by sourcing for reliable suppliers through our implementing partners (PATH). Primary beneficiaries will be adults including men and women of reproductive age. Once in the country the commodities will be distributed through Uganda National Medical stores. Client exit interviews will be done from time to time to check whether the last needle used on them came from a sealed pack.

It is estimated that there are 3000 health workers in the expansion areas targeted for 2006. The project will work closely with the Ministry of Health to train 80% of all the workers both in public and private facilities in safe injection practices, appropriate health care waste management, logistics management and communication and behavior change. This will be achieved through the creation of a central team of trainers who train a team of district trainers in each district. The district trainers will then train health facility based health workers within their districts. The W.H.O./AFRO/JSI facilitator's guide on injection safety will be adapted in the country and will be used as the basis for all trainings. Desired practices will be further enhanced through on job support supervision and cross unit visits. Targets for the training will include public and private health workers including doctors, nurses, clinical officers, nursing assistants, waste handlers, logisticians and cleaners.

All efforts will be put in place to establish an environment where health workers, patients and communities are better protected against transmission of blood borne pathogens. Such activities will include, promotion of health worker safety related policies like immunization of health workers, establishing exposure management systems and provision of waste management commodities. Behavior change campaigns will be launched targeting communities and prescribers with the major aim of reducing unnecessary injections. All activities will be implemented in a manner that will offer men and women equal opportunity to access information and services.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Policy and Guidelines | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Needs Assessment | 10 - 50 |
| Infrastructure | 10 - 50 |
| Logistics | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in injection safety | 3,000 | ☐ |
| Number of people trained in universal precautions | | ☑ |
| Number of people trained in PEP | | ☑ |

***Target Populations:***

Adults
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Twinning

Wrap Arounds

Education

**Coverage Areas**

Gulu

Hoima

Kabale

Kaberamaido

Kamuli

Mbale

Mbarara

Mpigi

Nebbi

Pallisa

Wakiso

Yumbe

**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Medical Transmission/Injection Safety
**Budget Code:** HMIN
**Program Area Code:** 04
**Activity ID:** 4405
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4402-PMTCT, 4401-AB, 4404-Basic Health Care & Support, 4503-OVC, 4403-CT, 4407-ARV services, 4408-Lab, 4406-SI, 4502-Other/Policy analysis and system strengthening.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.Transmission of HIV infections through unsafe injection use has been reported to be on the increase. It is now estimated that 5% of new cases of HIV infection is due to unsafe use of injections as opposed to 1% previously. Therefore, injection safety is one dimension of infection prevention and control practices that will go along way in reducing transmission of new HIV infections in the health care setting and communities. Successful implementation of this activity contributes to the consolidation of infection prevention and control activities as stated in the Health Sector Strategic Plan II. In fiscal year 2005, the Uganda National Injection Safety Task Force (UNISTAF) started the injection safety project in the country that covered only 8 districts. There remains a gap in the rest of the districts. The Ministry of health plans to expand the program to some of the districts that are not catered for by UNISTAF. Injection safety and other standard precautions against blood borne pathogens will be addressed through training and capacity building and improved supportive supervision. The first activity will be to build capacity to strengthen Infection Control Committees at the district level hospitals and Health Sub-districts, management of injection safety and ability for the districts to supervise the lower health units. District Health Management Teams, District leaders, clinical health workers in private and public health units who perform invasive procedures, contractors and trainers of Home Based Health Care are the main target groups. In FY06, the training will target home based care providers because of a strategic shift in health care provision that emphasizes home based care services for HIV/AIDS patients that renders home based providers and close relatives of HIV patients vulnerable to blood borne infections. Part of the funding will be used to purchase demonstration safety boxes and auto disposable syringes and to sensitize district leaders and health unit managers about injection safety and health care waste management particularly dangers of unsafe injections. The second component of the activity will be quality assurance and supportive supervision. The purpose will be to enable the Ministry of health staff to assess the implementation of the policy on infection control, injection safety and other standard precautions against blood borne pathogens and to ensure improved quality of patient care. Regular surveillance and auditing will be carried out by taking a structured and objective look at infection prevention and control and in particular injection safety. Spot checks will be on going to observe whether or not, the facilities and supplies available are conducive for high standards of injection safety, whether or not the environment reflects a high standard of infection control practices with regard to injection safety, and whether or not, the staff, adhere to the injection safety practices.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in injection safety | 550 | ☐ |
| Number of people trained in universal precautions | | ☑ |
| Number of people trained in PEP | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Caregivers (of OVC and PLWHAs)

Widows/widowers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Implementing organizations (not listed above)

**Coverage Areas**

Arua

Kamuli

Kamwenge

Katakwi

Kiboga

Kyenjojo

Masaka

Nakasongola

Ntungaro

Yumbe

**Table 3.3.05: Program Planning Overview**

**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05

**Total Planned Funding for Program Area:**

**Program Area Context:**

The interventions in the Other Prevention build on FY05 activities and are informed by the results of the recently completed national sero-behavioral survey which indicates that prevalence is 7% nationally. High prevalence areas include North Central Uganda, where civil war has resulted in over one million internally displaced persons, and Kampala. In addition, HIV prevalence is higher among women, and among those 30-49 years of age. Results show that about 1/3 of men aged 20-49 have multiple partners, engaging in high risk behaviors that fuel HIV transmission. The data also indicate that over 50% of all married HIV infected persons in Uganda have an HIV negative spouse. Nationally, over 6% of married couples are currently in a discordant relationship. As a result, USG will focus other prevention support to promote mutual faithfulness and responsible behaviors that reduce the risk of transmission, including couple testing and mutual disclosure within established couples, and the consistent and correct use of condoms within both discordant couples and casual partners.

Prevention with positives remains a key intervention of USG's overall prevention effort. Data from the DHS and other population-based surveys indicate that less than 15% of Ugandans are aware of their own HIV status, and less know of their partner's status. Counseling and testing are key entry points for other prevention programming. Support to Northern Uganda will remain a particular focus in FY06 and will continue to target IDPs as well as members of Uganda People's Defense Forces.

Recent data from AIC's main branches indicate that 94% of 135,000 VCT clients in the last 3 years, were unaware of their partner's HIV status. USG will therefore support the development and dissemination of IEC approaches and messages that target couples to increase testing together, encouraging mutual disclosure and increasing awareness of discordance. Prevention messages that strongly encourage faithfulness in relationships and partner reduction will be addressed to a cross section of the population, including discordant couples, PLHAs, and men who have multiple partners, to reduce the risk of transmission.

A focus on prevention with HIV positives (PWP) is a hallmark of USG programming in Uganda. Prevention with HIV positives is known as positive prevention among PLHAs in Uganda and includes partner testing, STI diagnosis and treatment , condoms, family planning and PMTCT. PWP interventions continue to be piloted in Uganda and are now being expanded through national care and treatment partner organizations as well as with PLWHA associations. In addition, the FY06 COP includes some funding for condoms for people living with HIV. Many of our FY06 PWP activities are integrated in our care and treatment program activities.

In addition to other prevention efforts focusing on those living with HIV and discordant couples, USG interventions target groups which are most at risk in Uganda, particularly truck drivers, members of the uniformed services, IDPs, and prostitutes, who are still thought to be high transmitters within this generalized epidemic. The USG-supported programs are among the few focusing on the needs of the high risk populations, and targeting high risk sex as a source of new infections. Commercial outlets existing within a specified radius of lodges, nightclubs and bars are considered to be high-risk outlets and have been targeted for condom distribution as well as education to ensure correct and consistent use.

Across several interventions, particularly the regional initiative along the transport corridor, increased attention will be paid in FY06 to the links between these high-risk outlets, alcohol consumption, and sexual transmission of HIV and approaches will be developed to address this critical yet neglected challenge in HIV prevention.

**Program Area Target:**

| | |
|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 2,380,207 |
| Number of individuals trained to promote HIV/AIDS prevention prevention *through other behavior change beyond abstinence and/or being faithful* | 6,808 |
| *Number of targeted condom service outlets* | 26,384 |

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** AIC USAID
**Prime Partner:** AIDS Information Centre
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
***Program Area:*** *Other Prevention Activities*
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 3193
**Planned Funds:**
**Activity Narrative:** This activity links to activities in AB (4371), Palliative Care: Basic Health Care (3195), *counseling and testing (3194), and ARV services (4373).*

Under this activity, AIC will focus on four major areas, namely mass media programs and drama; community mobilization for VCT through outreaches, encourage couples counseling and testing, prevention with positives among discordant couples and strengthening PTC clubs to implement prevention programs.

Building on the existing radio spots and talk shows on various radio stations and the print media with a wide distribution around the country, AIC will reach over 10 million people with messages intended to motivate the population to go for HIV counseling and testing and to promote behavioral change.

In FY06 AIC will build on its *existing resources and activities to increase couples* counseling and testing, partner testing, and improved disclosure of sero-status to partners, identification of sero-discordant couples, and enhance prevention with positives. AIC will continue to strengthen the two Youth clubs and eight Post-Test clubs(PTCs) for positive youth at the 8 branches and 37 focus districts to ensure *continued involvement of PHAs in prevention and supportive counseling*, condom distribution and ongoing peer psycho-social counseling within the support groups. Post-Test- Clubs at all the branches and focus districts will conduct weekly outreaches to encourage couples counseling and support prevention with positives and disclosure of sero-status to partners. The outreaches will target approximately 200 people at every outreach, with 40 percent estimated to be males. An estimated 451,200 will be *reached through community outreaches.*

AIC will train 900 PTC members from various branches to fight stigma and discrimination through life testimonies and sharing of experiences. The PTC members with be trained to provide bereavement counseling, succession planning and providing home based care.

AIC will maintain linkages to referral networks to ensure that clients that require support services beyond what AIC can offer are referred to other agencies like TASO, MoH health facilities and faith-based health care facilities under IRCU.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Training | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 451,200 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 900 | ☐ |
| Number of targeted condom service outlets | 8 | ☐ |

**Target Populations:**

Adults

Community leaders

Family planning clients

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

People living with HIV/AIDS

Public health care workers

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Adjumani

Apac

Arua

Busia

Gulu

Jinja

Kabale

Kaberamaido

Kampala

Kamuli

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kisoro

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Masindi

Mbale

Mbarara

Moroto

Moyo

Nakapiripirit

Nakasongola

Nebbi

Ntungaro

Pallisa

Rakai

Sembabule

Sironko

Soroti

Tororo

Yumbe

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 3943
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. The following activities will continue to be supported in Fy06.

There are three areas of focus for AIM's support to other prevention activities in the 16 AIM districts.

1. AIM will work to strengthen referral systems between VCT and STI services with a focus on Most At Risk Populations (MARPs). In particular, clients who test HIV+ will receive treatment of STIs, as noted in palliative care, and individuals who come to STI clinics will be actively referred for VCT.

2. AIM will support the distribution of condoms through health facilities and commercial outlets to high risk populations including out of school older youth, discordant couples, commercial sex workers, and fishing communities. Condoms will be provided free through the World Bank MAP program.

3. AIM will promote couples testing and counseling through post-test club activities in order to facilitate disclosure and referral and linkages to other necessary services. Through peer-education and interactive theatre such as music, dance and drama, post test clubs will also serve as channels to: promote prevention among positives activities including condom use among discordant couples, access to basic care options including long lasting insecticide treated nets, cotrimoxazole and safe water to delay progression of illness to HIV/AIDS; encourage faithfulness among couples; address issues of stigma through expanded testimonial programs; and, to provide ongoing care and support services including psychosocial support. Referral to palliative care services and ART will be a priority within this activity. Monthly radio spots in each district will also address issues related to discordant couples, to encourage testing and disclosure.

With a significant portion of AIM districts in conflict-affected districts, many activities will be implemented within IDP camps as appropriate.

***Targets***

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 2,176,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 4,800 | ☐ |
| Number of targeted condom service outlets | 3,520 | ☐ |

**Target Populations:**

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.05: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | UPHOLD |
| **Prime Partner:** | John Snow, Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other Prevention Activities |
| **Budget Code:** | HVOP |
| **Program Area Code:** | 05 |
| **Activity ID:** | 3951 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951), OVC (3957), counseling and testing (3952), and Strategic Information (3955). |

The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, UPHOLD promotes HIV prevention outside of abstinence and faithfulness by targeting comprehensive information and skills to the most at risk populations and make environments safer for women, youth and PLWHAs. The focus of the intervention is to reduce and mitigate gender-based violence that could increase the risk of HIV infection. In FY06 this will be done through training gatekeepers to groups of 'Most-at-Risk' Populations such as long distance drivers, motorcycle ('boda-boda') riders, commercial sex workers and fishing communities in ABC. 2,000 bar and lodge owners in the 20 project districts will also be targeted for training in order to reach 200,000 people most at risk. Four of the 20 districts have large numbers of IDPs who are at particularly high risk of HIV transmission and these will especially be targeted.

This partner recognizes the critical urgency of addressing gender-based violence and coercion as an important contributor to HIV transmission. Capacity building of 7 NGOs in addressing gender-based violence through participatory community mobilization to address male norms that promote promiscuity and having multiple sexual partners will continue with IEC support. In addition training for 40 radio journalists on how to raise the issue of prevention of gender-based violence in the media will be conducted. Community outreach activities by the NGOs being supported by UPHOLD will target approximately 50,000 men, women and community leaders, including religious leaders. Throughout all activities, including preventive activities, UPHOLD is committed to empowering communities to promote societal norms that reduce the risk of HIV transmission and promote use and access to HIV counseling and testing services. Radio documentaries of PLWHAs, who have a unique ability to encourage testing and behavioral change to reduce risky practices, stigma and discrimination, will be used to promote the benefits of testing and encourage men and women to assess personal risk and make safer choices. Radio documentaries will be broadcast on 10 stations that cover the 20 partner districts to reach approximately 75% of the adult population in the districts.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |

**Targets**

| *Target* | *Target Value* | *Not Applicable* |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 205,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 2,040 | ☐ |
| Number of targeted condom service outlets | 0 | ☐ |

**Target Populations:**

Adults

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Faith-based organizations

Most at risk populations

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Religious leaders

**Key Legislative Issues**

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

Arua

Bushenyi

Katakwi

Lira

Mubende

Pallisa

Rukungiri

Yumbe

**Table 3.3.05: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Commodity Security Logistics |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other Prevention Activities |
| **Budget Code:** | HVOP |
| **Program Area Code:** | 05 |
| **Activity ID:** | 3966 |
| **Planned Funds:** | |
| **Activity Narrative:** | USAID procures condoms directly from Commodity Security and Logistics (CSL) in USAID/Washington for distribution through social marketing. Indicators are reflected in social marketing activities. In addition to procuring condoms at the lowest possible price, the contract provides independent testing for quality assurance and pre-shipment testing for product compliance to the specifications in the contract. Forecasting of commodity needs are done by USAID/Uganda with assistance from the logistics project. Based on couple years of protection, it is estimated that the condoms procured with these funds will reach 166,667 people at high risk of HIV infection. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Logistics | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 166,667 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |
| Number of targeted condom service outlets | | ☑ |

**Target Populations:**

*Commercial sex workers (Parent: Most at risk populations)*
Discordant couples (Parent: Most at risk populations)
*Street youth (Parent: Most at risk populations)*
*Military personnel (Parent: Most at risk populations)*
Mobile populations (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Partners/clients of CSW (Parent: Most at risk populations)

**Coverage Areas:**

National

**Table 3.3.05: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | US Department of Defense |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other Prevention Activities |
| ***Budget Code:*** | *HVOP* |
| **Program Area Code:** | 05 |
| **Activity ID:** | 3967 |
| ***Planned Funds:*** | |
| **Activity Narrative:** | This program activity relates to activities 4552-ARV services, 3969-SI, 3970-CT, 4551-PMTCT, 3968-Basic Health Care & Support.<br>The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the president mandated the UPDF's Aids Control Program to oversee and manage prevention, care and treatment programs through out the forces.<br><br>The cornerstone for prevention strategies in the military has been through post test clubs. Formed mainly from persons who have tested positive, the clubs are open to all military personnel, their families and people from the surrounding community who have been tested for HIV. The clubs are also seen as an important link to care and treatment services through referral, follow up and psychosocial support. Another common practice has been the use of military parades to pass on information to the troops. This has been a highly effective technique in which commanders are given information and material and use a common forum to pass key messages on to the troops. It is through this forum that over 10,000 troops will be reached with prevention messages. In FY06 the focus is to focus on strengthening these clubs and the larger community of soldiers by providing the clubs with IEC material that are contextualized to fit the military setting and to step up BCC campaigns. This being a high-risk group, distribution of condoms received from the Ministry of Health and distributed to 12 centers and beyond will also remain a focus. A training of trainers for peer educators will be conducted for 10 trainees.<br><br>The key legislative issues addressed include gender through addressing male norms and behaviors by supporting peer education and counseling to develop and put forward messages the challenge norms about masculinity especially regarding norms and practices usually followed among uniformed personnel. Stigma and discrimination will also be addressed through raising awareness to reduce the stigma associated with HIV status among the military personnel. The activity is related to activities in counseling and testing. The activity will primarily address the emphasis areas of Information, Education and Communication, community mobilization/participation and training. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| *Target* | *Target Value* | *Not Applicable* |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 10,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 10 | ☐ |
| Number of targeted condom service outlets | 12 | ☐ |

**Target Populations:**

Adults

Community leaders

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Widows/widowers

***Key Legislative Issues***

Gender

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas**

Gulu

Jinja

Kampala

Kasese

Mbale

Mbarara

Tororo

Luwero

Wakiso

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** TASO USAID
**Prime Partner:** The AIDS Support Organization
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 3973
**Planned Funds:**
**Activity Narrative:** This activity links to other TASO activities in the areas of AB (4420), Palliative Care: Basic Health Care (3975), OVC (3974), Lab (3972), and strategic information (3976).

TASO clients are people living with HIV/AIDS and therefore form a significant part of the prevention strategy set forth in PEPFAR. TASO is a unique organization that has played an important role in prevention of new infections in Uganda through working with PHAs. Prevention with positives is a critical intervention point in reducing new infections. TASO, through on-going counseling and support, community outreaches and the mass media will promote behavioral change, promote condom use and reduce stigma and discrimination against PHAs. Under this activity, TASO will provide ongoing counseling and support to its clients with a special focus on prevention with couples and prevention with positives among the discordant couples. The existing 11 TASO drama groups will conduct community outreach that will consist of 800 drama performances to convey prevention messages to an estimated 200,000 people. In addition, the existing 1,200 community volunteers and 30 community HIV/AIDS programs will provide HIV/AIDS education to an estimated 185,000 members of the community. Community outreaches will also target Most at Risk Populations (MARPS) that include "boda boda" riders, truck drivers, mobile populations and plantation workers.TASO, in collaboration with MoH, will procure and provide condoms at 11 TASO centers and 30 TASO-supported community outlets. TASO will continue to collaborate with Ministry of Health and social marketing organizations involved in the procurement and distribution of HIV/AIDS prevention commodities.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 385,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 575 | ☐ |
| Number of targeted condom service outlets | 41 | ☐ |

**Target Populations:**

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

People living with HIV/AIDS

Volunteers

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Bugiri

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Community Resilience and Dialogue
**Prime Partner:** International Rescue Committee
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 3988
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3985), AB (3983), Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic information (3984).

This component is related to activities of abstinence, being faithful and CT, as information regarding other forms of prevention provided in counseling services. The activities will be implemented directly by IRC and its sub-grantees. IRC's 3 local partners, one in each of the three districts of Karamoja region, will identify and train community immobilizers to provide support to abstinence, faithfullness and other activities that include condom education and promotion. Given that condom knowledge and use are still low in Karamoja, training involving leaders in program ownership and promotion will be conducted. Condom distribution guidelines from the MOH will be used in training. PLWHA with success stories on condom use will be supported to give their testimonies/ messages to encourage those at high risk to adopt safer sex practices. The gender issues associated with condom use will be explained through promotion activities some of which will be spearhead by women. This component will supplement A/B activities in Karamoja region. The target is to establish 50 condom service outlets, 50 individuals trained in promotion of HIV/AIDS behavior beyond A/B, and that 75,000 community members are reached with such messages.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 100,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 50 | ☐ |
| Number of targeted condom service outlets | 30 | ☐ |

**Target Populations:**

Adults

Discordant couples (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Peace Corps
***Prime Partner:*** *US Peace Corps*
**USG Agency:** Peace Corps
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
***Budget Code:*** *HVOP*
**Program Area Code:** 05
**Activity ID:** 3993
***Planned Funds:***
**Activity Narrative:** This activities relates to Peace Corps other activities in the areas of AB (3999), OVC ( 3992), Palliative Care: Basic Health Care (3991), and strategic information (4746).

Prevention of HIV infection is a major focus of Peace Corps Volunteers' work in the health and education sectors. An important part of their work includes strengthening capacity of their host organizations (NGOs, CBOs, and FBOs) and government health facilities in the overall area of HIV prevention. In addition to supporting prevention efforts within primary schools, described in activity 4399, volunteers are engaged with their host organizations, and their counterparts, in providing life saving information to vulnerable groups and at risk youth who are sexually active and often out of school. Volunteers collaborate in activities such as information dissemination through various channels, educational outreach and appropriate communication on reproductive health issues and sexually transmitted infections management, as well as the promotion of correct and consistent condom use among segments of the population with high potential to transmit the virus. Proposed activities will include the promotion of counseling and testing as an entry point for prevention efforts, messages and skills. Volunteers will provide technical assistance to design locally appropriate approaches and to develop locally acceptable promotional materials.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 51 - 100 |
| Community Mobilization/Participation | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 6,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 60 | ☐ |
| Number of targeted condom service outlets | 12 | ☐ |

**Target Populations:**

Community leaders

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

Pregnant women

Teachers (Parent: Host country government workers)

Adult

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Traditional healers (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Volunteers

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas**

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

*Ntungaro*

Pallisa

Rukungiri

Tororo

Wakiso

Kabale

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** AFFORD
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 4399
**Planned Funds:** [redacted]
**Activity Narrative:** The targeted marketing and promotion of health products and services provides an alternative supply system to the public sector, particularly appealing for the population segments that are able and willing to pay for quality services and products, but cannot afford the prices of the commercial private sector. The AFFORD Program is the newest of USAID's longstanding initiatives in this area, aiming to increase the availability and affordability of basic preventive products and services (including information) for individuals who engage in high risk behaviors, putting themselves at danger of contracting HIV, and also increasing the risk of transmission to others. The key at risk target groups for AFFORD products and services include people who are HIV infected and their partners, truck drivers along the Northern Corridor, and prostitutes. Members of the uniformed services are a particular group with specific needs and the AFFORD Program will dialogue with the DOD and the UPDF to identify their product and information needs and build on FY05 programming. The range of services and products included in the AFFORD Program makes available condoms to prevent HIV transmission in high risk settings and STI treatment and kits, as well as information that ensures correct and consistent use. As per the ABC guidance and the Prevention technical considerations, the AFFORD Program will target its promotion of condoms and STI kits to outlets in the neighborhood of places where high sex is known to take place. AFFORD will adapt and or develop peer education, and group communication strategies that encourage partner reduction which continues to fuel the epidemic in Uganda . AFFORD includes a special focus on Northern Uganda, increasing the reach of services and products to internally displaced persons, who are often at risk of violence and coercive sex. The AFFORD Program also focuses on improving the health and lives of People living with HIV/AIDS (PLWHAs.) by promoting products that promote positive living, such as clean water products, long lasting insecticidal treated nets, multivitamins, and zinc as described under activity XXX.

A key objective of the AFFORD Program is to provide the technical assistance and capacity building necessary to make these achievements sustainable in Uganda by developing the capacity of local institution(s) to assume essential marketing functions.

In support of these goals, the AFFORD health marketing program has the following objectives:

1. Increase the accessibility and affordability of HIV/RH/CS/Malaria products and services for communities and families in Uganda, through innovative private sector approaches.
2. Enhance knowledge and correct use of HIV/RH/CS/Malaria products and services to encourage and sustain healthy behaviors and lifestyles within communities and families.
3. Strengthen/establish indigenous organization(s) and distribution systems for the sustainable and self-sufficient delivery of key health marketing functions, including management, distribution, and promotion.

Note that an additional [redacted] in non-PEPFAR funds will support this activity to market palliative care services and products through the private sector to PLWHAs. All non-HIV activities mentioned above are funded with these other resources provided through Global Health at USAID.

Response to review query: As discussed on our conference call, AFFORD is implementing a health marketing program through USAID and PSI is providing the basic care package commodities and implementing an educational campaign to

promote the use of the basic care package through CDC. PSI no longer conducts social marketing activities in Uganda using PEPFAR funds and has not socially marketed the Basic Care Package.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Logistics | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 320,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 700 | ☐ |
| Number of targeted condom service outlets | 25,000 | ☐ |

**Target Populations:**

Commercial sex workers (Parent: Most at risk populations)
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Military personnel (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Partners/clients of CSW (Parent: Most at risk populations)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Basic Care Package Procurement/Dissemination
**Prime Partner:** Population Services International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 4410
**Planned Funds:** [redacted]
**Activity Narrative:** This activity relates to activities 4400-Basic Health Care & Support, 4511-OVC.

In September 2004, CDC began support to PSI to implement an information, education and communication program targeting people living with HIV/AIDS (PLWHAs) in Uganda. The project has expanded and now incorporates the distribution of Basic Care Package commodities (long lasting bed nets, safe water systems and condoms) with the goal of helping to reduce morbidity and mortality caused by opportunistic infections in PLWHAs and to reduce HIV transmission by PLWHAs. The commodities are packaged together and distributed through HIV/AIDS care and support organizations in Uganda to PLWHAs. An important component of the basic care package and the IEC campaign is to promote prevention with positives efforts, in harmony with the overall PEPFAR Other Prevention strategy. To enable this, [redacted] has been allocated to the procurement of additional condoms, *(5,000,000) which will be distributed to PLWHAs. The output of this activity is to* ensure availability of condoms in the face of the erratic supply and shortages currently affecting Uganda. This activity is part of the larger project which includes Basic Health Care and support and OVC. This output will be achieved through the *distribution of the complete Basic Care Package.*

Achievements to Date: Identification of 9 implementing partners- who will distribute condoms to their adult clients. Development of training guides *(Training of Trainers Manual & Peer Education manual).Training of 669 health providers & counselors and* 101 peer educators. Development and distribution of IEC material for both clients and health providers. Development and implementation of drama. Completion of baseline research.

Plans for FY2006: 1. Procurement of 5,000,000 condoms; 2. Distribution of the HIV Basic Preventive Care Starter Kit to 88,000 clients by end of year 2; 3. Continue to make available on the market all the elements of the Basic Care package to enhance their availability to all PLWHAs; 4. Ongoing peer education; 5.Ongoing monitoring and tracking of activities.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 88,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 1,050 | ☐ |
| Number of targeted condom service outlets | | ☑ |

**Target Populations:**

Community leaders

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

**Coverage Areas**

*Gulu*

Kampala

*Mbale*

Mbarara

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Education Sector Workplace AIDS Policy Implementation
**Prime Partner:** World Vision International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 4446
**Planned Funds:**
**Activity Narrative:** This activity focuses on using the power of peer influence to change and model Education Sector employees' behaviors for HIV/AIDS prevention. The ESWAPI project will utilize the Teacher Development and Management Systems (TDMS), National & Primary Teacher Colleges (NTCs & PTCs) and other Ministry of Education and Sports (MoES) structures to reach as many in-service and student-teachers as possible and educate them on risky sexual behaviors and their consequences. In FY 06, 2,000 teachers and other MoES employees from target workplaces will be selected and trained as volunteer behavior change agents (BCAs). The training for BCAs will mainly focus on behavior change communication skills, peer education and using own lifestyle to change behaviors of peers. ESWAPI will equip volunteer BCAs with skills and facts about the integrated ABC approach to HIV/AIDS prevention including an examination of male gender norms.. In turn, BCAs will be tasked to reach out and influence the sexual behaviors of their colleagues. About 16,000 workers are targeted for this behavior change drive in FY 06. To reinforce the face-to-face behavior change messaging by BCAs, the project will develop/adapt and disseminate appropriate IEC messages using various media including posters, a newsletter, drama, essay competitions, debates and quizzes. The ESWAPI project will involve the target workers as the main channel of disseminating behavior change messages. For example, NTC and PTC student teachers as well as secondary school and Coordinating Center teachers will relay BCC messages through the project sponsored intra and inter institution/workplace HIV/AIDS educational drama, debates, essay and quiz competitions. Additionally, the project will sponsor production and circulation of a quarterly teachers newsletter-Teachers Teaching Teachers About Behavior Change (TT-TAB) to facilitate interactive discussion on HIV/AIDS in the education workplace and give updated facts about AIDS. Lastly, the project will strengthen the role of at least 24 school foundation bodies in promoting abstinence and faithfulness as well as other professional, cultural and spiritual values among teachers as part of the strategy for addressing the HIV/AIDS in education workplaces. ESWAPI project will study the roles of these Foundation Bodies within the framework of school management committees to understand unique methods they use to influence school management decisions and school communities' well being. Identified good practices and opportunities will then be packaged in a set of recommendations for redefining their roles in combating HIV/AIDS in education workplaces.

| *Emphasis Areas* | *% Of Effort* |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Training | 10 - 50 |
| Workplace Programs | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 16,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 2,000 | ☐ |
| Number of targeted condom service outlets | | ☑ |

**Target Populations:**

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Education

**Coverage Areas**

Apac

Busia

Gulu

Kabale

Kaberamaido

Kapchorwa

Katakwi

Kiboga

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Luwero

Masaka

Mbale

Mubende

Nakasongola

Pallisa

Rakai

Sembabule

Sironko

Soroti

Tororo

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Northern Corridor Program/Uganda Section
**Prime Partner:** Family Health International
**USG Agency:** U.S. Agency for International Development
***Funding Source:*** *GAC (GHAI account)*
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
***Program Area Code:*** *05*
**Activity ID:** 4508
**Planned Funds:**
**Activity Narrative:** Transport workers and the women with whom they interact play a disproportionate role in regional transmission dynamics of STI and HIV epidemics. Truck drivers are highly mobile and spend long hours on the road away from their families. Their engagement with local entertainment and female companionship, coupled with "disposable income" compared to the rest of the population, makes them very likely to use the services of commercial sex workers in stop-over towns near major transportation routes. These truck stop towns have developed an entire infrastructure of networks and services meeting the business and recreational needs of truck drivers, including gas stations, inspection points, lodges, bars and brothels, and a high population of commercial sex workers. Studies show that targeting high risk groups is cost effective, even in high HIV prevalence settings. The overall goal of the Transport Corridor Program is to target high-risk mobile populations with prevention, care and treatment services. The Uganda program is one of eight participating countries in the East Africa region. The program is being jointly funded by USAID/Uganda and USAID/Regional Economic Development Services Office (REDSO). In Uganda, programming will take place in three sites in FY06: Malaba, Busia, Katuna.

Prevention activities will target truck drivers as well as youth that are at increased risk of HIV transmission in three mobile communities. Prevention activities for truck drivers will focus on the use of peer educators (PE) who will facilitate discussion on HIV/AIDS prevention, condom use, STI symptoms, self risk assessment as well as addressing male norms and behaviors and gender-based violence. The PE's will support the truck drivers to enter a network of needed services through a referral system linking both clinical and community services including counseling, CT, STI and palliative care. Condoms will be promoted through social marketing and free distribution outlets. Interventions will be focused at truck stops and male recreation sites. Key implementing partners include the Amalgamated Transport & General Workers Union (ATWGU) and several local NGOs. Activities will also include wrap-arounds with programming to increase food security of vulnerable populations, microfinance programming for economically disadvantaged women and youth, educational opportunities – vocational and academic for women, men and youth and linkages with reproductive health programs were possible. Communities hosting mobile populations are at increased risk of HIV, particularly in and out of school youth, who are vulnerable to cross-generational sexual relationships as a means of ensuring economic survival to meet school related costs, family support and recreational needs.

Prevention activities for youth will focus on promoting abstinence, fidelity, delay of sexual activity, partner reduction and social and community norms in Malaba and Katuna – reaching 2,000 youth. PE's will be trained to link youth into critical prevention and care services but also to begin to address key issues by challenging norms about early sexual activity, multiple partners and violence. Family Planning Association of Uganda will work with Marie Stopes, Ministry of Education and several local NGOs/FBOs.Stigma and discrimination will be addressed by increasing the knowledge and skills of 150 faith-based leaders to effectively reach out to over 4,000 parishioners and congregation members in Malaba and Katuna. The World Council for Religion and Peace and the Inter-religious Council of Uganda (IRCU) will lead this initiative.In addition, the FHI team will conduct a site assessment of Kaya as the fourth transport stop site for programming in FY 07.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Needs Assessment | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 10,500 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 60 | ☐ |
| Number of targeted condom service outlets | 6 | ☐ |

**Target Populations:**

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas**

Busia

Kabale

Tororo

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
***Activity ID:*** *4698*
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. Activities will place a strong emphasis on addressing sexual and gender-based violence, most frequently manifested through rape and exchange for sex, and often provoked by alcohol use. Police reports indicated that girls aged 13-17 are the most frequently reported survivors of SGBV, followed by women aged 19-36 and then younger children aged 4-9 years. 6 out of 10 women in one camp had been a victim of SGBV, and most perpetrators were under the influence of alcohol – usually a husband or soldier in camps. Stigma, lack of confidence and lack of awareness greatly hinder an individuals likelihood to report such incidences. Current interventions are limited to medical interventions and do not include psychosocial or HIV counseling or PEP among other interventions. Interventions will also be targeted to the military and developed in partnership with DOD and the UPDF as appropriate. Condom promotion and distribution to most at risk populations will be supported and will complement USG supported health marketing activity.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

An International Institute of Migration assessment of 8 camps revealed that the major contributing factors to HIV infection were early age at first sexual activity and

frequent sexual activity, exchange of sex for food or money, multiple sexual partners and unprotected sex. In addition, 21% of adolescents (10-17) do no live with either parent, and the increase in organized commercial sex trade is disproportionately affecting displaced children and orphans. 25% of households in the North are female-headed. 7,000 – 12,000 children are involved in commercial sex; 31% of unmarried older adolescent girls reporting ever having exchanged gifts or money for sex. A breakdown in traditional sexual norms and controls has been brought about by several generations being raised in camp environments; illiteracy (cannot or difficulty) is approximately 25% among people older than 10.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that *promotes HIV/AIDS prevention through other behavior change* beyond abstinence and/or being faithful | 750,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence *and/or being faithful* | 200 | ☐ |
| Number of targeted condom service outlets | 200 | ☐ |

**Target Populations:**

Adults
Community leaders
Community-based organizations
Mobile populations (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Pregnant women
Girls (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Public health care workers

**Key Legislative Issues**

Gender

*Increasing gender equity in HIV/AIDS programs*

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

**Coverage Areas**

Apac

Gulu

Kitgum

*Lira*

Pader

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in northern Uganda
**Prime Partner:** International Rescue Committee
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 4755
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4754-AB, 4761-OVC, 4760-TB, 4759- Basic Health Care & Support, 4758-CT, 4757-PMTCT.
This activity also relates to activities in Abstinence and Being Faithful and Counseling & Testing.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.

In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming. IRC activities will attempt to achieve the following: HIV infection risk in vulnerable and hidden populations reduced, increased access to HIV/AIDS prevention services for high risk populations, awareness and knowledge about HIV/AIDS preventive practices increased, full supply of condoms achieved.

In FY06, recognizing the particular vulnerability of youth, activities in this category will aim to target this group. Data on HIV/AIDS-related knowledge, attitudes and practices (KAP) of youth in and out of school will be compiled. Qualitative data will also be sought from parents of youth through focus group discussions. This information will be used to develop a communication strategy to target knowledge gaps and risky behaviors and to address social, cultural and gender-related barriers to behavior change. Through community participation IRC will identify groups and areas of high transmission within the refugee community e.g. areas of commercial sex and high alcohol consumption to effectively focus specific HIV/AIDS activities. Early diagnosis, proper management and prevention of STIs will also be strengthened as the presence of an STI promotes the transmission of HIV.

IRC will support condom procurement, establishment of condom outlets and distribution networks, training of condom distributors, and production / distribution of IEC –BCC materials. IRC will also support mobilization and sensitization activities on the safe use of condoms. This activity will be complimentary to the AB component and will be implemented in both beneficiary camps. 46 condom outlets will be supported, which is calculated on the basis of one outlet per 1000 population. In addition, at least one condom distributor/promoter will be trained per outlet, with 46 persons

being targeted for training under the program area of other forms of prevention.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 18,000 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 46 | ☐ |
| Number of targeted condom service outlets | 46 | ☐ |

**Target Populations:**

Adults

Community leaders

Refugees/internally displaced persons (Parent: Mobile populations)

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in Kyaka II Settlement
**Prime Partner:** International Medical Corps
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Other Prevention Activities
**Budget Code:** HVOP
**Program Area Code:** 05
**Activity ID:** 4803
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4814-CT, 4808-TB, 4799-OVC, 4810-AB, 4795-PMTCT, 4806-Basic Health Care & Support.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, *predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4* percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), and it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services.

With the aim to further reduce risk of HIV infection, IMC will implement Other prevention activities with specific emphasis on vulnerable and hidden populations. IMC will collect data on HIV related knowledge, attitudes and practices of youth and other vulnerable populations. The information will be used to design activities that will raise awareness and increase the knowledge about HIV/AIDS preventive practices of the target population, addressing knowledge gaps and risky behaviors, *and influencing behavior change. Through community participation, IMC will identify* groups and areas of high transmission within the refugee community e.g. areas of commercial sex and high alcohol consumption to effectively focus specific HIV/AIDS activities. The activities will also increase access to prevention services for high-risk populations and ensure reliable supply of related medical supplies and condoms. Early diagnosis, proper management and prevention of STIs will be strengthened as the presence of an STI promotes the transmission of HIV. The effort will also aim to *reduce discrimination and stigma associated with HIV status.*

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 20,507 | ☐ |
| Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful | 20 | ☐ |
| Number of targeted condom service outlets | 2 | ☐ |

**Target Populations:**

Adults

Community leaders

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Volunteers

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Kyenjojo

**Table 3.3.06: Program Planning Overview**

**Program Area:** *Palliative Care: Basic health care and support*
**Budget Code:** HBHC
**Program Area Code:** 06

**Total Planned Funding for Program Area:**

**Program Area Context:**

The Uganda sero-survey results 2004 revealed the current HIV/AIDS prevalence to be 7% in men and women between ages 15-49, a marked reduction from the 18% in the mid-1990s. Through increased resources from the Global Fund, PEPFAR and other bilateral organisations, HIV infected peoples' access to ARVs has markedly improved. However palliative care still remains a critical intervention in the national response to HIV/AIDS.

Only 25% or less of the 800,000 HIV-positive individuals in Uganda know their HIV status and only half of those who do know their status are accessing palliative care services. Increased access to HIV counseling and testing through various initiatives like Routine Testing and counseling (RTC) in clinical settings, home-based VCT, mobile home to home counseling and testing has resulted in earlier diagnosis which has escalated the demand for palliative care. With the increased access to ARVs, HIV infected persons are living longer lives and requiring longer ongoing palliative care. Additionally, knowing one's HIV status earlier in the progress of the disease has led to an increased demand for palliative care services among individual not yet eligible for ARVs. Palliative care is also critical for the prevention of HIV transmission, because a well cared for individual will disclose status to his/her spouse or a significant other which may reduce/stop transmission to others.

Broadly, palliative care interventions in Uganda have supported a holistic approach ranging from HIV diagnosis and screening for eligibility of ARVs, provision of psychosocial support, linkage between individual PLWHAs, their families, and communities, integrated management of opportunistic infections (OIs) using essential drugs, basic preventive care using daily cotrimoxazole, long lasting ITNs, prevention with positives interventions, safe water vessels and nutrition support, economic empowerment, as well as newly emerging initiatives such as succession planning to enhance individual and community coping capacity. Pain management and symptom control, end of life care and bereavement support to care givers and their families will be emphasized as critical elements of palliative care.

The USG has supported many organizations in Uganda involved in delivery of HIV/AIDS services under various models of palliative care including clinical/facility based care, home based care, and community outreaches. Through this support, networks have been established between the implementing organizations as well as among the communities they serve as a mechanism to expand access to a comprehensive package of care to PLWHAs and continuum of care. Through these interventions, access to palliative care has significantly increased over the last year.

The USG over the next one year (FY06) will continue to support Uganda's holistic approach to palliative care with a particular attention to emerging priority areas such as intensifying diagnosis and treatment of tuberculosis, integration of pain management and symptom control into care, dissemination and integration of the basic preventive care package, increased access to HIV counseling and testing, and building systems to support sustainable delivery of quality palliative care services.

Aside from USG partners, the private sector is also a large provider of basic palliative care for HIV infected individuals.

**Program Area Target:**

| | |
|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 4,000 |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 218,336 |
| Number of individuals trained to provide HIV-related palliative care (including TB/HIV) | |

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC USAID |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 3195 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in AB (4371), Other Prevention (3193), counseling and testing (3194), and ARV services (4373). |

This activity will build on the existing integrated medical services, psychosocial support services and ongoing counseling provided to PHAs at 4 AIC branches of Kampala, Mbarara, Jinja and Mbale. The integrated medical services include Cotrimoxazole prophylaxis, STD diagnosis and treatment and Family Planning education. The psychosocial support and ongoing counseling will continue to be provided through the Post-test Clubs (PTC) and the Philly Lutaaya Initiative (PLI). PTC/PLI provide counseling on positive living, disclosure of serostatus to partners, nutrition education, access to ART and adherence and prevention with positives. Through the PLI, PHAs in Arua, Lira, Kabale and Soroti will be trained in giving personal testimonials to enable them effectively share their experiences with the communities.

Through the PTC/PLIs AIC will provide educational talks to PHAs and in collaboration with MoH strengthen peer-psychosocial support groups at all its branches. This activity is estimated to provide on-going counseling and psychosocial support to 9,038 PHAs. It is anticipated that this will reduce stigma and discrimination and enhance disclosure of serostatus to partners.

To enhance the capacity of AIC medical counselors to cope with the changing dynamics of HIV/AIDS, AIC will train 86 medical counselors in delivery of quality palliative care services, stigma reduction initiatives and ongoing counseling. AIC will maintain linkages to referral networks to ensure that clients that require support services beyond what AIC can offer are referred to other agencies like TASO, MoH health facilities and faith-based health care facilities under IRCU. In collaboration with other agencies like PSI, MoH and the local government, and through the branch PTCs, members of these clubs will be facilitated to acquire long-lasting- insecticide treated mosquito nets, safe water containers and other components of the basic health care package for people living with HIV/AIDS.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Human Resources | 10 - 50 |
| Logistics | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 8 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 9,038 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to provide HIV-related palliative care (including TB/HIV) | | ☑ |

**Target Populations:**

Adults

Discordant couples (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

*Stigma and discrimination*

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

**Coverage Areas**

Arua

Jinja

Kabale

Kampala

Lira

Mbale

Mbarara

Soroti

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** PL480 Title II HIV/AID Feeding Program
**Prime Partner:** ACDI/VOCA
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3196
**Planned Funds:**
**Activity Narrative:** The Public Law 480 (PL 480) Title II program is a USAID supported food aid development program aimed at improving food security in rural households of Uganda. In June 2001, the USAID Office of Food for Peace approved a five-year program for 2001-2006, including a new health objective to improve food security to PLHAs and their immediate families.

This activity seeks to integrate nutrition and hygiene training into the food distribution program. The integration of training is a supplementary activity to the Title II HIV/AIDS program's food distribution. Increased access to food and nutritional/hygiene knowledge/skills will improve basic home care, support and treatment for PLHAs. The training will be conducted at the already established Food Distribution Points (FDPs) before beneficiaries receive their monthly food rations.

Training will cover basic knowledge about nutrition and its importance in improved AIDS care as well as use of locally available food recipes to prepare nutritionally dense diets. The importance of basic hygiene practices such as hand washing, food preservation and safe water will also be covered. The activities under this project are linked to and strongly reinforce other HIV/AIDS treatment and palliative care interventions.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 30 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 4,739 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to provide HIV-related palliative care (including TB/HIV) | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Food

**Coverage Areas**

Masaka

Mbale

Mbarara

Ntungaro

Tororo

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3946
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation ending May 2006. All service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. In FY05 to date, AIM has supported 446 clinical and community based sites and 37,000 individuals. It is expected that AIM will support a total of 461 sites and 77,000 individuals in FY06.

In addition to supporting the existing sites, FY06 activities will focus on supporting the MOH to roll-out the septra policy through health workers, district level planners, PHAs and the community at large. Continuing medical education will be supported for health workers related to preventive care, including co-trimoxazole prophylaxis. Linkages between chronic care and ART sites and sensitization and education of PHAs on basic issues of care will be emphasized.

Related to home-based care, district based training will be completed followed by support follow-up and mentoring of district technical teams to support community home based care providers. Linkages between NGOs/CBOS and health facilities will continue to be strengthened. Home based care kits will also be distributed.

| Emphasis Areas | % Of Effort |
|---|---|
| Linkages with Other Sectors and Initiatives | 51 - 100 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 400 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 47,500 | ☐ |

**Target Populations:**

Community-based organizations

Faith-based organizations

*Traditional healers (Parent: Public health care workers)*

HIV/AIDS-affected families

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Teachers (Parent: *Host country government workers)*

Volunteers

**Key Legislative Issues**

*Increasing gender equity in HIV/AIDS programs*

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

***Table 3.3.06: Activities by Funding Mechanism***

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3954
***Planned Funds:***
**Activity Narrative:** This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951), Palliative Care: TB/HIV (3950), OVC (3957) counseling and testing (3952), and Strategic Information (3955).The UPHOLD program will use a combination of grants and targeted technical assistance to establish productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on the delivery of quality technical services and CSOs to mobilize and educate communities to use services.

This activity has several different components. One key component is to provide comprehensive care and support to PLWHA. Funding through private and public health facilities will be used to improve clinical settings and systems to provide comprehensive, integrated HIV/AIDS care and support services. Funding to the 75 private and public health facilities in the 12 UPHOLD supported districts will be used to improve clinical-based palliative care systems and train 150 clinical staff in the management of opportunistic infections, psychosocial support counseling, and referral of PLWAS to service outlets providing Antiretroviral treatment. This component activity is estimated to target 15,000 HIV positive clients including children. In addition to providing HCT services, the 75 public and private health facilities will test, diagnose and treat opportunistic infections in children and adults. Community mobilization activities will focus on promoting positive behaviors such as: gender equity; couple dialogue; partner counseling and testing; disclosure; and accessing treatment together. Community mobilization activities will also be directed towards eliminating negative behaviors that bring about stigma and discrimination associated with HIV/AIDS. Stigma and discrimination against women and their families who have undergone counseling and testing and have tested positive is discouraged. Psychosocial support groups will be established for HIV + women and their partners. These volunteer-led support groups promote counseling and address sex and gender-based violence and stigma related behaviors that affect mothers' access and use of PMTCT services. These activities will be conducted through nine district government grants and seven civil society organizations which include faith based organizations, community theater groups, networks of HIV+ Women and PLWHAS. Psychosocial support groups will be established for HIV + women and their partners.

Additionally, funding for this activity will be geared towards community mobilization interventions through the 29 UPHOLD supported civil society organizations and 12 local governments that will create awareness and demand for referral for AIDS treatment as well as HIV testing. Community mobilization activities will also focus on key legislative issues which among others include promoting positive behaviors through messages addressing gender equity, couple dialogue and counseling and testing together, males prohibitive behaviors against women wanting to know their HIV status through access and use of HCT services, male norms and beliefs about masculinity, acceptance of early marriages, and having multiple sexual partners (including transactional sex). Community mobilization activities will also be directed towards reducing stigma and discrimination related to HIV/AIDS as well as against PLWA and their families who have undergone counseling and testing. Thus the 29 supported civil society organizations will be targeted for promotion of HIV counseling and testing services and psycho social support of PLWAS through directing positive messages to promote positive behaviors against stigma and discrimination related to their HIV status. Increasing advocacy for PLWAS mainly through support activities targeted and participatory community mobilization interventions which will mainly be channeled through local communication channels such as local theatre/drama and other community/group dialogue activities such as those facilitated by faith based

organizations working towards promoting positive attitudes towards PLWAS and their families will be a major focus for this activity component. Training through civil society organizations of community and home based counselors who will be able to provide community education on care and support as well as referral for early Antiretroviral treatment, home based care to PLWAS and their immediate families, capacity building in income generation activities will be a major focus for this funded activity component.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 75 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 15,000 | ☐ |

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Increasing women's access to income and productive resources

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | US Department of Defense |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 3968 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 3970-CT, 4552-ARV services, 4551-PMTCT, 3967-Other Preventions, 3969-SI.<br>The Uganda Peoples Defence Forces is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As Commander in Chief of the Armed Forces, the president mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military personnel are living with HIV.<br><br>Capacity to provide quality HIV clinical care services is a challenge in military health care facilities. This is due to drug shortages, lack of skilled manpower and inadequate training in AIDS care. With support from the USG, these challenges are being addressed through emphasis on training and provision of basic services.<br><br>In FY06, USG will continue to strengthen the capacity of the two main referral hospitals for the military in providing diagnostics and treatment of OI's for HIV positive persons to a targeted 400 personnel, as well as expands basic services to other military health networks in particular to Wakiso and Nakasongola. Widows living with HIV/AIDS will be a main focus as well as OVCs and care givers.<br>In 2005, the Infectious Diseases Institute, Kampala and physicians from the UPDF developed a course for nurses and other clinical assistants to ramp them up as HIV/AIDS care and ART providers, this course was suited to address military specific issues and has brought in specialists from other African militaries in a military-to-military collaboration. A total of 20 personnel will be trained in FY06 in this course.<br><br>Gender issues will also be addressed in this activity through targeting women/widows to ensure that an equitable number of women are receiving care. Stigma and discrimination will be addressed through raising awareness among those who receive care as a conduit to others they know who are living with HIV/AIDS to receive care freely. Care services are also provided in the same facilities to reduce discrimination. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (*excluding TB/HIV*) | 4 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 400 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Kampala

Luwero

Nakasongola

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** TASO USAID
**Prime Partner:** The AIDS Support Organization
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3975
**Planned Funds:**
**Activity Narrative:** This activity links to other TASO activities in the areas of AB (4420), other prevention (3973), OVC (3974), Lab (3972), and strategic information (3976).

Established in 1987 The AIDS Support organization (TASO) of Uganda offers psychosocial support, medical and social support services for people living with HIV/AIDS(PHAs). TASO is a unique organization that has played an important role in providing care and support for PHAs as well as in prevention of new infections in Uganda. The organization has been a pioneer in developing interpersonal counseling and comprehensive care and support models that reach a large number of PHAs many of whom are poor and live in rural areas.

This activity will provide basic health care and support to an estimated 40,000 clients and 10,000 family members served through 11 TASO centers and 34 outreach clinics. Basic health care and support will include clinical care services, psychosocial support, social care and support and linkages to referral networks. Under clinical care services TASO, through 11 centers and 34 outreach clinics, will provide STI diagnosis and treatment, cotrimoxazole prophylaxis, family planning, Prevention of Mother to Child Transmission(PMTCT), pain relief, nutritional counseling and education, pain relief, follow-up to determine optimal time to initiate ARVs and support to adherence to ARVs. Under psychosocial support, TASO through counselors and community support groups at the 11 centers and 34 outreach clinics, will provide support for disclosure of serostatus to partners, will making and bereavement. Approximately 200 counselors will receive refresher training on emerging issues like sero-discordance, adherence to ARV regimens, couple counseling and prevention with positives. In addition, TASO community outreaches which are managed by community volunteers will provide AIDS education to an estimated 200,000 people and provide counseling to 20,000 PHAs. This is aimed at reducing stigma and discrimination and increase access of PHAs to services provided by TASO.

Under social care and support, TASO through community mobilization and community support groups, will provide social support to HIV-infected individuals and their families and promote maintenance of linkages to and use of healthcare services and the reduction of stigma to HIV/AIDS.

TASO will maintain linkage to referral networks, the Title II food supplements program implemented by ACDI-VOCA and economic empowerment strategies implemented by various NGOs and CBOs.

TASO will continue to collaborate with partners in HIV/AIDS care that include 8 mini-TASOs and 10 CBOs.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Infrastructure | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing HIV-related palliative care (excluding TB/HIV)* | 45 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 50,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

*Public health care workers*

**Coverage Areas**

Bugiri

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** *Community Resilience and Dialogue*
**Prime Partner:** International Rescue Committee
**USG Agency:** *U.S. Agency for International Development*
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3986
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988), counseling and testing (3984), and strategic Information (3984).

Palliative Care/Basic Health Care and Support is also related to VCT, PMTCT, A/B and Prevention components, in supporting clients to cope and also to prevent HIV transmission. CRD partners (IRC, SCiU and AVSI) have implemented these activities in the past and have acquired enormous experience that will be consolidated to provide quality palliative services to clients in the districts of Kitgum, Kotido, Moroto and Nakapiripirit. Past operations in Karamoja districts have showed that provision of palliative care services is still too low. Karamojong is a closed society with strong cultural beliefs, thus low knowledge of HIV/AIDS is still a barrier to utilization of HIV services. In order to have a breakthrough, IRC wants to continue with provision of palliative care services. In collaboration with Church of Uganda in Kotido, IRC plans to provide basic health care services to two health centers. In one of these, IRC and the experienced local partners in this field will provide quality services to greater number of people than before through consolidated linkages with other sectors, to enhance the quality of services to PLWHAs and their families. In the second health center, IRC will support the Church of Uganda to pursue its integrated approach by providing behavior change communication, CT, OVC and palliative care services. IRC will provide technical input through support supervision in the implementation of these activities; community mobilization and participation, IEC, training of service providers, commodity procurement for home based care activities, OVC, CT and A/B/C activities.In Kitgum palliative care services would be provided by AVSI in collaboration with two local agencies. Services will be almost similar to those mentioned above. Specifically, AVSI will support the two hospitals (Kitgum and St. Joseph) to strengthen and also expand counseling and psychosocial support services to decrease stigma and discrimination. The component targets (adults males and female) youths and children, caregivers, PLWHA and their families. The funding will cater for training of staff in care protocols, community mobilization with balanced gender participation, development of network/linkages/referral and IEC on care and support messages. Through this funding, 160 service providers will be trained to serve 2320 adults and 100 children PLWHAs.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 2,420 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's legal rights

Stigma and discrimination

Reducing violence and coercion

Increasing women's access to income and productive resources

**Coverage Areas**

Kitgum

Kotido

Moroto

Nakapiripirit

Pader

***Table 3.3.06: Activities by Funding Mechanism***

**Mechanism:** N/A
**Prime Partner:** HOSPICE AFRICA, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 3990
**Planned Funds:**
**Activity Narrative:** Hospice Africa Uganda (HAU) is the only private organization in Uganda authorized by Ministry of Health to train and dispense morphine as part of comprehensive palliative care. HAU has been receiving PEPFAR funds over the last year through a major USAID-supported umbrella HIV/AIDS program. This support has supported the integration of symptom control and pain management within AIDS care in three districts of Uganda, thereby enabling PLHA access a comprehensive spectrum of care. In FY06, HAU will expand access to comprehensive palliative care for PLHA and their immediate families in three districts of Uganda.

Home based care will form the mainstay of this activity, especially to address the needs of PLHA during the critical stages of illness. Interventions will focus on palliation, spiritual support and support to the family to ensure peace and dignity at the end of life. HAU will continue to manage opportunistic infections using government approved essential drugs and also take to scale chemoprophylaxis of these infections using co-trimoxazole. Other elements of basic palliative care such as use of insecticide treated mosquito nets, safe water and nutrition will be promoted in conjunction with existing social marketing programs. Hospice Africa Uganda will build capacities of families and communities to offer intermediate care to PLHA and refer those needing professional care to the appropriate sources of care. HAU will use its family-centered approach as an advantage to reach family members with HIV/AIDS prevention messages to minimize further transmission of HIV and delay onset of infections among PLHA. HIV prevention messages will focus on giving correct information on recent developments such as discordant couples, promotion of couple testing and disclosure of results, safe sex among discordant partners and infection control. Misconceptions that the epidemic has been contained or that AIDS is now a curable disease with drugs easily available will also be addressed.

In order to rapidly increase access to comprehensive palliative care services, Hospice will also work with existing IV/AIDS care organizations both in the private and public sector and support them to integrate pain and symptom control, spiritual care and end-of life and bereavement support into their existing programmes. Efforts will be made to encourage these organizations to train key and appropriate staff in these elements of care and, through regular visits, support them to internalise these skills and serve as resources persons to oversee the full integration of these components into their services. Hospice recognises the need to strengthen affected households and communities through social support interventions such as food assistance, income generating activities and support for orphans. Hospice recognizes that it cannot meet the entire components of care and support, and will hence utilise the existing network of other HIV/AIDS service providers to co-manage patients in order to maximise synergies and enable PLHA to access a broad spectrum of services. These linkages will be strengthened to maximise efficiency and improve access to holistic care for PLHA. HIV/AIDS service organizations and groups receiving USG assistance, such as the Inter-Religious Council of Uganda, TASO and the Joint Clinical Research Centre will be targeted as prominent partners in this network. Through this activity, Hospice will access palliative care to 1,387 PLHA and their families and provide refresher training to 105 community volunteers; train 272 professionals in palliative care of whom 242 will be health and 30 other professionals. Hospice will further train 110 community volunteers, 60 spiritual leaders and 40 traditional healers in palliative care and referral. 800 family members of PLHA will be trained on how to deliver elements of palliative care and HIV/AIDS prevention messages.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Commodity Procurement | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 12 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 1,387 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |
| *Number of individuals trained to provide HIV-related palliative care* (including TB/HIV) | | ☑ |

**Target Populations:**

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Volunteers

Wrap Arounds

Food

Education

Increasing women's access to income and productive resources

Twinning

*Microfinance/Microcredit*

Democracy & Government

**Coverage Areas**

Hoima

Kampala

Mbarara

Jinja

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Peace Corps |
| **Prime Partner:** | US Peace Corps |
| **USG Agency:** | Peace Corps |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and Support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 3991 |
| **Planned Funds:** | |
| **Activity Narrative:** | The major portion of this program is capacity building of community based organizations – faith based and others -- which operate in underserved areas, to address care through improved understanding of and ability to deliver basic preventive care to people affected by HIV/AIDS. Peace Corps Volunteers partner with these organizations and undertake activities to develop organizational capacity, practice improved skills, and develop systems, which increase sustainability. In addition to organizational development, activities will address innovative ways in which to insure clients have access to the basic preventive care package, including low labor/low input gardening for improved nutrition, improved clean water access, wider treated bed net use among families affected by HIV, improved sanitation and hygiene, access to cotrim, and in-house access or referral to treatment and prevention services. |

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 10 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |

**Target Populations:**

Community-based organizations
Faith-based organizations
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
HIV/AIDS-affected families
*Orphans and vulnerable children*
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Widows/widowers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Volunteers

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

**Coverage Areas**

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Ntungaro

Pallisa

Rukungiri

Tororo

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4023
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4024, Counseling and Testing, and, 4021, ARV services, 4017-Other/Policy Analysis. The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational.

This activity on basic health care and support comprises of different components; General medical care, prophylaxis and treatment for opportunistic infection shall be provided to a total of 2500 individuals attending the 16-outreach clinics (HUBS). This service will be available bi-monthly at each HUB and offered to all HIV positive patients registered with the clinic. For urgent visits between regularly scheduled outreach clinics at the HUBS, patients can be seen at the main clinic or contact mobile medical staff through the 24 hour hotline. The service is offered by a cross section of providers including counselors, nurses/midwives, home visitors, clinical officers and medical officers depending on the specific need. Provision of treated mosquito bed nets for malaria prevention to all HIV positive persons (additional 1000 bednets) and provision of clean water vessels and water chlorination services to households of HIV positive persons (additional 1000 water vessels) and cotrimoxazole prophylaxis. Patients receiving ART receive all the basic health care components offered by RHSP. Patients receiving basic health care are screened every 6 months to evaluate them for ART eligibility.

These activities are offered at the HUBs which are located at the health centers to further reduce stigma; family members and community health providers are fully involved to reduce discrimination among HIV positive patients.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Infrastructure | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 51 - 100 |
| Information, Education and Communication | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing HIV-related palliative care* (excluding TB/HIV) | 16 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 2,500 | ☐ |

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

**Coverage Areas**

Rakai

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Integrated Community Based Initiatives |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4031 |
| **Planned Funds:** | |

**Activity Narrative:** This activity compliments activity 4013, Counseling and Testing. Integrated Community Based Initiatives (ICOBI) has been implementing a full access home-based counseling and testing program in Bushenyi district since October 2004. The prevalence of HIV infection in Bushenyi district is 7%. The goal of this project is to identify up to 16,000 people with HIV by March 2007; 8,400 HIV positive people will be identified during FY06. As part of the palliative care services, these new HIV positive clients will be offered cotrimoxazole prophylaxis, safe water vessels and mosquito nets. In addition, individuals identified as HIV positive between October 2004 and March 2006 will continue to receive cotrimoxazole prophylaxis, water vessel resupplies and other prevention interventions for HIV positive people including referral for Antiretroviral therapy (ART).

With USG support and PSI, ICOBI will procure basic care commodities and distribute them to the families of HIV positive individuals. Cotrimoxazole prophylaxis will also be initiated at 29 health units in Bushenyi district, with resupply to be at the health units or by the resident parish mobilisers. Mosquito nets and safe water vessels will also be supplied by the 170 Resident Parish Mobilisers (RPMs) and the project Basic Care Teams. In order to ensure success, the basic care team, Resident Parish Mobilizers and all health workers in Bushenyi district will be trained in the provision of the basic care services and proper use of the commodities in the basic care package. RPMs and the Basic Care Team will be responsible for the re-supply of Cotrim to HIV positive clients in the communities and ensure that every family of an HIV positive client is using a safe water vessel and insecticide treated nets appropriately and consistently. In addition the RPMs will refer HIV+ clients for ART eligibility screening. The health system in Bushenyi district will be strengthened to be able to receive and care for HIV-infected people. Specifically health units will be supplied with Cotrimaxzole and provided with the necessary infrastructure and logistics to handle the medical needs of HIV positive clients in HIV/AIDS clinics. HIV positive individuals referred for services, will be followed-up.

In order to ensure that all HIV positive clients receive basic health care, priority will be given to collaboration and strengthening of the Bushenyi district health system. Organized community groups for post-test psychosocial support will also be strengthened particularly to promote knowledge of partner status, prevention with positives interventions and community participation initiatives to prevent HIV/AIDS.Finally IEC packages for basic care package education will be re-printed and distributed in the communities.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 29 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 16,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Orphans and vulnerable children

People living with HIV/AIDS

**Coverage Areas**

Bushenyi

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Mulago-Mbarara Teaching Hospitals - MJAP
**Prime Partner:** Makerere University Faculty of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4032
**Planned Funds:**
**Activity Narrative:** This activity also complements 4037-Lab, 4036-ARV services, 4035-ARV drugs, 4033-CT, 4372-OVC, 4034-TB/HIV

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP), is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global Fund. The MJAP programs include routine HIV testing and counseling (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained; about one million general health care patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor (majority of these are urban but the hospitals also provide care for rural populations since they are national referral hospitals). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the MOH). MJAP also supports a new clinic in Mulago which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.

MJAP basic care activities are implemented at various outlets including Mbarara ISS clinic, AIDC, Mulago and Mbarara hospital wards, Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Bwizibwera and Mbarara municipality health centers. The AIDC has registered over 10,000 HIV infected patients since March 2002. Currently the clinic attends to over 300 patients daily and registers more than 400 new patients monthly. The AIDS (ISS) clinic in Mbarara currently provides care to more than 7,000 patients. The number of HIV patients in both clinics is rapidly increasing with the expansion of RTC in the hospitals; the satellite clinics listed above were established to decongest these clinics. The basic care programs include providing cotrimoxazole prophylaxis, insecticide treated mosquito nets, safe water vessels, malaria diagnosis and treatment, and other OI treatment and prophylaxis. All patients attending the HIV/AIDS clinics receive cotrimoxazole prophylaxis. Newly diagnosed HIV positive patients from the RTC program also receive a month's supply of cotrimoxazole prophylaxis and are provided with referrals for follow-up care in the HIV/AIDS clinics. The AIDC and Mbarara ISS clinics provide care for adult patients (children receive care from the Paediatric Infectious Diseases Clinic – PIDC and Mbarara paediatric ISS clinics). However, in the satellite clinics MJAP collaborates with other partners to

provide comprehensive HIV care to families, including children. For example, in Kawempe health center, Baylor-PIDC will provide care for paediatric patients and MJAP will care for adults. KCC will provide space and drugs for opportunistic infections. Kawempe also had existing HIV programs including VCT under AIDS Information Center (AIC) and PMTCT under PREFA. These programs are working together to ensure comprehensive care for families affected by HIV/AIDS while avoiding duplication of services in Kawempe health center. Services in all other satellite clinics will similarly be done in collaboration with existing partners.

Our aim is to increase access to basic HIV care from the current 8,000 to 20,000 individuals in the coming year (FY06). MJAP will provide cotrimoxazole prophylaxis and other OI care, malaria diagnosis and treatment, and PSI will provide safe water vessels and supplies and insecticide treated bed nets. The basic care and ART programs are integrated; all patients on ART receive basic care, and patients receiving basic care are considered for ART. The funding will support the existing 7 clinics and an additional clinic (Naguru health center) in terms of minor renovations; basic care supplies and other OI treatment and prophylaxis. MJAP will strengthen prevention with positives counseling and support including HIV testing for spouses of patients in the HIV clinics. The program will hire additional staff to support care and prevention efforts, provide training for new and existing staff in the clinics (300 health care providers will be trained in the coming year), data management/ M&E, quality assurance and support supervision, and enhance the existing referral systems between the main HIV clinics and the satellite clinics, and linkage to care for newly diagnosed HIV patients in Mulago and Mbarara hospitals.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Commodity Procurement | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 8 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 24,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Public health care workers
Private health care workers

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| ***Mechanism:*** | *Routine Counseling and Testing in Two District Hospitals* |
| **Prime Partner:** | Research Triangle International |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| ***Activity ID:*** | *4044* |
| **Planned Funds:** | |

**Activity Narrative:** This activity is closely linked to activity 4045, Counseling and Testing. Research Triangle Institute (RTI) International as prime contractor is partnering with AIDS Information Center and AIDS Healthcare Foundation – Global Immunity to develop models for the expansion of the provision of routine HIV counseling and testing (RCT) and basic palliative care for HIV positive patients in district hospital and health center settings in Uganda. RTI International is an international not-for-profit non-governmental organization dedicated to improving the human condition through multidisciplinary evaluation, development, and training services that meet the highest standards of professional performance. In implementing this activity RTI works closely with the Uganda Ministry of Health in the selection of districts and ensuring that activities are implemented in conformity with national policies and standards. The Technical Advisory Committee whose function is to provide general oversight on project implementation is chaired by the Ministry of Health.

This activity targets HIV positive individuals among the general population attending hospitals and health centers. The activity aims at developing models for providing routine HIV counseling and testing and basic palliative care for HIV positive patients as part of the healthcare package provided at health facilities. Healthcare workers will be trained using national curriculum to provide health facility based basic palliative HIV/AIDS care and/or referral for further effective care for HIV positive patients. Patients diagnosed with HIV will be provided basic palliative care including prevention of opportunistic infections. The basic care package will include cotrimoxazole prophylaxis, active TB screening and treatment, diarrhea and malaria prevention in people living with AIDS as well as prevention with positives. Support supervision and on going on job training will be provided to help build capacity and maintain quality of service. The ongoing on job training will be provided by field based project staff who, on a day to day basis, will work with the healthcare workers giving them continuous support for a period of one year. Working with the Uganda Ministry of Health, standard operating procedures and protocols and job aids will be developed, produced, and distributed to the health care providers to help maintain quality of service. Senior health workers will be trained to provide support supervision to their colleagues. This will enable sustenance of quality of HIV/AIDS care in Hospital settings well beyond the life of the project. Project funds will also be used to produce patient education materials as well as standard operating procedures and guidelines.

Using FY05 funds, RTI is currently implementing this activity in Kaberamaido and Mpigi districts. Two hospitals in each of these districts were selected to initiate the program and all of the health workers working in them (258) have been trained. In a period of four months (April to July 2005) 6,382 patients, most of whom were outpatient, have been counseled and tested for HIV; of these 930 were found to be HIV positive and have been initiated on basic care and/or linked to antiretroviral treatment service provided by the Global Fund through Ministry of Health within the hospitals.

Two additional districts will be selected in consultation with the Ministry of Health in the FY06. In each district two health facilities (hospital or health center level IV) will be selected. Every patient attending either the outpatient or inpatient department will be routinely provided with pretest information and offered a HIV test as part of care. It is estimated that 3,000 patients will be diagnosed with HIV from testing the targeted 20,000 patients in the four hospitals. About 300 health workers are estimated to be in the eight hospitals, all of whom will be trained. Hospitals that initiated the program during FY05 will continue to be given support supervision visits once every three months by the RTI staff during FY06 to ensure that they get the

necessary support and maintain quality of service. Data segregated by sex and age will be collected to enable monitoring accessibility to services across gender and age. Strategies to address equitable access to care will be developed whenever disparities are observed. Integrating HIV/AIDS care into mainstream health care delivery system will normalize HIV and hence reduce stigma and discrimination.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 4 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 3,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Family planning clients

Infants

Pregnant women

Children and youth (non-OVC)

**Coverage Areas**

Kaberamaido

Mpigi

Kamwenge

Mubende

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Full Access Counseling and Testing |
| **Prime Partner:** | Kumi Director of District Health Services |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4049 |
| **Planned Funds:** | |

**Activity Narrative:** This activity is closely linked to activity 4046, Counseling and Testing. In this program, Kumi District Directorate of Health Services proposes to work with CDC, MOH, indigenous NGOs, CBOs, FBOs and local communities to develop and implement a replicable model of rapid home-based counseling (HB-CT) which provides access to the entire population of a district to confidential HIV counseling and testing within their residence.

This activity contributes to the Counseling and Testing project initiative outlined in that section.The overall goal of the Full Access Home Based Confidential Counseling and Testing program is to identify HIV positive clients and refer them to appropriate sources of care, treatment and support services within the district. The key components of this activity include strengthening the referral systems in the district including public and NGO health units to be able to provide basic preventive and palliative care. In addition, support will be provided to CBOs to establish/expand and strengthen indigenous sources of ongoing psychosocial support in the communities. The target population for this activity includes all HIV positive clients identified through the counseling and testing activities of this project. The prevalence of HIV infection in Kumi district is about 6%. It is expected that approximately 7,200 people will be identified with HIV by March 2007. The funds under this activity will be used for procurement of commodities including lab supplies, cotrimoxazole for prophylaxis, safe water vessels and mosquito nets; training of health workers in caring for the HIV positive clients and for supporting the district health system in managing and monitoring the HIV positive clients referred for care. Cotrimoxazole prophylaxis will be initiated by health workers and the Community Resource Persons (CORPS) will be responsible for the re-supply in the homes. The CORPS will also ensure that all households of HIV positive clients are using safe water vessels and ITNs correctly and consistently. In order to ensure that the HIV+ clients receives basic health care, Cotrim will be procured and supplied in all the health units in the district from HC III, HCIV and hospitals. All HIV positive clients as well as discordant couples will receive follow up counseling and other Prevention With Positives (PWP) intervention and each HIV positive client will receive a referral form to go to the nearest health unit where cotrimoxazole prophylaxis will be initiated immediately with follow-up by the CORPS. In order to ensure successful implementation of these basic health care services, health unit staffs as well as community resource persons will receive training on the provision of the basic care services and proper use of the commodities in the package. In addition an assessment of all health units in the district will be conducted to identify infrastructure and staffing needs and provided with additional staff, infrastructure, logistics and supplies as required to be able to provide care for the medical needs of HIV-infected people. The District Health Team will be responsible for the supervision and quality assurance of the basic health care component at the health facilities. IEC packages for the basic care package education will also be reprinted and distributed in the communities.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 16 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 7,200 | ☐ |

**Target Populations:**

Adults

Discordant couples (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

**Coverage Areas**

Kumi

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | TASO CDC |
| **Prime Partner:** | The AIDS Support Organization |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4054 |
| **Planned Funds:** | |

**Activity Narrative:** This activity complements activities 4052-lab, 4411-C&T, 4056-ARV Drugs, 4058-Palliative Care: HIV/TB, 4412-OVC, 4057-ARV services. The AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda since 1987, with 11 clinics and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). 66% of TASO clients are female. The larger proportion of its clients live in rural areas and most are poor and cannot afford even the transport costs to come to the facility on a regular basis. This is why most of TASO services are also offered in the home including home based delivery of ARVs. TASO is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV+ people. A significant proportion of TASO staff are also HIV+ and this is very important in motivating HIV positive people to come forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to its training and capacity building function that has one international training center and 4 national training centers that in combination train over 1,000 health workers annually. This enables it to leverage its experience into scaled up HIV activities for the whole of Uganda.

TASO operates within or close to Ministry of Health (MOH) facilities in order to support the MOH as well as to have access to referral services for its clients e.g. inpatient services. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in the districts where we operate in order to ensure we continue to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provide multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches we encourage the entire family to participate in services especially HIV testing and subsequent clinical management. We also link families to support structures within the community and/ or peer HIV+ groups. In addition all our activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

All clients benefiting from services under the other program areas e.g. ART services, still require basic health care services like prophylaxis with cotrimoxazole, malaria prevention using insecticide treated bed nets, and safe water. This funding will primarily support logistics, commodity procurement and human resources. Procurement will include cotrimoxazole (240,000 client months), 15,000 safe water systems and 15,000 units of chlorine solution (water-guard) and 10,500 insecticide treated mosquito nets. 500 health care workers will be given refresher training to improve and update information and skills in palliative care. Standardized and up-to-date guidelines will be provided and service centers will be supported to ensure quality of service provision. Health workers will also collect information for improving patients' care, reporting and strategic planning. Activities funded under this mechanism leverage resources received from other sources supporting basic care

diagnosis and treatment for our clients. This is all aimed at integration of HIV/AIDS services delivery to provide a care and support holistic/ one stop HIV/AIDS service package. Training of TASO service providers and partner organizations in HIV/AIDS basic care services delivery is also undertaken to strengthen skills and contribute to delivery of quality services. This will continue in 2006 to ensure wider coverage in delivery of basic care services for PLWAs in the country in collaboration with the Ministry of Health at National, Regional and lower level Public Health delivery outlets. In collaboration with another PEPFAR funded project Strengthening Counselor Training (SCOT), TASO will support training of 500 MoH staff at regional level in the basic care package for PLWHA as well as integration of ART services into MOH facilities. Partner NGOs/CBOs involved in care and support services delivery will also be supported through staff training and capacity building for palliative care delivery to PLWAs.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Logistics | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 45 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 60,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Mobile populations (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

HIV+ Families

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Logistics Technical Support |
| **Prime Partner:** | To Be Determined |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4356 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in PMTCT (4357), Palliative Care: TB/HIV (4955), counseling and testing (4355) and ARV drugs (4355).<br><br>All treatment of STI and Opportunistic Infectious (OI) diseases, provision of prophylactic cotrimoxozole, and provision of pain killing medication from the MOH goes through the national pull system. Delivery is done through the National Medical Stores and through the Joint Medical Stores for the NGO and faith-based sector. From a logistics standpoint, coordination and planning for these drugs to flow smoothly through the MOH and NGO sector is a key objective. USAID will also encourage provision of these palliative care drugs through NGO organizations directly, which will require additional logistics support.<br><br>This palliative care logistics support is currently provided by the DELIVER Project, but will need to be maintained in the FY06 COP and beyond. As treatment options get more complicated and more demanding, logistics systems have to become more efficient to get the right products to the right places.<br><br>MOH and NGO Palliative care logistics systems require the following support: quantification of national needs by each drug; tracking by site of drug needs; reporting to donors of donated drug use; tracking of Class A drugs like morphine; system development to get TB drugs to ARV dispensing centers; coordination of national procurement and ordering; logistics training for completing order forms; emergency response to product shortfall; and an information system that can report on palliative care drug use.<br>Through USAID logistics support, technical assistance is available to the MOH and to PEPFAR-sponsored NGOs providing palliative care services. |

| Emphasis Areas | % Of Effort |
|---|---|
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |

**Target Populations:**

Adults

*Faith-based organizations*

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

*Pharmacists (Parent: Public health care workers)*

*HIV/AIDS-affected families*

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

*Non-governmental organizations/private voluntary organizations*

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

*HIV positive infants (0-5 years)*

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

*Host country government workers*

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC CDC |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4360 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activity 4359, Counselling and Testing, and activity 4361, Palliative Care: TB/HIV AIDS Information Center (AIC) is the lead VCT provider in Uganda with a network of 8 centers and several outreach sites. In FY05, more than 285,000 clients were served by AIC countrywide, and, eligible clients received STI screening and treatment, TB screening, INH prophylaxis [153] and cotrimoxazole prophylaxis [2,728].<br><br>This cooperative agreement ends on March 31, 2006; however FY05 carry-over funds will be used to consolidate palliative care services within the seven branches, with focus placed on scaling up services to Kabale Branch. As a follow up to HIV/AIDS counseling and testing, the programme will continue to provide ongoing psychological support services, clinical monitoring, management of opportunistic infections and cotrimoxazole prophylaxis services.<br><br>HIV positive clients who need ARVs or other specialized care will be referred to appropriate treatment centers through a referral network.<br><br>Activities will complement activity 4359, Counseling and Testing, and activity 4361, Palliative Care: TB/HIV |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Training | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Infrastructure | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 8 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 5,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

People living with HIV/AIDS

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Arua

Jinja

Kabale

Kampala

Lira

Mbale

Mbarara

Soroti

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** IRCU
**Prime Partner:** Inter-Religious Council of Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4363
***Planned Funds:***
**Activity Narrative:** This activity links to activities in AB (4685), Palliative Care: TB/HIV (4364), OVC (4686) counseling and testing (4365), ARV drugs (4687), and ARV services (4366).

IRCU is an indigenous, faith-based organization founded by supreme leaders of five major religious institutions of Uganda including Catholics, Anglican Protestants, Muslims, Orthodox and Seventh Day Adventists. However, membership to IRCU remains open and other religious bodies are free to apply and join the consortium. Through its religious affiliates, IRCU encompasses a nation-wide network of not-for-profit hospitals and clinics as well as faith-based and community organizations, providing an array of HIV/AIDS services including prevention, care and support to affected individuals, families. With the support of USAID, IRCU has developed a robust sub-granting program through which resources are channeled to faith-based organizations. Using PEPFAR Track 2.0 resources, IRCU has initiated 89 sub-grants to faith-based and community organizations. Through these FBOs, IRCU provided HIV/AIDS palliative care to 24,000 people including orphans and vulnerable children (OVC).

In FY06, IRCU plans to expand access to quality palliative care by increasing the coverage of its current care program, with the main focus on reaching out to areas affected by armed conflict in Northern Uganda. Palliative care services will focus on treatment of opportunistic infections, psychosocial support, counseling and testing as well as provision of basic care to minimize incidence of opportunistic infections. Through this activity, IRCU will engage actively in rolling out basic care including procurement and distribution of ITNs, cotrimoxazole and sensitization of PLWA on the importance of safe water and nutrition aimed at minimizing morbidity due to opportunistic infections. In addition, efforts will be made to integrate HIV prevention within care, particularly focusing on couples living in discordant relationships. IRCU will also use the advantage of having direct contact with families to encourage individuals to know their HIV status and also discuss other broader reproductive health issues such as fertility regulation.

Home based care will be a prominent approach under this activity, as a mechanism of improving access to affordable palliative care in communities. This will entail developing home care teams at both facility and community levels, and training them in key elements of home care including delivery and management of medications, basic nursing care including patient hygiene and promotion of disease prevention in the home as well as communication skills to enhance patient education on HIV/AIDS, counseling on disclosure of HIV status, grief and bereavement care. IRCU will also facilitate individuals to reach care delivery sites, especially in peculiar situations where it is established that access to care is hindered by travel costs. User-friendly home care materials on will be developed to assist providers with information of HIV/AIDS, appropriate sources of HIV/AIDS services as well as patient management protocols that guide home care providers on the conditions are suitable for home care and those that need referrals. Facility based services will be used primarily for handling cases that require intensive professional care, particularly diagnosis and management of acute medical conditions. These facilities will be linked to treatment sites as well as hospice care to create a full and accessible continuum of services for PLHA.

IRCU will also give priority to building networks among various HIV/AIDS providers and at different levels to enhance easy identification of PLHA in need of care and referring them for appropriate support. IRCU will mobilize the clergy, religious groups, community based CBOs and associations such as PLHA networks, Mother's Union, Father's Union and Cell Leaders from IRCU member religious communities to provide home based care services while at the same time meeting the psycho-social needs of

PLHA and their family members. These groups will be trained in basic HIV/AIDS care and referral and they will be supported to play a key role in fighting stigma and mobilizing people to seek care and other HIV/AIDS services.

Protection of the legal rights of PLHA, their families and orphaned children will be a priority intervention under this activity. RCU will sensitize PLHA on their rights and where necessary link them to Legal Aid clinics for the purpose of meeting their other legal needs and those of their family members. PLHA will be encouraged and supported to initiate plans that enhance orderly succession as a strategy for protecting the rights and welfare of orphans and other family members. Writing Wills and Memory Books will be encouraged as an integral component of this activity.

Through this activity, IRCU will expand access to palliative care by increasing it current coverage of its care program from seventeen sites to 27 sites reaching at least 30,000 individuals.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 27 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 30,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Indirect Targets**

This activity targets PLHA and their immediate family members. However, the project has several auxiliary benefits to the communities within which the target beneficiaries live. PLHA that will receive services will be instrumental in disseminating HIV prevention messages at community level. This will ultimately reach even non-target but neighboring areas. Therefore whole communities stand to benefit in terms of HIV prevention.

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

**Coverage Areas**

Apac

Arua

Bushenyi

Gulu

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** AIDSRelief
**Prime Partner:** Catholic Relief Services
**USG Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4395
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services, 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4390- Laboratory Infrastructure, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4398-Counseling & Testing.

AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative care and ARV services to HIV positive people & their families. AIDSRelief is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Futures Group leads the Projects Strategic Information systems which provides essential clinical and programmatic information for high quality care; Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. Based on its successes and lessons learned, the AIDSRelief program in Uganda will continue to expand access to ART to 9,650 patients by February 28, 2006. Additionally, AIDSRelief will provide care services to 28,821 HIV positive patients. AIDSRelief services will be offered through 15 Points of Service (POS), distributed through out Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, KCCC, Nile Treatment Center, Bethlehem Medical Center, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. Most of the above POS have outreaches and sometimes they collaborate with a CBO for adherence purposes.

AIDSRelief in Uganda will maintain 28,821 HIV patients with basic health care and support (no new patients will be enrolled). With additional funding of $2,039,424, AIDSRelief will be able to continue supporting existing POS in the provision of non-ART care to HIV patients.

Basic health care and support to all HIV positive patients is critical in the fight to mitigate the devastating impact of HIV and AIDS. A comprehensive health care package will help maintain better health in HIV infected persons. It will be provided to the above-mentioned 15 Points of Service. The palliative care package consists of basic health care, including the treatment of OIs, community mobilization/participation, information education and communication, human resource, logistics and trainings. The fund will also contribute to clinical monitoring; provision of related laboratory services and supplies; psychological and spiritual support by the community health workers. The funds will support a model of clinical preceptorship for service providers with a special emphasis of maximizing the role of nurses. adherence counselors (81) and the community workers.AIDS Relief is integrally involved in the enhancement of the existing home-based care programs in the participating sites. While ART has been a new wrinkle for many HBC programs, these organizations spend considerable time and effort providing palliative care to sick patients. These workers, volunteers and community- and faith-based organizations have benefited greatly from further improving their knowledge and skills, and by knowing that in the near future some of these patients in care may qualify for ART.

Comprehensive care training of community health care workers and volunteers is ongoing. Through constant refresher courses community health workers and volunteers are empowered to educate, support and assess patients and their families in their homes, communities and in the clinic setting. Many of the home based care programs include education of the patients and their families on HIV/AIDS, prevention methods, management of side effects, psychosocial and treatment support. In addition a collaboration with CDC Uganda and PSI has been established in order to provide mosquito nets and safe water to our patients.

In year 3, AIDSRelief will train 400 health workers to ensure adherence and to promote utilization of services at the POS. AIDSRelief will conduct trainings on care delivery systems in order to assist POS in developing locally-specific adherence programs. Funds will also be used for provision of AIDSRelief clinical management tools to ensure collection and compilation of HIV patient data in palliative care. One aspect will be to establish electronic databases for longitudinal patient follow-up, so that people can be monitored and begin ART if and when they are ready and ARVs are available.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 15 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 28,821 | ☐ |

**Target Populations:**

Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
People living with HIV/AIDS
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

***Key Legislative Issues***

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Basic Care Package Procurement/Dissemination
**Prime Partner:** Population Services International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4400
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4511-OVC, 4411 Other Prevention activities. PSI is providing the basic care package commodities and implementing an educational campaign to promote the use of the basic care package through CDC. In September 2004, the CDC awarded PSI funding to implement an information, education and communication program targeting people living with HIV/AIDS (PLWHAs) in Uganda and begin the process of providing the commodities. In April 2005, supplemental funding was provided to PSI to incorporate the distribution of Basic Care Package commodities (long lasting bed nets, safe water systems and condoms) to reduce morbidity and mortality caused by opportunistic infections in PLWHAs. The commodities are packaged together and distributed through HIV/AIDS care and support organizations in Uganda to over 45,000 PLWHAs by March 2006.

*The outputs of this project include: 1.Increased informed demand for Basic Care and* Palliative Care products and services among PLWHAs; 2.Increased access to Basic Care and Palliative Care products and services; 3.Increased awareness among providers of the benefits of Basic Care and Palliative Care products and services; 4. Increased social and governmental support for Basic Care and Palliative Care for PLWHAs in Uganda.This activity is part of the larger project which includes Basic Health Care and support and other prevention activities. These outputs are achieved through the development and implementation of the following:1. A communications campaign to support the Basic Care Package- with information for PLWHAs on how to improve the quality of life, how to live longer and how to prevent the transmission of HIV to others; 2. A communications campaign to support the Palliative Care Package; 3. Social marketing & distribution of products as well as information to all PLWHAs. Achievements to Date:Identification of 12 implementing partners, Development of training guides (Training of Trainers Manual & Peer Education manual), Training of 669 health providers & counselors and 101 peer educators Development and distribution of IEC material for both clients and health providers Development and implementation of drama Development and airing of 810 radio messages in 8 languages in partnership with the Straight Talk FoundationProduction of SWS- water vessel and sodium hypochlorite solution. Distribution of the package *to 45,000 clients began in September 2005.*

Plans for FY2006:1.Continue to implement the Basic Care Package program and expand its distribution through PEPFAR care and treatment implementation partners to 55,000 new clients bringing the total of clients to 100,000 by end of year 2 throughout Uganda. 2. Continue to make available on the market all the elements of the Basic Care package to enhance their availability to all PLWHAs; 3.Ongoing distribution of IEC material to PLWHAs and health providers; 4.Ongoing drama performance to support the uptake of the Basic Care package; 5.Ongoing airing of radio messages as well as the development of a radio talk show; 6.Introduction of new implementers including JCRC and ongoing training (refresher training & training for new health providers); 7. Ongoing peer education; 8.Development and roll out of palliative care IEC, BCC and advocacy material to support the role of palliative and hospice care in Uganda; 9. Ongoing monitoring and tracking of activities.

| Emphasis Areas | % Of Effort |
|---|---|
| *Training* | *10 - 50* |
| Commodity Procurement | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 37 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 100,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 2,500 | ☐ |
| Number of individuals trained to provide HIV-related palliative care (including TB/HIV) | | ☑ |

**Target Populations:**

Community-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Public health care workers

*Private health care workers*

***Coverage Areas***

Gulu

Kampala

Mbale

Mbarara

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Ministry of Health, Uganda |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4404 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities 4402-PMTCT, 4401-AB, 4405-Injection Safety, 4404-Basic Health Care & Support, 4503-OVC, 4403-CT, 4407-ARV Services, 4408-Laboratory Infrastructure, 4406-SI and 4502-Other/Policy analysis and system strengthening.<br><br>This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.<br><br>In FY05 they developed policy and technical guidelines on cotrimoxazole prophylaxis among HIV infected people including their dissemination to 20 districts and in the 16 AIM project districts during support supervision. In addition, the home based care guidelines were finalized, produced and disseminated, and 24 district trainers from 4 districts received TOT in home based care. In the area of opportunistic infections management, 48 district trainers from 12 districts were trained as trainers of PHC workers, 90 midwives from 21 districts trained in routine antenatal serological screening for syphilis and standard treatment guidelines printed and disseminated to health care workers in the country.<br><br>In FY06 support under this activity will cover several components including; capacity building for provision of home based care services whose principal target is people with HIV/AIDS (PLWHAS) in the community and households. Home based care services will be coordinated with district health facilities and community organizations. The funding will go specifically to support the following areas; training of providers at district and community levels, printing of 2000 home based care policy guidelines, dissemination of policy guidelines to 35 districts, support supervision of home based care activities in 56 districts, reviewing home based care training materials, coordination and collaborative meetings and facilitation of districts to train at lower levels of health service delivery. These activities are targeted to health workers, community volunteers and family caregivers. The activities will mitigate the suffering of PLHAs by increasing their access to care and treatment at all levels of health service delivery. The second component will support TB/HIV collaborative activities to ensure that about 3,000 TB patients undergo Diagnostic Counseling and Testing for HIV. This activity will provide training for 80 TB/HIV providers in diagnostic counseling and testing and in intensified tuberculosis case finding among HIV positive patients. TB infection control guidelines for health facilities providing HIV care services will be adapted. In addition and 2000 copies of TB infection control guidelines for health facilities providing HIV care will be printed and disseminated. |

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Increasing women's legal rights

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** AFFORD
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4409
**Planned Funds:** [redacted]
**Activity Narrative:** The targeted marketing and promotion of health products and services provides an alternative supply system to the public sector, particularly appealing for the population segments that are able and willing to pay for quality services and products, but cannot afford the prices of the commercial private sector. The AFFORD Program is a new initiative that aims to increase the availability and affordability of basic palliative care products and services (including information) for people living with HIV/AIDS (PLWHAs) to improve their quality of life. It is designed to improve health among PLWHAs by ensuring increased access to and correct use of affordable high quality products and services. The range of services and products included in AFFORD will prevent transmission of malaria (long lasting insecticidal nets, drug treatment), diarrheal diseases (clean water products, oral rehydration solution) and other opportunistic infections , which would accelerate the progression of AIDS among PLWHAS, as well as products and services, such as family planning, that will prevent further transmission of HIV to a sexual partner or to an unborn child. Additional products that can improve health among PLWHAs and will be included in the AFFROD range include multivitamins with zinc, and counseling and testing services. The AFFORD Program will establish a collaborative relationship with the CDC to ensure complementarity between the Basic Care Package for PLWHAs and the AFFORD products and services. AFFORD includes a special focus on Northern Uganda, increasing the reach of services and products to internally displaced persons many of whom are infected with HIV. Results of the recent Uganda sero prevalence and behavioral survey reveal that after Kampala, the highest prevalence of HIV is in the Northern part of the country.

A key objective of the AFFORD Program is to provide the technical assistance and capacity building necessary to make these achievements sustainable in Uganda by developing the capacity of local institution(s) to assume essential marketing functions.

Specifically, the AFFORD health marketing program has the following objectives:

1. Increase the accessibility and affordability of HIV/Reproductive Health (RH)/Child Survival (CS)/Malaria products and services for communities and families in Uganda, through innovative private sector approaches.
2. Enhance knowledge and correct use of HIV/RH/CS/Malaria products and services to encourage and sustain healthy behaviors and lifestyles within communities and families.
3. Strengthen/establish indigenous organization(s) and distribution systems for the sustainable and self-sufficient delivery of key health marketing functions, including management, distribution, and promotion. These efforts allow AFFORD to provide 195,000 with palliative care, and to train 1000 in the provision of HIV-related palliative care.

Note that an additional [redacted] in non-PEPFAR funds will support this activity to market palliative care services and products through the private sector to PLWHAs. All non-HIV activities mentioned above are funded with these other resources provided through Global Health at USAID.

Response to review query: As discussed on our conference call, AFFORD is implementing a health marketing program through USAID and PSI is providing the basic care package commodities and implementing an educational campaign to promote the use of the basic care package through CDC. PSI no longer conducts social marketing activities in Uganda using PEPFAR funds and has not socially marketed the Basic Care Package.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Logistics | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 3,000 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 195,000 | ☐ |

**Target Populations:**

Business community/private sector
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Private health care workers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** HIV/AIDS Project
**Prime Partner:** Mildmay International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4419
***Planned Funds:***
**Activity Narrative:** This activity also complements to activities 4417-OVC, 4418-CT, 4414-ARV services, 4415-ARV drugs, 4416-Lab.

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of the Uganda Ministry of Health since 1998. The Centre is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly in relation to children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC-Uganda since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving mainly a poor urban neighbourhood using a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics, a faith-based clinic at Naggalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of The Mildmay Centre are targeting poor patients who cannot afford services on their own.

Training at The Mildmay Centre is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC is a centre of excellence taking care and training as complementary in the process of offering HIV/AIDS services. The training component of this programme will cover participants from all over the country on a diploma programme, through Mobile Training Teams, clinical placements at the three sites and short courses run at TMC. The courses run include short courses on multidisciplinary courses on Use of ART in children, Use of ART in adults, Communication with children, Palliative care in the context of HIV/AIDS, Laboratory skills for laboratory personnel in an HIV/AIDS context, Management of opportunistic infections and others. The training through Mobile training teams is yearlong covering the same health workers in select clinics. The Mobile Training Teams have so far covered 30 districts out of 56 covering 102 health units and currently active in six districts. In this training programme all relevant areas in HIV/AIDS care are covered. The diploma programme targets health workers from all over the country from government, faith-based and other NGO facility on a modular programme with 6 staggered residential weeks over an 18-month period. The time in between modules is spent at ones place of work doing assignment and at the same time putting in practice what has been learnt. Special emphasis is put on learning how to write proposals to be able to sustain their programmes after undergoing training.

As part of this activity, 5000 patients at TMC, 1788 at Reach Out, 1750 at Naggalama in Mukono District and 1750 at Mpigi Health Centre in Mpigi District will continue to receive basic health care and support. The patients targeted for this

programme are those confirmed to be HIV positive as part of the activities of the Counselling and Testing programme area and those already on regular follow-up at these sites. 3000 patients will continue to receive Co-trimoxazole prophylaxis, and 3000 families will receive a safe water vessel and two mosquito nets each at TMC and the rural clinics, and 1000 at Reach Out. All the other 2000 patients who are already on ART will also continue to receive the basic health care and support. Laboratory services at TMC and the other two rural sites will be used to diagnose opportunistic infections. Networking with World Vision will enhance the provision of the care at the two rural sites and other local agencies especially in adherence support and follow up of patients. Training in the palliative care relating to basic health care and support will be provided to health workers at TMC and the two rural sites sites above and to participants from other Ugandan districts through Mobile Training Teams in the districts, a diploma programme, a clinical placement scheme at the three sites and regular short courses as listed above. It is estimated that 996 individuals will be trained in palliative care. The funds will go towards procurement of drugs and supplies, training activities, remuneration of staff, transport and other support services. At least 50% of all clients are children and 50% of the adults are women. The patients under this programme area are those already on ART and those waiting to access ART. The Mildmay Centre has an already developed forecasting and procurement system for supplies and drugs required for patient care and training which ensures a sustained availability of services as required.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 4 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 10,288 | ☐ |

**Target Populations:**

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Public health care workers

Private health care workers

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Nebbi

Ntungaro

Wakiso

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** CDC Base GAP
**Prime Partner:** *US Centers for Disease Control and Prevention*
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4431
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4432-TB, 4427,4439,4435,4703-SI, 4434,4429-Lab, 4433-ARVs, 4430-M&S.
The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-based approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also uses HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination. CDC-Uganda staff level of effort provides training for all HBAC clinical care providers and patients in basic care services. High level technical staff were involved in overseeing the implementation of the preventive basic care package, including cotrimoxazole prophylaxis. Several of these staff were also involved in the original operational research activities that has defined the basic care package for HIV positive people in Uganda. Cost-effectiveness analyses have also been done for cotrimoxazole prophylaxis and safe water systems. In FY'06, these will be further disseminated locally and through scientific publications. In addition, to this HBAC technical assistance, key staff are currently working with Ministry of Health to promote the use of basic care services for all HIV positive patients in the country.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Coverage Areas**

Busia

Mbale

Tororo

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Joint Clinical Research Center, Uganda
**Prime Partner:** Joint Clinical Research Center, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4442
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: TB/HIV (4445), ARV drugs (4443), ARV services (4444), and Lab (4441).

The Joint Clinical Research Centre (JCRC) is an indigenous and the first autonomous organization to provide ART in Uganda. Established in 1992 to undertake AIDS vaccine research and an early Drug Access Initiative Partner, JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment. A cooperative agreement with USAID in 2003 launched an extensive expansion of ART across the country and a major increase in the number of PHAs able to access care and treatment. JCRC has expanded from 4 to 31 ART sites, currently serving a total of 31,000 clients on ARVs, a threefold increase. With FY 2005 funding, JCRC will reach 36,000 people including 7400 orphans and vulnerable children, pregnant women and health care workers, will receive treatment through the Timetable for Rapid Expanding Access to Treament (TREAT) network of health facilities.

With funding in FY2006, JCRC will expand services to 10 additional sites bringing the total sites to 43 and reaching 53,000 people including 12,550 orphans and children, their caretakers, pregnant women, health care workers and other vulnerable groups. Strong collaborations exist with the Ministry of Health, Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), Walter Reed Project, Makerere University John Hopkins (MU-JHU), UPDF and faith based organizations. These linkages will connect pregnant women and children to ART centers for early diagnosis, palliative care and treatment where required.

With FY 2006 funding, JCRC will provide HIV related palliative care services to 63,000 clients. Services provided to all clients reporting for HIV/AIDS clinical care at any of the 43 JCRC supported sites will include: HIV testing, diagnosis of opportunistic infections including TB (see Palliative CARE TB section), immunological tests including CD4 and PCR for pediatric diagnosis. This capability already exists at JCRC and will be extended to regional centers of excellence, which are Mbale in the East, Fort Portal, West, Kabale, South West, Gulu, North, Mbarara (will be supported to achieve capability in Flow Cytometry, CD4 and viral load, but will run autonomously) and Kakira, Central. For those HIV+ patients who are not at a stage to require ART, will be followed up closely at JCRC satellite centers and at lower level health centers where other partners have the capacity to manage HIV care. TREAT will provide care and support for patients undergoing testing and found to be HIV+ but not at the stage for ART through regular clinical assessment within the health care system (facility and outreach). In addition, this will include diagnosis and treatment for OIs, prophylactic treatment of OIs, family planning, pain management, coordination and referral to other care and support services both within and outside the health network. Most of the patients will require cotrimoxazole prophylaxis as preventive care, in accordance with the Ministry of Health guidelines. JCRC will work with the logistics and procurement systems at sites (MOH and NGO) to ensure full supply and distribution. JCRC will ensure adequate availability of preventive and palliative care, such as provision of LLITNs, safe water, family planning, psychosocial support and counseling, nutritional support, etc. through the existing facility, PHA networks or other groups in the community best able to deliver those services. Patient and community support groups will be strengthened or established at each facility adherence to care and be a conduit to provide elements of preventive and palliative care to enhance directly to clients. These will be closely linked to the adherence officers at sites. Pain management and provision of morphine will be delivered

through linkages with Hospice Uganda which has an expanded program to train and deliver palliative care/pain management nationally. TREAT facilities will also have capacity to undertake home care and pain management through direct or networked provision.

Finally, the 43 JCRC direct and satellite sites will be involved in HIV prevention as part of comprehensive HIV/AIDS care and prevention in positives. JCRC will take on board established packages of preventive and palliative services either through the health facility or other organizations working with the health facilities.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| *Training* | *10 - 50* |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 43 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 63,000 | ☐ |

**Target Populations:**

Community leaders

Community-based organizations

Faith-based organizations

*Doctors (Parent: Public health care workers)*

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Military personnel (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

*Non-governmental organizations/private voluntary organizations*

Orphans and vulnerable children

People living with HIV/AIDS

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Religious leaders

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Hoima

Iganga

Jinja

Kampala

Kamuli

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Lira

Mubende

Kabale

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Education Sector Workplace AIDS Policy Implementation |
| **Prime Partner:** | World Vision International |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4448 |
| **Planned Funds:** | |
| **Activity Narrative:** | The MoES HIV/AIDS workplace policy is committed to providing a range of care and support service to its workers living with HIV/AIDS. These include wellness programs, psychosocial support, home based care, treatment (OI & ART) and legal advice for HIV/AIDS positive employees. These services are available through programs run by Hospitals, Health sub districts, Faith-based health facilities, NGOs and the private sector. This activity is thus designed to tap into and build upon services being provided by existing family, community, FBO, private and public health and social support systems to increase care, treatment and support to teachers and MoES employees living with HIV/AIDS.<br><br>Using findings from a resource/service mapping exercise done at baseline, the ESWAPI project will create awareness among teachers and MoES employees about available care and treatment services within their communities and encourage them to seek, participate in and benefit from these programs depending on individual needs and choices. Additionally, local branches of communities of people living with AIDS such as National Community of Women living with AIDS (NACWOLA), the Philly Lutaya Initiative and others will be approached and encouraged to enroll teachers and MoES employees who meet criteria of their membership. Formation and activities of associations of teachers/MoES employees living with HIV/AIDS will also be supported through encouragement of PTC development/facilitation.<br><br>To ensure wide and continuous service accessibility, the ESWAPI project will establish formal collaboration with local and national HIV/AIDS service providers and negotiate mechanisms through which beneficiaries of this project can be linked or referred to their programs. In the collaboration, the project will commit to identifying and referring teachers and MoES employees that need care and treatment while seeking partner organizations' provision of the required care and treatment. Approximately 800 teachers will be targeted for support to access palliative care and 50 for ARVs in FY 06 |

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Training | 10 - 50 |
| Workplace Programs | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 800 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Apac

Busia

Gulu

Kabale

Kaberamaido

Katakwi

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Luwero

Masaka

Mbale

Nakasongola

Rakai

Sembabule

Soroti

Tororo

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Makerere University Walter Reed Project (MUWRP)
**Prime Partner:** Walter Reed
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4506
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4514-Lab, 4507-ARV services, 4516-SI.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Department of Defense (DOD) and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP, a division of the US military's HIV/AIDS research program, has been working in Uganda since 1998 in HIV vaccine clinical trials. Among the goals of MUWRP is to build the infrastructure for an HIV vaccine cohort in the Kayunga District of eastern Uganda.

In FY05 MUWRP received PEPFAR support for the first time and formed a partnership/Memorandum of Understanding with the Kayunga District Ministry of Health. The Kayunga District health authorities assisted MUWRP in identifing HIV+ Kayunga residents and MUWRP was able to successfully meet FY05 goals of providing ART and palliative services to the District. Further, MUWRP assisted Kayunga District/Ministry of Health facilities with laboratory services, materials, training and short-term technical staffing.

This program activity also relates to activities in ARV services and Counseling and Testing. The goal of this program area is to provide palliative care to HIV infected persons. This training will be done through health centers in the Kayunga District where MUWRP is establishing an HIV vaccine cohort. This activity will support the Kayunga District Health Services to administer Palliative Care: Basic Health Care & Support. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving treatment to help develop strategies to reach equal number of men and women. This activity is targeting HIV positive men, women, children and infants inclusive of family members. Additionally, it will also target public health care workers including doctors, nurses, laboratory workers and pharmacist. This activity will support Palliative Care services in 6 service outlets including the Kayunga District Hospital, 2 Health Center IVs and 3 Health Center IIIs. This funding will principally address the emphasis area of infrastructure. This activity will support remodeling activities to provide additional rooms that can be used alternatively for ARV service, palliative care, counseling and testing and PMTCT and to enhance confidentiality and decrease waiting time for the clients. Additionally this activity will provide training for 28 individuals in Palliative Care.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Infrastructure | 51 - 100 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 6 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 900 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

Kayunga

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Northern Corridor Program/Uganda Section
**Prime Partner:** Family Health International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4510
**Planned Funds:**
**Activity Narrative:** Transport workers and the women with whom they interact play a disproportionate role in regional transmission dynamics of STI and HIV epidemics. Truck drivers are highly mobile and spend long hours on the road away from their families. Their engagement with local entertainment and female companionship, coupled with "disposible income" compared to the rest of the population, makes them very likely to use the services of commercial sex workers in stop-over towns near major transportation routes. These truck stop towns have developed an entire infrastructure of networks and services meeting the business and recreational needs of truck drivers, including gas stations, inspection points, lodges, bars and brothels, and a high population of commercial sex workers. Studies show that targeting high risk groups is cost effective, even in high HIV prevalence settings. The overall goal of the Transport corridor program is to target high-risk mobile populations with prevention, care and treatment services. The Uganda program is one of eight participating countries in the East Africa region. The program is being jointly funded by USAID/Uganda and USAID/Regional Economic Development Services Office (REDSO). In Uganda, programming will take place in three sites in FY06: Malaba, Busia, Katuna. The general strategy is to link up individuals who test HIV positive from CT facilities to care and treatment facilities. The strategy will also develop strategic networks of care including care and community home-based care. Special emphasis will placed on mobile populations who are not in a position to benefit form the existing standard community services. Creative approaches such as working closely with Amalgamated Transport and General Workers Union (ATGWU) and Uganda Chamber of Commerce in Busia, Malaba and Katuna to provide care and support for their membership and employees will be undertaken. For example, 10 ATGWU staff will be trained to counsel and assist an estimated 500 transport workers who are living with HIV/AIDS in positive living, better nutrition, psychosocial support and addressing common opportunistic infections. In addition, 200 PLWHAs from the PHA and FBO networks will be trained to strengthen their capacity to provide palliative care and support to PLWHAs including adherence to treatment. 2,500 PLWHAs within the host community will be reached with home-based care services. This activity will also focus on the private sector with over 150 business leaders trained in stigma reduction and basic care and support strategies which they can use to create a more positive work environment for 250 employees who are living with HIV/AIDS. At each site, the development and/or strengthening of networks of these various organizations around the issue of PLWHAs care and support including referrals to clinical services for VCT and diagnostic and treatment of STI and opportunistic infections as well as wrap around assistance to increase food security of vulnerable populations, and microfinance programming for economically disadvantaged PLWHAs. In addition, a site assessment of Kaya, as the fourth transport stop in Uganda, will be undertaken.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Needs Assessment | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 12 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

**Coverage Areas**

Busia

Kabale

Tororo

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4525
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: TB/HIV (4528), OVC (4529), Counseling and Testing (4523), ART Services (4530), SI (4531), and Other policy Strengthening (4532).

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity of implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda. One component is to build the capacity of the Inter-religious Council of Uganda and its network of faith based organizations, as well as other select USG supported CBOs and NGOs (such as Hospice, AIC, Conflict , HAWES, TASO and JCRC) to expand access to quality palliative care services, to institutionalize quality assurance measures and to ensure broad application of "best practices" in this area. The support provided through this program will be based upon specific needs of target organizations however the contractor will work with each to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs. Direct targets such as number of service outlets, number of individuals receiving palliative care and number of individual's trained are not counted here because this is primarily a technical assistance program and these numbers are captured in other activity narratives.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | | ☑ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | | ☑ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | PHA Network |
| **Prime Partner:** | To Be Determined |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4688 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in Palliative Care: TB/HIV (4690), OVC (4693), and ART Services (4695). |

It is widely recognized that greater involvement of PHAs results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decreased stigma and discrimination through improved understanding of the PHA experience. The purpose of this program is to increase access of PHAs to HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services.

This activity will facilitate the provision of technical assistance and sub-grants to strengthen PHA networks in Uganda. The grantee will build the institutional and technical capacity of PHA networks to increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanisms to link members and their families to services and support programs targeting PHAs.

In Palliative Care, PHA network leaders/members will be trained in counseling and peer support and will receive sub-grants to facilitate and promote positive living among their members (including prevention with positives) and to procure HIV/AIDS care and support products. Examples of this will likely include the provision of preventive care commodities such as long lasting insecticide treated mosquito nets (LLINs), safe water and septrin prophylaxis as well as actual support services such as psychosocial support and nutrition counseling. Sub-grants may also be used by PHA networks to subsidize these products and services for their most economically vulnerable members who might not otherwise be able to access them. A key focus of this program will be to ensure that all people that test positive for HIV are linked to palliative care and treatment services either through services provided by PHA networks themselves or through referral systems managed by these same networks to existing health facilities. This activity will be closely linked to and coordinated with the Inter-religious Council of Uganda, Hospice and Afford (health marketing) activities to name a few.

The targeted PHA networks include over 1,000 existing PHA networks and their sub-networks at national, district and grass roots levels. It is estimated that this activity will work with approximately 70 networks in 35 districts in 2006. The grantee will build on AIM's previous work with PHA networks and identify new networks that are well placed to achieve the goals of the program with continued expansion in terms of networks reached over the next couple of years. The grantee will work with each of these networks to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 70 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 200,000 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to provide HIV-related palliative care (including TB/HIV) | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4699
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

Again, characterized by poor access, uneven distribution and poorly linked services, palliative care is significantly underserved in this region. Efforts will be to expand and strengthen the delivery of palliative care services including septrin prophylaxis, management of OIs, psychosocial support and counselling, long lasting insecticide treated mosquito nets (which will be coordinated with the new Malaria Initiative and the USG health marketing activity) and targeted prevention with positives. Efforts will build on, complement and strengthen existing activities particularly those supported through faith and PHA networks. Clinic, facility-based services will be supported on district by district basis. It is expected that most care services will be provided through community and outreach services within the camps.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| ***Target*** | ***Target Value*** | ***Not Applicable*** |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 100 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 15,570 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Widows/widowers

Religious leaders

Public health care workers

Private health care workers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in northern Uganda
**Prime Partner:** International Rescue Committee
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4759
**Planned Funds:**
**Activity Narrative:**

This activity complements activities 4754-AB, 4755-Other Preventions, 4757-PMTCT, 4758-CT, 4761-OVC, 4760-TB.

This activity also relates to activities in Abstinence and Being Faithful, Prevention/Other, Counseling and Testing and HIV/AIDS Treatment/ARV Services.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.

In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

There are currently over 700 PLWHAs living in Ikafe and Kiryandongo refugee camps. IRC currently provides these people with treatment for opportunistic infections and referrals to higher levels of care through its health program, which receives funding from other USG sources. IRC has determined that a high patient: staff ratio is one of the major obstacles to accessing basic health services, especially for PLWHAs.

In FY06, IRC will therefore hire and train staff in the prophylaxis and treatment of opportunistic infections. Laboratory services will be strengthened to offer basic testing for opportunistic infections. IRC will also strengthen community-based networks providing psychosocial, spiritual, and nutritional support, as well as other forms of support (e.g. in-kind support) to improve the livelihoods of 100 targeted PLWHAs. Support will be provided for palliative care service providers. Community HIV/AIDS assistants, who will coordinate outreach and referral activities benefiting PLWHAs, will be recruited, and IRC will support and strengthen referral systems by providing transportation, food, and communication for PLWHAs and their attendants during the referral process. IRC will support the development and distribution of IEC materials on palliative and home-based care.

There will be 2 outlets based at the major health units in the refugee sites. 5 outlets will refer to all the health units in the refugee sites where basic health services are provided (lowest center for PHC activities); these services include malaria treatment and referral. Basing on the numbers of VCT clients (as noted above) and the VCT prevalence rates for the districts in which the camps are located (2.5% in Yumbe district and 7.4% in Masindi district) we estimate about 100 patients for palliative

care. The expected results of activities in this program area include:
1.Strengthened organizational capacity to promote long-term sustainability of palliative care services;
2. Increased use of wellness programs by PLWHA and their families;
3. Community-based groups providing home-based services to PLWHAs identified and strengthened;
4. Improved quality of basic health care clinical services for HIV+ patients.

IRC will also provide improved quality of basic clinical health services for HIV+ patients, including the provision of the Basic Care Package for PLWHAs (safe drinking water, cotrimoxazole and isoniazid prophylaxis, insecticide-treated bed nets, and micronutrients).

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 2 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 250 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community leaders

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Addressing male norms and behaviors

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** State Department
**Prime Partner:** US Department of State
**USG Agency:** Department of State
***Funding Source:*** *GAC (GHAI account)*
**Program Area:** Palliative Care: Basic health care and support
**Budget Code:** HBHC
**Program Area Code:** 06
**Activity ID:** 4763
**Planned Funds:**
**Activity Narrative:** This activity complements activity 4753-Orphans and Vulnerable Children. Over the last two fiscal years, the USG through the US Embassy Small Grants Office successfully administered a similar activity that awarded grants to community groups providing care and support for Orphans and Vulnerable Children.

This activity will use the same model to fund grass roots organizations in underserved areas to provide care and support to PHAs. Projects could include small income generating activities for women's HIV/AIDS networks or enhancements for rural health clinics.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 10 - 50 |
| *Linkages with Other Sectors and Initiatives* | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 4 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 500 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community-based organizations
Disabled populations
Faith-based organizations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Orphans and vulnerable children
Teachers (Parent: Host country government workers)

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Refugee HIV/AIDS services in Kyaka II Settlement |
| **Prime Partner:** | International Medical Corps |
| **USG Agency:** | Department of State |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: Basic health care and support |
| **Budget Code:** | HBHC |
| **Program Area Code:** | 06 |
| **Activity ID:** | 4806 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4814-CT, 4808-TB, 4803-Other Preventions, *4799-OVC, 4810-AB, 4795-PMTCT.*<br>The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services.<br><br>IMC will support the expansion of palliative care in the Kyaka II refugee and build on the existing structure supporting basic health and community initiatives. The quality of basic health care clinical services for HIV positive patients in the settlement will be improved and organizational capacity to promote longer-term sustainability of palliative care services strengthened. This will be achieved through training/capacity building for health care providers in facilities, support with supply of related drugs and materials and training/support to community active groups to provide home-based support to HIV positive patients and affected families. HIV+ will receive OI/STI diagnosis and management; wellness programs for PHAs and home based services for PHAs will be arranged and supported; and safe water, cotrimoxazole and LLITNs provided. The effort will also aim to provide psychosocial support and reduce discrimination and stigma associated with HIV status. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 2 | ☐ |
| Number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 150 | ☐ |
| Individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community leaders

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Kyenjojo

**Table 3.3.07: Program Planning Overview**

**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07

**Total Planned Funding for Program Area:**

**Program Area Context:**

A recent evaluation of the National TB/Leprosy Program (NTLP) concluded that all districts are now implementing CB DOTS, and a number are close to achieving global targets. There is a strong national leadership/vision for CB DOTS. The ISAC initiative and the MOH have mobilized human resources. External quality assurance activities are underway and a new manager has started at the National TB Reference Laboratory (NTRL). The new TB drug management and logistics system is being implemented and personnel trained. A draft policy and monitoring/evaluation plan for TB/HIV/AIDS has been developed and a standardized communication package to support CB DOTS and TB/HIV integration is near completion. Remaining gaps and constraints include government financial commitment and coordination among partners. Some districts demonstrate challenges related to leadership, access to diagnostic services, reporting, identification of TB suspects, use of sputum smear microscopy, and coordination between TB programs and labs. Non-DOT treatment is still offered in several facilities during the intensive phase and acceptance of CB DOTS often depends on the provider. Recording and reporting is not well understood; data analysis is limited; human resources are limited particularly in laboratories, and lack of standardized approaches to TB/HIV underscores the need for a finalized TB/HIV policy. Recent setbacks in the implementation of the GFATM may significantly impact drug procurement.

NTLP receives support from the GOU, WHO, IUATLD, GLRA, CIDA, and ISAC. USG actively supports the national CB-DOTS program and is an active member of the TB/HIV National Coordination Committee (NCC) and 4 sub-committees: Guidelines and Policy, Monitoring and Evaluation, District Implementation and IEC and Social Mobilization Sub-committees. USG continues to be the primary supporter of TB/HIV interventions at the point of service delivery focusing on bi-directional identification, diagnosis/screening and treatment.

USG collaborates with NTLP, ACP, and more than 15 implementing partners. The GoU, with support from the Global Drug Facility and the GFATM, procures and supplies anti-TB drugs and TB laboratory diagnostics and supplies. USG will continue to support the implementation of the drug logistics management information system. HIV/TB lab reagents and supplies will be provided to all HC3 and above facilities through the National Medical Stores. Capacity building for lab staff at HC3 and above health facilities will ensure that sites conducting TB diagnosis have access to HIV screening and all TB patients are tested for HIV. Guidelines will be developed and provided to sites conducting TB diagnosis and linkages developed with institutions providing HIV/AIDS care. Cotrimoxazole will be offered to all HIV+ TB patients in line with the National policy.

Support to human resources in the NTLP will continue with two new laboratory technologists for the NTRL. The USG will continue to leverage other USG funds to support the CB-DOTS program. Improved delivery of TB/HIV interventions will focus on TB screening for HIV positive clients, screening for TB in HIV care and treatment centers and providing treatment for active TB cases infected with HIV. Referral systems at the facility and integration of HIV/TB at the sub-county and volunteer/patient level will continue to be developed and strengthened to ensure identification and treatment of HIV/TB patients as well as TB treatment completion. Joint support to TB/HIV health workers at the district and community levels through training, support supervision and reporting will increase. SI and quality assurance support will continue.

Other partners in this area include GLRA which supports the NTLP with TB drugs; WHO that provides technical support; Uganda Stop TB Partnership that supports the national TB program; and the International Union which has provided general technical assistance. SEE COMMENTS

**Program Area Target:**

| | |
|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 200 |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 2,965 |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 19,797 |
| Number of HIV-infected clients given TB preventive therapy | 1,000 |

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 3945
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. In FY05 todate, AIM has supported 42 integrated TB/HIV sites and supported the delivery of services to 2,748 people. It is expected that a total of 64 sites and 5,000 individuals will be reached in Fy06.

In addition to HIV/AIDS funds, AIM has been receiving infectious disease money to support the National TB and Leprosy Program. The focus of AIM's activities to date has been on supporting the capacity of the central program as well as assisting districts to roll-out or strengthen the delivery of CB DOTS in the 16 AIM districts. In FY04, AIM began to address the issue of integrating HIV/AIDS and TB services within the 16 districts. Fy06 activities will focus on further strengthening of CB-DOTS specifically supopt quality and consistency of supervision and improved quality and use of labs. Integrated TB/HIV activities will be strengthened in existing sites and expanded to new sites through ongoing training, mentoring and support supervision.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 340 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 800 | ☐ |

**Target Populations:**

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 3950
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3953), Palliative Care: Basic Health Care (4954), OVC (3957) counseling and testing (3952), and Strategic Information (3955).

The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have *helped to customize program interventions on a district by district basis.*

This activity has several different components. One component is to provide integrated HIV/TB prevention and treatment services at the 67 health facilities which are HCT service outlets. Funding through private and public health facilities will be provided to improve clinical settings and systems. These improvements will enable facilities to provide a comprehensive and integrated HIV/TB care and support services. Funding to the 67 private and public health facilities in the 12 UPHOLD supported districts will manage the establishment of these systems and train 120 clinical staff in following areas: management of TB and HIV, psychosocial support counseling, referral networks for PLWAS with TB to TB treatment outlets and Antiretroviral treatment. This component activity is estimated to target 15,000 clients who will include adults, internally displaced persons, people suspecting to have contracted TB and HIV, youth and children.

In addition, funding support of PLWAS under this component activity will also focus on Pediatric TB/HIV management. Through routine HIV counseling and testing services, the 67 public and private health facilities will also establish mechanisms in their facilities to test, diagnose and treat TB infection in children and adults clients. In addition, through 29 UPHOLD supported civil society organizations and 12 district governments, funding will support training of community volunteers and health workers in CB TB DOTS program. These community volunteers and community health workers will educate communities about TB and its relationship with HIV as well as the importance of its early diagnosis, prevention and prompt treatment. The trained community volunteers will also work in collaboration with health facilities and networks of PLWAS to follow up those who are on TB treatment. Approximately 1,000 TB clients with HIV will be targeted under this activity. Behavior change communication activities will also be funded through the CSOs addressing TB and HIV care and support. These will include among others key legislative issues focusing on promoting positive behaviors through messages addressing gender equity, couple dialogue and counseling and testing together, males prohibitive behaviors against women wanting to know their HIV status through access and use of HCT services,accessing TB/HIV treatment, male norms and beliefs about masculinity on their pattners accessing medical treatment for TB and other opportunistic infections. Community mobilization activities will also be directed towards reducing stigma and discrimination related to HIV/AIDS as well as against PLWA with and or without TB and their families who have undergone counseling and testing as well as those on TB treatment . Other additional communication interventions such as community dialogue sessions and media messages are planned under this component.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Commodity Procurement | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 75 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 150 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 2,000 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Logistics Technical Support
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 3965
***Planned Funds:***
**Activity Narrative:** This activity links to activities in PMTCT (4357), Palliative Care: Basic Health Care (4356), counseling and testing (4355) and ARV drugs (4355).

TB is very often a co-infection of HIV/AIDS. There is a formal policy commitment by USAID and by the MOH to improve treatment of each disease through client contact in each program, ie. having HIV/ART patients tested and treated for TB and having identified TB patients tested for HIV/AIDS. This goal of integration will require new and more flexible logistics systems to get the correct supplies to each site, for example to get HIV test kits to the TB testing sites and to get TB drugs to the ARV treatment sites. As the co-treatment policy is finalized, supply and logistics issues will become more important.

The DELIVER Project now, and whoever will assume logistics support responsibilities in the future, will work with both the ARV and the TB logistics chains, and will play a critical role in coordinating cross-system drug and testing supplies. (Currently ARV and TB treatment sites are in different locations and different numbers of sites with *different clinicians). This will actually be a difficult coordination so that supplies are* not wasted or double ordered as this integration occurs.

The TB drug delivery system has just undergone a national revision with DELIVER support and can now provide monthly TB drug supply and patient number information. TB will eventually be integrated into the NMS distribution system, but is still now a vertical ordering and delivery system. TB drug testing is currently being *integrated into the national laboratory system with DELIVER technical assistance.*

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Logistics | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | | ☑ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | | ☑ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | | ☑ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** African Medical and Research Foundation
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4015
**Planned Funds:**
**Activity Narrative:** This activity also relates to activity 4012 Laboratory Infrastructure.
With FY06 funds, AMREF will support the National TB and Leprosy Programme to achieve its aim of TB case finding in HIV+ individuals and management mainly by sputum smear microscopy as part of its laboratory strengthening project. In Uganda, the interaction of TB and HIV is increasing the burden of both these prevalent diseases. It is well established that HIV is the biggest risk factor for the development of active TB among individuals infected with M. tuberculosis. At present, 50% of TB patients in Uganda are co-infected with HIV. Since 1995, when the National Tuberculosis and Leprosy Program (NTLP) gained national coverage with TB control efforts, case notifications have steadily increased 8-10% per year; this is attributed largely to HIV infection. TB is a leading cause of morbidity and mortality for persons living with HIV/AIDS (PLHA) – 30% of all deaths among PLHA are attributed to TB. Due to the increasing proportion of TB patients co-infected with HIV, NTLP aims to intensify screening for TB in all HIV/AIDS patients and to encourage providing HIV screening services to all TB patients. Such activities will ensure the integrated management of TB and HIV infections, which commonly present in one patient. These activities will be supported through the national laboratory network.FY06 funding will be used to establish a National External Quality Assurance System (NEQAS) to increase accuracy and reproducibility in smear-microscopy. All laboratories at facilities providing HIV prevention care and treatment performing AFB smear-microscopy will be supported under the NEQAS. Blinded re-checking of laboratories at quarterly intervals at HIV prevention, care and treatment sites as well as targeted support supervision and follow up of recommended corrective actions will be conducted. The funding will specifically support printing and distribution of guidelines and manuals for implementation of NEQAS to HIV prevention care and treatment sites, procure and distribute necessary resources to ensure implementation of NEQAS (slide boxes, staining solution, transport facilities, checklists, staff) and to facilitate carrying out of NEQAS and support supervision.Training and re-training will be provided to regional, district and peripheral laboratory personnel in basic TB diagnostic procedures to intensify and improve TB case detection at HIV prevention, care and treatment sites. This is to ensure that all laboratories at HIV prevention, care and treatment sites conducting TB smear-microscopy have sufficient trained personnel to adequately conduct AFB smears and subsequently report data accurately. The funds will be used to identify training needs, develop AFB smear-microscopy training package for trainers and to conduct training for regional and district supervisors to provide them with technical skills in sputum smear microscopy and NEQAS.The physical and functional laboratory structure of the National TB Reference Laboratory [NTRL] will be improved to facilitate effective provision of TB services at HIV prevention, care and treatment sites. This will involve rehabilitation of the National TB Reference Laboratory (NTRL) to enable it to function to its full capacity and subsequently fulfill its roles in guiding and supervising TB laboratory services in a safe and adequate working environment. Specifically the funding will be used to rehabilitate and equip the training laboratory at the NTRL. The last component is to establish a mechanism that ensures that all TB patients have access to HIV testing by ensuring that all sites conducting TB diagnosis have access to HIV screening. The funds will support development and provision of guidelines and SOPS to all sites conducting TB diagnosis as well as linking up with other institutions providing HIV/AIDS care.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 51 - 100 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | | ☑ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | | ☑ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | | ☑ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | 66 | ☐ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

People living with HIV/AIDS

Laboratory workers (Parent: Private health care workers)

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Makerere University Institute of Public Health |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: TB/HIV |
| **Budget Code:** | HVTB |
| **Program Area Code:** | 07 |
| **Activity ID:** | 4018 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4023, Palliative Care: Basic health care & support and 4026, laboratory infrastructure, 4017-Other/Policy Analysis. The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational.<br><br>For TB/HIV activities, most of the funds will go to TB diagnostics which will include radiology, sputum examination / microbiology and hematology tests. All patients with clinical symptoms and signs suggestive of TB will receive the above investigations. We shall use Rakai Hospital X-ray for diagnosis and monitoring and we shall continue to support the unit with X-ray films and developers to ensure service availability. TB medications are supplied by the National TB and Leprosy program. A detailed clinical assessment includes TB evaluation and patients with suggestive symptoms go on to receive laboratory and radiological investigations to exclude TB. An estimated 300 individuals will receive laboratory and radiological investigations for TB during the FY06, out of which 50 maybe treated for active TB.<br><br>The RHSP home visitors ensure adherence and monitor progress for people on TB treatment and reinforce the DOTS program provided by the health units. Additional RHSP patients will receive TB/HIV counseling from MOH TB/HIV program. Special TB/HIV messages will be disseminated by the RHSP health education team and by the clinical team at the HUBs. |

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 16 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 5 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 50 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | 300 | ☐ |

**Target Populations:**

People living with HIV/AIDS

TB patients

**Coverage Areas**

Rakai

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Mulago-Mbarara Teaching Hospitals - MJAP
**Prime Partner:** Makerere University Faculty of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4034
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4037-Lab, 4036-ARV services, 4035-ARV drugs, 4033-CT, 4372-OVC, 4032-Basic Health Care & Support.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV counseling and testing (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor (majority of these are urban but the hospitals also provide care for rural populations since they are national referral hospitals). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in Mulago and Mbarara hospitals are because of HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the ministry of health). Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.//

MJAP supports a TB screening program which is aimed at augmenting TB diagnosis in Mulago and Mbarara hospitals. In this program, all patients with a history of cough for more than three weeks are screened for TB using sputum smear microscopy. The program has integrated the RTC program with TB diagnosis to ensure that all patients who get tested for TB also get testing for HIV. The MJAP program has enhanced TB diagnosis for patients on medical wards and the TB ward. Since February 2005, 2,816 individuals have been screened for TB and 485 (17%) sputum positive patients started on TB therapy. Additionally, more than 400 patients have received TB/HIV treatment in the main HIV care centers in Mulago and Mbarara (Infectious Disease Clinic and Mbarara HIV clinic). TB screening and treatment are done in collaboration with the Ministry of health-national TB and leprosy control program (MOH-NTLP). The MOH-NTLP supplies free TB medications; the HIV clinics dispense TB medications supplied by MOH-NTLP. One of the main challenges has been referral and provision of HIV care for newly diagnosed HIV and TB co-infected patients since the main TB treatment centers do not provide HIV care. The program has recently established a TB-HIV clinic in Mulago that will provide HIV care for TB co-infected patients. In this clinic, TB/HIV patients will receive TB treatment, HIV basic care and initiation of ART. After completion of TB treatment, these patients will

be referred for follow-up HIV/AIDS care in the other established HIV/AIDS clinics. The TB-HIV clinic provides care for adult TB-HIV patients (children receive care from the Pediatric Infectious Diseases Clinic – PIDC and the Mbarara pediatric HIV clinic). TB-HIV staffs of Mulago and Mbarara hospitals and MJAP will also receive TB and HIV/AIDS care. //

This funding will support expansion of the TB screening program beyond the TB and medical wards, and will support the new TB-HIV clinic. Our aim is to screen 3,000 patients for TB and provide TB-HIV care to 500 patients in the coming year. The budget will cover TB microscopy supplies, chest X rays and logistics, human resources for TB-HIV care, quality assurance and support supervision. The program will hire and train additional and existing staff in the clinic – 100 health care providers will receive training in delivery of TB-HIV/AIDS care. The funding will also go towards data management and M&E, and minor renovations. The TB-HIV program will provide TB screening for 3,000 patients and treatment for 500 TB-HIV patients in FY06.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Commodity Procurement | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 6 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 100 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 800 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | 10,000 | ☐ |

**Target Populations:**

Adults

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Public health care workers

Private health care workers

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4058
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4052-lab, 4411-C&T, 4056-ARV Drugs, 4054-Palliative Care: Basic Health Care & Support, 4412-OVC, 4057-ARV services. The AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda since 1987, with 11 clinics and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). 66% of TASO clients are female. The larger proportion of its clients live in rural areas and most are poor and cannot afford even the transport costs to come to the facility on a regular basis. This is why most of TASO services are also offered in the home including home based delivery of ARVs. TASO is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV positive people. A significant proportion of TASO staff are also HIV positive and this is very important in motivating HIV positive people to come forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to our training and capacity building function that has one international training center and 4 national training centers that in combination train over 1,000 health workers annually. This enables us to leverage our experience into scaled up HIV activities for the whole of Uganda.

TASO operates within or close to Ministry of Health (MOH) facilities in order to support MOH as well as to have access to referral services for its clients e.g. inpatient services. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in the districts where we operate in order to ensure we continue to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provide multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches participation of the entire family is encouraged especially HIV testing and subsequent clinical management. We also link families to support structures within the community and/ or peer HIV+ groups. In addition all activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

All TASO clients receive TB screening as part of their basic care package. In addition it links to counseling and testing since all clients receiving counseling are provided with information on tuberculosis and all HIV positive clients receive screening for TB. Patients on ART also have careful screening for TB and are aggressively treated. Laboratory infrastructure is also required in order to make a rapid and accurate diagnosis of TB in HIV infected people. This activity will enable TASO to meet its targets of ensuring that 100% of clients receiving palliative care are screened for TB and 100% of clients with TB receive treatment. In 2004 TASO screened 42,237 for TB of whom 2,703 were found to have active TB and 98% were treated in TASO and the rest referred. Data from TASO Mulago shows that 90% of our TB patients complete their TB treatment. Clients will be screened for TB during clinic visits at 45

service outlets including the centers and out-reaches. Screening of clients for TB will involve history taking and clinical examination, laboratory investigations (sputum smear examinations) and chest X-rays. Those with confirmed TB will be counseled and treated according to the national DOTS TB treatment guidelines. Follow up care will be provided through clinic visits and home visits conducted by a health care worker from a TASO center and the TASO community nurses. The major challenges faced continue to be the difficulties in reaching a diagnosis of TB in HIV+ people especially for extrapulmonary TB. Strengthening of the DOTS programme and contact tracing will be major areas of emphasis for the coming year. TASO will continue to partner with the Ministry of Health in TB care through the National Tuberculosis and Leprosy Programme. The Ministry of Health will provide stationery, support supervision to the service points, supply of laboratory reagents and TB drugs and TB updates. On occasion we must purchase a TB drugs when these are out of stock in the MOH stores This funding will facilitate provision of X-ray services for 5,000 clients, TB review workshops for 280 health workers, refresher trainings for laboratory personnel, follow-up home visits and support supervision for implementation and maintenance of proper standards of TB care like community based DOTS strategy. In addition, this fund will also be used to develop information, education and communication (IEC) materials for TB/HIV.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 45 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 280 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 2,000 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC CDC |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: TB/HIV |
| **Budget Code:** | HVTB |
| **Program Area Code:** | 07 |
| **Activity ID:** | 4361 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activity 4359, Counseling and Testing, and, activity 4360, Palliative Care; Basic Health Care and Support. The TB program at AIDS Information Center commenced in January 2001, as a pilot program in its Kampala branch. Since then the program has been expanded to 3 more AIC stand alone sites ( Mbale, Jinja and Mbarara). From January 2001 to June 2004, 18,474 VCT clients were screened for TB, out of these 801 (4.3 %) were found to have active TB and were referred for treatment. For Isoniazid preventive therapy 1302 were enrolled.<br><br>Currently four AIC centers [Kampala, Jinja, Mbarara and Mbale] offer HIV/TB management services where all HIV positive clients are screened and treated for both active and latent TB; Kampala branch has treated more than 170 TB cases out of the 273 diagnosed at the branch since February 2004. In addition, all HIV negative clients who are clinically suspicious of active TB are screened.<br><br>With FY 05 carry-over funds, these services will also be introduced to four new branches of Arua, Lira, Soroti and Kabale where latent TB screening, INH prophylaxis and active tuberculosis treatment services will be offered. The screening will involve both clinical examination as well as by laboratory investigations. Clients identified with active TB will either be offered treatment at AIC or referred to active TB treatment centers of the National TB and Leprosy Programme[NTLP]. Clients identified with latent TB will be started on Isoniazid prophylaxis therapy (IPT). Focus will also be placed on strengthening linkages for referral of active TB patients diagnosed at the VCT sites to NTLP TB treatment centers, and follow up of patients referred for TB treatment in NTLP clinics. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Training | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Infrastructure | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 8 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 40 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 1,600 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Adults

Community leaders

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Arua

Jinja

Kabale

Kampala

Lira

Mbale

Mbarara

Soroti

**Table 3.3.07: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | IRCU |
| **Prime Partner:** | Inter-Religious Council of Uganda |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: TB/HIV |
| **Budget Code:** | HVTB |
| **Program Area Code:** | 07 |
| **Activity ID:** | 4364 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in AB (4685), Palliative Care: Basic Health Care (4363), OVC (4686) counseling and testing (4365), ARV drugs (4687), and ARV services (4366).<br><br>IRCU through its many faith based organizations has been one of the key partners in the provision of palliative care including TB and HIV care services in Uganda. Like in other public health facilities in Uganda, TB services in faith-based facilities are delivered in discrete units, usually separated from the general medical wings. In addition, TB diagnosis is not a routine medical practice, and remains limited to those identified to have clinical symptoms. Given that over 50% of PLHA are co-infected with TB and HIV, prevention and treatment of TB is a critical element of comprehensive palliative care.<br><br>Through this activity IRCU will scale up interventions within the faith-based health facilities and community organizations to prevent and treat tuberculosis within the context of HIV/AIDS palliative care delivery. This will entail training and retraining of palliative service providers including health workers, counselors and community workers to include TB as a routine component of their palliative care services. TB screening will be integrated as a routine practice in clinical care and all individuals diagnosed with TB will also be encouraged to seek counseling and testing.<br><br>This activity will build upon the existing Community Directly Observed Therapy Short Course (CB-DOTS). CB-DOTS is supported by community-based volunteers who deliver medicine to patients in their homes, increase TB literacy and provide adherence support. The networks of faith-based volunteers will be trained to integrate TB messages into the information delivered to patients and their households as well as identifying and referring people for TB testing. These volunteers will play an important role in enhancing TB literacy and supporting individuals on treatment to adhere to the protocols. Diagnostic capacity in some of the health units will be improved through procurement of complementary equipment such as microscopes and reagents, as well as recruitment of laboratory staff if deemed to be critical to the attainment of the Emergency Plan objectives. Nutrition is a key determinant of TB treatment success. Therefore, in situations where food insecurity is deemed to threaten adherence and treatment efficacy, appropriate therapeutic feeding options will be considered. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 27 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 40 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 1,200 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | 0 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

**Coverage Areas**

Arua

Bushenyi

Gulu

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Wakiso

Apac

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Pediatric Infectious Disease Clinic
**Prime Partner:** Baylor University, College of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4382
***Planned Funds:***
**Activity Narrative:** This activity also relates to activities numbered: 4381 ARV Services, 4380 ARV Drugs, 4378 CT, 4392 OVC

The Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) is the national referral center for paediatric HIV in Uganda. Since its initiation in 1988, the PIDC has evolved into a full service clinic that provides HIV counseling and testing, care, and treatment to children between birth and 19 years of age. Since July 2003, over 6,000 children have been screened for HIV, and more than 2,500 HIV positive children are currently in active follow up.

The comprehensive spectrum of care provided at the PIDC includes: HIV counseling and testing, growth and development monitoring, immunization, nutritional supplementation, opportunistic infection treatment and prophylaxis, TB counseling and testing and on-site treatment, and now antiretroviral (ARVs) treatment, monitoring and follow-up. PIDC patient monitoring and follow-up is supported through the Home Health Program and a computerized data management system which helps to monitor and analyze vital patient care information. In conjunction with computerized patient follow-up reporting, the Home Health team provides telephone and home-based follow-up of missing patients, as well as adherence support to those on ARVs and Home-Based Voluntary Counseling and Testing (HBVCT) to the families of PIDC patients. Development of Family HIV Care Services, where adults and children receive HIV counseling and testing, care and treatment in the same facility is also a growing component of PIDC programming. Collaboration with other PEPFAR partner institutions such as PREFA and MJAP will strengthen the linkages between prevention of mother-to-child HIV transmission and paediatric care. The linkage with MJAP which support adult ARV care will contribute to the provision of family HIV care. To address the psychosocial needs of PIDC patients and their families, adolescent and caregiver support groups have been formed and integrated into care. In particular the adolescent support group also works with adolescents to support them in the prevention area with special emphasis on abstinence/be faithful.

Additionally, the PIDC and its local clinicians have evolved into a team of national leaders in paediatric HIV care and treatment training. This PIDC training team provides paediatric-specific HIV care and treatment to health professionals of all cadres throughout Uganda. Didactic lectures are combined with practical training opportunities. These trainings are also supported with clinical placements and supportive supervision. The PIDC training team is currently working to develop a national paediatric HIV care and treatment training program for health professionals in collaboration with the MOH, the Elizabeth Glaser Pediatric AIDS Foundation, and several local and international NGOs. Such programmatic activities will enhance both health professional and community knowledge of HIV/AIDS—as reflected in ever increasing numbers of children being brought to PIDC for counseling and testing and ever increasing interest in HIV care and treatment for children.

In the 2006/2007 PEPFAR funding year the PIDC facilities will enhance their ability to diagnose, treat, and provide supportive care to children and their family members co-infected with TB/HIV. Individuals targeted to benefit from this aggressive TB counseling and testing effort include: infants, children, youth, and adults, OVCs, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children, caregivers, and widows/widowers. The HIV+ child receiving care at the PIDC or one of its affiliated sites will serve as the index case for this intervention.

The PIDC has initiated TB counseling and testing activities that include a PPD performed on all newly diagnosed HIV+ children and existing PIDC patients who

present with symptoms suggestive of TB. Based on the average monthly PIDC HIV counseling and testing numbers and the 40% HIV+ rate seen at the PIDC sites it is estimated that as many as 1600 children will have a PPD performed. In addition, PIDC data suggests a 20% active TB rate among newly diagnosed and existing PIDC patients. Of the 2600 existing patients and the 1600 newly diagnosed patients, it is estimated that approximately 800 children will be or become infected with TB during this program period. As part of the PIDC's aggressive counseling and testing effort, family members of the identified children will also be screened for TB so that all families/household members may be referred for treatment. It is estimated that 5 family members will be tested per HIV+ child; therefore, approximately 4000 family or household members will be screened for TB using the PPD.

Once diagnosed, TB treatment and follow-up will be offered through the PIDC programs both at Mulago and the satellite clinics. PIDC and its affiliated clinics must periodically purchase paediatric TB medications when the National TB Program stocks out of paediatric appropriate medications. Adults diagnosed with TB as a result of this family TB counseling and testing initiative will be referred to various centers offering TB treatment and follow-up through National TB Program efforts. Follow-up of TB patients and support of TB treatment adherence will be provided by in-clinic (PIDC and satellites) staff as well as the team of Home Health Workers (HHW) who support the care and treatment efforts provided through these facilities. Supportive training of health professionals within the PIDC programs as well as in other health facilities will be provided through the PIDC training program. Such training will strive to enhance the knowledge and expertise of health professionals in diagnosis, care, and treatment of children co-infected with TB/HIV as TB has a significant effect on ARV treatment options and outcomes. Appropriate paediatric diagnostic techniques and co-infection treatment options and treatment interactions will be emphasize through these training efforts.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 3 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 200 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 850 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | 500 | ☐ |

**Target Populations:**

Adults

Infants

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Public health care workers

Private health care workers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** AIDSRelief
**Prime Partner:** *Catholic Relief Services*
**USG Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4396
**Planned Funds:**
**Activity Narrative:** *This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services,* 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4390-Laboratory *Infrastructure, 4397-Orphans and Vulnerable Children, and 4398-Counseling &* Testing.

AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative, social and ARV services to HIV positive people their families & communities. Based on its successes and lessons learned, the AIDSRelief program in Uganda will provide comprehensive TB care and treatment. Funds will be used towards laboratory investigations, both curative and preventive commodity procurement of TB prevention pharmaceutical supplies including some OIs drugs. TB drugs and basic lab investigations are already sponsored by MOH. So, these activities will be linked with the National TB and Leprosy Program.

In year 3, training will be carried out in the 15 points of service to strengthen the diagnosis of TB in HIV infected patients. This training will target nurses (72), adherence counselors (81) and the community workers As part of the technical assistance t o the points of service, IHV will provide the clinicians with guidance on managing co infected patients so that they have the capacity to provide the highest quality of care. Clinicians will be trained in the topics including the following: diagnosis of TB in the HIV infected, which ART regimen for patients starting therapy for tuberculosis, and when the ART should be started in a patient who is currently on anti TB therapy.

AIDSRelief clinical management tools are being used to ensure collection and compilation of HIV patient data in Palliative care TB/HIV. Capacity building through training and hands on technical assistance help reinforce the need for good patient record keeping, which further strengthens the SI capabilities at POS. The goal is for sites to use automated software (CAREWare) for data entry, validation and analysis. This will form the basis of continuous quality improvement at the POS, enabling clinicians to provide better care to their patients.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing clinical prophylaxis and/or* treatment for tuberculosis (TB) for HIV-infected individuals *(diagnosed or presumed) in a palliative care setting* | 15 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 256 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment *services that are receiving treatment for TB disease* | 2,412 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | 2,482 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| *Number of HIV care treatment services whose TB laboratory* diagnostic services receive External quality Assessment and *supportive supervision* | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

*HIV/AIDS-affected families*

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

*HIV positive pregnant women (Parent: People living with HIV/AIDS)*

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

*Laboratory workers (Parent: Public health care workers)*

Other health care workers (Parent: Public health care workers)

Private health care workers

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

*Pharmacists (Parent: Private health care workers)*

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

**Table 3.3.07: Activities by Funding Mechanism**

| | |
|---|---|
| ***Mechanism:*** | CDC Base GAP |
| **Prime Partner:** | US Centers for Disease Control and Prevention |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | Base (GAP account) |
| **Program Area:** | Palliative Care: TB/HIV |
| **Budget Code:** | HVTB |
| **Program Area Code:** | 07 |
| **Activity ID:** | 4432 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4433-ARV services, 4703,4427,4435,4439-SI, 4431-Basic Health Care & Support, 4434,4429-Lab, 4430-M&S.<br><br>The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission.<br>Technical assistance and training from high level CDC-Uganda and CDC-Atlanta staff in TB screening, diagnosis and treatment is provided to all HBAC staff working with HIV positive patients. A major focus of HBAC care includes diagnosis and treatment of TB for all patients who are enrolled on ART. Clinical staff are trained on tools to screen for TB and provide treatment for those co-infected with HIV and TB (approximately 6-10 % of all HIV positive patients in Uganda). HBAC staff are supported in the providing educational sessions to patients, their family members and the community about the links/risks of TB and HIV co-infection.<br><br>In FY05, HBAC staff diagnosed and treated approximately 57 HBAC clients, including 5 children with TB. HBAC staff also screened approximately 100 new clients for TB as part of their assessments for inclusion in the study. Collecting sputum smears on suspected TB patients was one of the most active laboratory functions.<br><br>In FY06, high level CDC technical assistance will continue to support HBAC TB activities. HBAC TB activities will continue to play an important role in HBAC, including developing a screening algorithm for identifying people on ART who have a high probability of having TB. This could potentially be useful in programs throughout the country and elsewhere. Slightly fewer patients should be diagnosed in FY06 as the incidence of TB for existing HBAC clients will have decreased and the number of new ARV screening clients who require TB screening, as well, will have declined. |

| **Emphasis Areas** | ***% Of Effort*** |
|---|---|
| Human Resources | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing clinical prophylaxis and/or* treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 1 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 42 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 50 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | 20 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| *Number of HIV care treatment services whose TB laboratory* diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

**Coverage Areas**

Busia

Mbale

Tororo

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Joint Clinical Research Center, Uganda
**Prime Partner:** Joint Clinical Research Center, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4445
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: TB/HIV (4445), ARV drugs (4443), ARV services (4444), and Lab (4441).

The Joint Clinical Research Centre (JCRC) is an indigenous and the first autonomous organization to provide ART in Uganda. Established in 1992 to undertake AIDS vaccine research and an early Drug Access Initiative Partner, JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment. A cooperative agreement with USAID in 2003 launched an extensive expansion of ART across the country and a major increase in the number of PHAs able to access care and treatment. JCRC has expanded from 4 to 31 ART sites, currently serving a total of 31,000 clients on ARVs, a threefold increase. With FY 2005 funding, JCRC will reach 36,000 people including 7400 orphans and vulnerable children, pregnant women and health care workers, will receive treatment through the TREAT network of health facilities.

The TREAT program will deliver a comprehensive package of care for TB through collaboration with the national TB program. It is expected that 7000 HIV infected clients in will receive treatment for TB through this program. The national TB guidelines will be followed, and drugs supply will be collaboration between TREAT and TB national control program set up with MOH. The TB liaison makes treatment of HIV care and treatment very closely linked especially as there are critical issues related to disease progression, drug toxicity and interactions. Therefore it is critical that clinical supervision and service logistics are linked. In collaboration with national TB program, JCRC will support a reliable system to monitor TB related data to inform reciprocal responses and improvement of ART patient management including monitoring. The majority of the TREAT sites are Ministry of Health regional or district hospitals, all of which have a TB program and most are implementing CB-DOTS. Overt connections between HIV care and ART clinics and TB clinics will be sought. In addition, MOH facilities are beginning to roll out routine counseling and testing on hospital wards, which will uncover TB clients who are co-infected. Likewise HIV clients will be evaluated for TB and supported for TB treatment as part of the package of care.

JCRC's training program incorporates TB diagnosis and treatment, as do other training centers that support TREAT clinics (e.g. Mildmay, TASO, IDI). JCRC has developed monitoring tools for centers and strong logistics to ensure reliable drugs and commodities supplies, stocks management, data collection and monitoring and day-to-day communication. TREAT continues to establish and strengthen patient support groups and community based organizations to work with the adherence program to ensure the success of the program.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 43 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or *presumed) according to national or international standards* | 1,380 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 7,000 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Adults

*Community leaders*

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

*Military personnel (Parent: Most at risk populations)*

Refugees/internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

*Children and youth (non-OVC)*

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Religious leaders

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Hoima

Iganga

Jinja

Kampala

Kamuli

Lira

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Mubende

Kabale

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4528
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: Basic (4525), OVC (4529), Counseling and Testing (4523), ART Services (4530), SI (4531), and Other policy Strengthening (4532).

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.

Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda. This activity has several different components. One component is to build the capacity of the Inter-religious Council of Uganda and its network of faith based organizations, as well as other select USG supported CBOs and NGOs (such as Hospice, AIC, Conflict , HAWES, TASO and JCRC) to expand access to integrated and high quality TB/HIV services, to institutionalize quality assurance measures and to ensure broad application of "best practices" in this area. The contractor will work closely with IRCU to link HIV positive persons identified through their routine counseling and testing services to TB care and treatment services both within IRCU's own network of faith-based facilities and other civil society and government institutions. The support provided through this program will be based upon specific needs of target organizations however the contractor will work with each to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

Direct targets such as number of service outlets, number of individuals receiving integrated TB/HIV services and number of individual's trained are not counted here because this is primarily a technical assistance program and these numbers are captured in other activity narratives.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Target Populations:**

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** PHA Network
**Prime Partner:** *To Be Determined*
**USG Agency:** *U.S. Agency for International Development*
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4690
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: Basic Health Care (4688), OVC (4693), and ART Services (4695).

It is widely recognized that greater involvement of PHAs results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decreased stigma and discrimination through improved understanding of the PHA experience. The purpose of this program is to increase access of PHAs to HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services.

This activity will facilitate the provision of technical assistance and sub-grants to strengthen PHA networks in Uganda. The grantee will build the institutional and technical capacity of PHA networks to increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanisms to link members and their families to services and support programs targeting PHAs.

In the area of TB/HIV integration, this activity will train PHA network leaders/members to promote and support TB testing among their members and to link members and their families to clinical TB services as appropriate. PHA networks may also receive sub-grants to facilitate these activities and support access to services for their most economically vulnerable members who might not otherwise be able to access them. This activity will be closely linked to and coordinated with the Inter-religious Council of Uganda, Hospice and Afford (health marketing) activities to name a few.

The targeted PHA networks include over 1,000 existing PHA networks and their sub-networks at national, district and grass roots levels. It is estimated that this activity will work with approximately 70 networks in 35 districts in 2006. It is estimated that approximately 22,800 PHA will be supported to access TB testing and treatment services.

The grantee will build on AIM's previous work with PHA networks and identify new networks that are well placed to achieve the goals of the program with continued expansion in terms of networks reached over the next couple of years. The grantee will also work with each of these networks to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | | ☑ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | | ☑ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | | ☑ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4700
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

A TB needs assessment conducted in 2 of the northern districts in February 2004 revealed a situation mirroring the HIV/AIDS situation. Access to TB care is poor, and generally only in hospitals and district towns. 75% of smear positive TB cases do not receive treatment leading to death, disability and on-going transmission. High rates of default exists among those receiving treatment, running the risk of relapse, chronic disease and transmitting multi-drug resistant TB. Although national estimates suggest that approximately 9,900 individuals and 4,600 individuals in IDP camps in the north and the northeast have TB, the rates in the north are probably higher due to higher levels of malnutrition and HIV. Although treatment rates are reasonable, albeit below the 85% target required to control the disease, only one-quarter of TB patients are being treated – the national average is half. Services are currently being offered in a pre-DOTS hospital-based service, which is not accessible to the majority of individuals living in camps.

Activities will support the national strategy of CB-DOTS and implementation of integrated TB/HIV guidelines currently being developed. However, efforts will be made to decentralize TB care to the nearest health center, as feasible. Efforts will include facilitating the integration of TB diagnosis and care with HIV testing and care and to improve identification and diagnosis of TB and improve "case holding" through improved communication links between diagnostic centers, treatment centers, treatment supports and patients in the community. Innovative approaches will be developed to provide critical services to camps without adequate health facilities, and to strengthen the role of the subcounty health worker, community workers and treatment supporters to identify and refer individuals for care, and also to support adherence and identify late attendees.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 20 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | | ☑ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | | ☑ |
| Number of HIV-infected clients given TB preventive therapy | 1,250 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

***Target Populations:***

Community leaders

Community-based organizations

Faith-based organizations

Refugees/internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Religious leaders

Public health care workers

Private health care workers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** HIV/TB testing with TB treatment-Cooperative Agreement
**Prime Partner:** To Be Determined
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4708
***Planned Funds:***
**Activity Narrative:** In Uganda, the interaction of TB and HIV is increasing the burden of both these prevalent diseases. It is well established that HIV is a high risk factor for the development of active TB among individuals infected with microbacteral tuberculosis. Currently 50% of TB patients in Uganda are co-infected with HIV. Through the DOTS program, Ministry of Health [MoH] has gained national coverage with TB control efforts and case notifications have steadily increased 8-10% per year; this is attributed largely to integration of HIV testing for TB patients. TB is a leading cause of morbidity and mortality for persons living with HIV/AIDS (PLHA) – 30% of all deaths among PLHA are attributed to TB. The MoH has placed increased emphasis on the integration of HIV/TB activities and charged the Sub Committee to develop a TB/HIV policy to further strengthen TB control efforts and treatment of HIV positive people.

Over the past six years, USG has supported AIDS Information Center [AIC] to establish a TB program to compliment its "voluntary counseling and testing". This program provided latent TB screening, INH prophylaxis and active tuberculosis treatment services to all eligible clients. From January 2001 to June 2004, 18,474 VCT clients were screened for TB, out of these 801 (4.3 %) were found to have active TB and were referred for treatment. 1,302 were enrolled for Isoniazid preventive therapy. The screening involved both clinical examination as well as by laboratory investigations. Clients identified with active TB were either offered treatment at AIC or referred to active TB treatment centers of the National TB and Leprosy Programme [NTLP]. Clients identified with latent TB were initiated on Isoniazid prophylaxis therapy (IPT). This cooperative agreement ends in March 2006.

In FY06 through a competitive process, this activity aims to build these TB/HIV integration efforts that have been established in VCT, PMTCT and health facilities. Activities will ensure that all persons testing positive for TB will also have an HIV test as part of "routine care", and that all HIV positive patients are screened for TB. This activity will also ensure that those with HIV/TB receive the appropriate treatment regime or referral.

Activities will also focus on strengthening linkages for referral of active TB patients diagnosed in various settings to TB treatment centers, and follow up of patients referred for TB treatment in National TB and Leprosy Program clinics. A system will be established to ensure that TB patients continue to access HIV care and treatment as needed. Management and monitoring of TB/HIV co-infected patients across multiple health care programs will be reviewed with MoH and, programs will be designed to address issues identified. This will include plans for reporting of TB cases, case management and referral, which is critical to assure DOTS and the prevention of multi-drug resistant TB among HIV-infected patients. Finally, this activity aims at strengthening TB diagnostic capabilities for PLWHAs including smear-microscopy services and quality assurance. Cotrimoxazole prophylaxis will be provided for HIV/TB patients. Cross-training health care workers on TB/HIV at all relevant administrative levels will be undertaken.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Infrastructure | 51 - 100 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 12 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 20 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 500 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | 1,000 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
TB patients

**Coverage Areas:**

National

**Table 3.3.07: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Refugee HIV/AIDS services in northern Uganda |
| **Prime Partner:** | International Rescue Committee |
| **USG Agency:** | Department of State |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Palliative Care: TB/HIV |
| **Budget Code:** | HVTB |
| **Program Area Code:** | 07 |
| **Activity ID:** | 4760 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4754-AB, 4755-Other Preventions, 4757-PMTCT, 4758-CT, 4759- Basic Health Care & Support, 4761-OVC.<br>This activity also relates to activities in Palliative Care: Basic Health Care and Support, Abstinence and Being Faithful, Prevention/Other, Counseling and Testing and HIV/AIDS Treatment/ARV Services.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.<br><br>In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.<br><br>IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.<br><br>In implementing through FY06 this program activity, IRC plans to achieve strengthened capacity of health professionals to care for HIV-infected TB patients, strengthened delivery of integrated HIV and TB services, improved diagnosis and treatment of TB among HIV+ individuals, and a full and consistent supply of related diagnostics achieved. IRC is currently supporting basic TB activities at the health facilities and at the community level through the TB DOTS strategy and with this funding, will expand its TB DOTS activities in all the camps and also enhance TB service delivery capacity in the health facilities in the camps.<br><br>To achieve these targets, patients who are diagnosed with TB will be offered VCT services. IRC will conduct trainings targeting community-based TB-DOTS supervisors in both beneficiary camps and will also train/ refresh clinical staff in clinical management of TB. IRC will invite external facilitators from the Directorates of health services in the districts of operation to conduct the trainings. IRC will have 5 service outlets: 2 in Kiryandongo and 3 in Ikafe. The trainings will target the 30 community-based DOTS supervisors and 72 clinical care givers, including doctors, nurses, community-based volunteers, and other health worker categories. Beneficiaries are calculated on the basis of 20 TB cases per outlet per year= 5 x 20= 100 |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 5 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 20 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 50 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | | ☑ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | 100 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in Kyaka II Settlement
**Prime Partner:** International Medical Corps
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Palliative Care: TB/HIV
**Budget Code:** HVTB
**Program Area Code:** 07
**Activity ID:** 4808
**Planned Funds:**
***Activity Narrative:*** *This activity complements activities 4814-CT, 4806-Basic Health Care & Support,* 4803-Other Preventions, 4799-OVC, 4810-AB, 4795-PMTCT.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services.

IMC will support the Kyaka II health clinic to improve provision of TB/HIV palliative care services to patients. The program will strengthen capacity of health professionals to provide care, and strengthen delivery of integrated HIV and TB services through improved diagnostics and treatment and regular supply of related drugs and supplies. Specific activities will include: diagnostic HIV testing for all TB patients, screening of all HIV+ individuals for TB, delivery of HIV-related care (treatment of OIs, CTX, ARV, nutrition support) to HIV+ TB patients, TB preventive treatment, strengthening of community participation, delivery of DOTS, support to DOTS at household level through care givers, defaulter tracing, promotion of TB advocacy and referrals for screening, linkages with community groups to provide psychological support; TB counseling integrated with VCT and PMTCT services, strengthening referral linkages, training of health workers, training of community volunteers, support to TB diagnosis and monitoring of treatment, and strengthening technical support and supervision.In 2005, IMC is implementing TB-DOTS Training and Treatment support program in eight districts in Uganda. The program will continue in 2006 expanding coverage to additional 10 districts. Lessons learned will be applied and linkages established between the two programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 1 | ☐ |
| Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards | 10 | ☐ |
| Number of individuals trained on logistics pull system for TB/HIV | | ☑ |
| Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 18 | ☐ |
| Number of HIV-infected clients given TB preventive therapy | 90 | ☐ |
| Number of individuals trained in provision of laboratory related activities | | ☑ |
| Number of HIV care treatment services whose TB laboratory diagnostic services receive External quality Assessment and supportive supervision | | ☑ |
| Number of individuals receiving TB diagnostics | | ☑ |

**Target Populations:**

Adults

Community leaders

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

*Increasing gender equity in HIV/AIDS programs*

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Table 3.3.08: Program Planning Overview**

**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08

**Total Planned Funding for Program Area:**

**Program Area Context:**

With over 2 million orphan, 50% from HIV/AIDS, donor efforts are focused on strengthening the capacity of the MGLSD to guide and coordinate the national response to OVC. Efforts are also focused on improving the capacity of families and communities to better meet the needs of OVC. UNICEF and the USG continue to serve as the lead donors providing technical and financial assistance to the MGLSD. The GF is also a major supporter of OVC activities with the approval of $58 million to support public, private and civil society sectors. The recent set back in GF activities will hamper the development of a comprehensive geographical and technical response for OVC. World Bank MAP also supports OVC activities through community HIV/AIDS initiatives at the grassroots level, this support ends in 2006.

In FY05, USG supported the OVC secretariat within the MGLSD with 2 M&E officers and 1 capacity building officer and financial and material support to the operations of the secretariat and the planning unit. UNICEF will also support a senior policy advisor. Substantial progress has been made in key areas identified by the MGLSD, including the development of a grants management system and disbursement of 10 grants to national/regional civil society and faith-based organizations. A second round of grants is expected in early FY06 and an independent funding mechanism will be in place in FY06, to facilitate donor support to OVC through civil society organizations. The development and conceptualization of national M&E indicators and framework, will be finalized in FY06. A toolkit for service providers was completed and will be disseminated with the national policy and implementation plan at the district and community level, beginning October 2005. A communication strategy is being finalized to support the MGLSD's efforts to strengthen OVC advocacy efforts. Revitalization of the national steering committee and technical working groups focusing on the 10 core program areas outlined in the National Strategic Plan of Implementation is currently underway.

In addition to ongoing support to the MGLSD in the areas of M&E, quality assurance, and communications and advocacy, particular focus will be made to coordinate the delivery of OVC services at the point of service delivery. This will include a mapping exercise, and continued collaboration with UNICEF, GF and other international and national organizations to ensure that resources are being programmed to avoid duplication and increase comprehensive support for OVC, families and communities. The strengthened capacity of the OVC secretariat is greatly facilitating this process. Examples include directing RFAs to geographic underserved areas, focusing on OVC populations with high vulnerability (conflict, sick parents, military), requiring grantees to demonstrate need and collaborate with other partners, working with grantees to strengthen referral networks for comprehensive access to services and technical competency, and strengthening linkages between HIV/AIDS prevention, care and treatment and traditional OVC programs. ART implementing partners will continue to provide ARV treatment services and palliative care to approximately 26,000 OVCs and their caregivers (located within palliative and ART program areas). Specific interventions will be expanded to include training of caregivers to ensure treatment adherence; provision of the basic care package consisting of a safe water treatment system, long-lasting insecticide mosquito nets, cotrimoxazole, and appropriate client education materials; and, home-based follow-up for clinical care.

UNICEF directly supports the delivery of services to 500 families in 9 districts with an estimated 5 OVC per family. The USG works closely with UNICEF to support the MGLSD and the national response. Additional partners include NGOs, which provide significant support through civil society organizations at the district and community level.

**Program Area Target:**

| | |
|---|---|
| Number of OVC served by OVC programs | 158,797 |
| Number of providers/caretakers trained in caring for OVC | 13,673 |

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | The Core Initiative |
| **Prime Partner:** | CARE International |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 3197 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity is linked to activity 3198 in AB. |

This activity has two main components: 1) Strengthening the Ministry of Gender, Labour and Social Development's (MGLSD) mandate to ensure an effective response to the plight of Uganda's Orphans and Other Vulnerable Children (OVC), and 2) expanding the availability, quality and effectiveness of OVC services through partnerships with civil society. Institutional strengthening: MGLSD Uganda, provides strategic direction, coordination, and monitoring of the OVC response, which includes strengthening links to districts and civil society. This funding will support four areas of institutional strengthening: a) management systems development, b) monitoring and evaluation, c) communications and advocacy, and d) development of a long term civil society grants management mechanism. Management systems development will be driven by a long term capacity building plan derived from a participatory central and district level assessment conducted during FY05/06. Monitoring and evaluation support will include development of a national level data collection and reporting system for OVC service provision to better inform program and management decision making for the National Strategic Plan for Program Implementation (NSPPI) for OVC at the national, district and community level. This system will include development of data collection and reporting instruments for civil society partners to report at the district and national levels, and collaboration with existing HMIS and EMIS data collection systems relevant to the OVC program. A communication and advocacy strategy for OVC including support for the development and dissemination of a summary NSPPI for OVC will be supported with this funding. A core outcome of this activity is the development of a granting mechanism under the governance and leadership of the MGLSD to to improve coordination and extend OVC and youth prevention services through civil society and faith-based organizations. This component will include the provision of operational support to the OVC secretariat, the department of youth and children affairs and the policy and planning unit. Service Expansion: MGLSD will expand the availability, comprehensiveness and quality of OVC services through grants to civil society partners. This activity will provide grants on the basis of district, regional and national needs and fulfillment of the NSPPI goals and objectives. These grants will also specifically reduce the stigma and discrimination experienced by OVCs, and gender inequity among OVC, which CORE Initiative plans to observe in declining differentials between OVC and other children in literacy, health status and other indicators, and between girls and boys. MGLSD will issue RFAs integrating HIV/AIDS prevention, care and support services into one or more of 9 core program areas (CPAs) in the NSPPI (Socio-economic security; Food security and nutrition; Care and support; Mitigating the impact of conflict; Education; Psychosocial support; Health; Child Protection; Legal Protection). MGLSD has identified child protection and mitigating the impact of conflict as two CPAs which will be emphasized in initial RFAs. Grants coverage will first specifically target CPAs and districts not being supported through UNICEF (district wide coverage of 5+ CPAs in 13 districts) or the Global Fund (18 lead CSOs supporting 4 CPAs in 34 districts prior to grant suspension), and secondly, will seek to complement UNICEF and GFATM grants in districts with overlap. Mapping will be supported to ensure networks are established through which all CPAs are supported district wide. Innovative programs such as community mapping of OVC to improve service delivery will be expanded in Fy06. Supported grants are expected to directly benefit 100,000 OVC and their households. This funding will also support programs that strengthen the capacity of households, communities, and civil society organizations to plan, provide, manage and sustain OVC services (CPA #10). This activity will involve provision of capacity building and technical support to CBOs/FBOs/NGOs for improving program quality and scaling-up care and support activities for orphans and vulnerable children. This funding will specifically support 38 grantees including 6 OVC grantee organizations

supported under track 1.0 of the Emergency Plan. 5000 caregivers, community leaders and volunteers will be mobilized and trained in OVC care, support and protection, knowledge, skills, rights and HIV/AIDS prevention, care and advocacy. These 5000 will in turn provide integrated services to 50,000 OVC. 200 smaller community and faith based organizations will be reached with organizational and technical capacity assistance from larger grantees, and 500 staff of the smaller CSOs will be trained and mentored, and provide information, communication and educational materials. An additional 20,000 OVC will benefit from the resources, practices and policies for integrated OVC services delivery generated by the supported organizations. To inform RFAs, this funding will support an inventory of existing OVC activities supported by other national development partners, and support OVC mapping exercises.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Needs Assessment | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 170,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 5,000 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Refugees/internally displaced persons (Parent: Mobile populations)
Orphans and vulnerable children
Program managers
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers

**Key Legislative Issues**

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

**Coverage Areas**

Adjumani

Apac

Arua

Bundibugyo

Bushenyi

Busia

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

*Kaberamaido*

Kampala

Kamuli

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kitgum

Kotido

Lira

Luwero

Mbale

Mbarara

Moyo

Mukono

Nebbi

Pader

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 3944
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06.

In FY06, AIM will continue to support the national program to disseminate the national policy and implementation plan as well as toolkits developed with key support from AIM. AIM will continue to work at the district and community level to strengthen the community development officers ability to effectively supervise and coordinate civil society providers. Technical support to improve the quality of programming as well as to make linkages and referrals across providers to ensure OVC access to comprehensive services will be emphasized.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 68,800 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 12,205 | ☐ |

**Target Populations:**

Community leaders
Community-based organizations
Faith-based organizations
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Teachers (Parent: Host country government workers)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 3957
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951), Palliative Care: Basic Health Care (4954), Palliative Care: TB/HIV (3950), counseling and testing (3952), and Strategic Information (3955).The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have helped to customize program interventions on a district by district basis.

Funding for OVC program activities will be geared towards the most vulnerable districts notably those worst affected by HIV and/or armed conflict. It is estimated that about 5,000 OVC will be reached through this program. Civil society organizations will be supported to provide medical care and support, psychosocial support, and livelihood skills training in UPHOLD supported districts. Community care providers will also be trained to provide some of the activities listed below

Care and support will include medical support (e.g., provision of drugs for the treatment of opportunistic infections and other ailments, malaria prevention and treatment including the provision of approximately 1,000 insecticide treated nets to vulnerable OVC under five years of age as well supporting the referral of eligible HIV+ OVC to antiretroviral therapy treatment sites), psychosocial support (e.g., guidance and counseling) and advocacy for child rights. Other community mobilization activities will also focus on key legislative issues which among others include promoting positive behaviors through messages addressing gender equity, counseling and testing, males prohibitive behaviors against young gilrs wanting to know their HIV status through access and use of HCT services, male norms and beliefs about masculinity, acceptance of early marriages, and having multiple sexual partners (including transactional sex). Community mobilization activities will also be directed towards reducing stigma and discrimination related to HIV/AIDS as well as against OVCS with or without HIV/AIDS and their families who have undergone counseling and testing. Thus the supported civil society organizations will be targeted for promotion of the rights of children and community involvement and support of OVCs.

Livelihood skills will include training and apprenticeships in income-generating activities such as tailoring, hairdressing, motor vehicle repairs, welding, etc that can easily be applicable to provide a financial source to the trainees. The OVC will be empowered to support themselves as well as their ailing parents/guardians and siblings. The target group for livelihood skills building is children aged between 14 and 18 years. It is estimated that at least 300 children, who will help their siblings. CSOs will also be supported to work with the community in order work out interventions aimed at ensuring long term food security interventions in vulnerable households with OVCs. Funding will also be used to support CSOs working directly with older OVC in order to promote positive behaviors such as delay in sexual debut, avoidance of early marriages, and exchange of sex for money and gifts etc.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 5,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 600 | ☐ |

**Target Populations:**

Community leaders
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers

**Key Legislative Issues**

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Gender

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | TASO USAID |
| **Prime Partner:** | The AIDS Support Organization |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 3974 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity is linked to other TASO activities in the areas of AB (4420), other prevention (3973), Palliative Care: Basic Health Care (3975), Lab (3972), and strategic information (3976).<br><br>TASO supports thee types of OVC programs: educational support, apprenticeship programs, and counseling and medical care.<br><br>The first component consists of educational programs for children infected and/or affected by HIV/AIDS in both primary and secondary schools. Biological children of TASO clients or child clients themselves will be supported on the basis of being very needy and not benefiting from any other program. This component provides school fees for both primary and secondary school children, secondary school boarding fees, uniforms and stationary items in 10 of its service centers. A total of 500 pupils in primary and 500 students in secondary schools are targeted to benefit under this component.<br><br>The second component of this activity is the apprenticeship program. This component aims to provide skills training, tool kits and other start up capital to OVCs who have dropped out of the formal school system due to lack of financial support. Such OVCs are either children of TASO clients or themselves TASO clients. Skills provided include tailoring, hairdressing, motor vehicle repairs, welding, etc that can easily be applicable to give a means of livelihood to the trainees. It is hoped that through this capacity building, OVCs will be empowered to support themselves as well as their ailing parents/guardians and siblings. The target group is 14-20 year olds who can read and write. It is aimed at providing means of livelihood to at least 300 children, who in turn will help their siblings.<br><br>Counseling and medical support and other child services will provided to orphans and vulnerable children enrolled as TASO clients. This is estimated to reach 4,000 children. The services provided include child counseling, treatment of opportunistic infections and home care. TASO also plans to set up and run model child center facilities that are affiliated to the main TASO service centers. When this intervention has been fully developed, it will be rolled out to other centers when funding is available. These child center facilities will provide psychosocial support to OVCs aged between 0 and 10 years. The funding will go into providing services needed for the child play centre, including child counselors, Television screens, video decks, purchase of games & sports equipments and some basic furniture. The 5 TASO service centers of Mulago, Jinja, Mbale, Soroti, and Gulu will also provide children services like: games, plays, reading, drawing and writing, and screen child appropriate video programs. The aim is to provide a forum for social and emotional developments, interactions, hygiene training and trauma management to these children twice every month. In these centers, children are also provided with feeding i.e. tea and lunch and are treated of various ailments. It is targeted that up to 1,000 children will benefit from this component of the activity in the five centers mentioned above. The counselors working in the 5 child play centers will be given refresher training in child counseling. OVC activities are implemented with maximum sensitivity and consideration of the rights of children's best interests and rights.<br><br>This activity complements provision of basic preventive health care services and treatment provided to OVCs through the CDC-supported activities. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Infrastructure | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 4,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 15 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| *Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful* | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

*HIV/AIDS-affected families*

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Stigma and discrimination

Gender

Wrap Arounds

Food

Microfinance/Microcredit

Education

Other

**Coverage Areas**

Bugiri

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

Adjumani

Apac

Arua

Bundibugyo

Hoima

Kabale

Kabarole

Kaberamaido

Kalangala

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kyenjojo

Luwero

Masindi

Moyo

Mubende

Nakasongola

Nebbi

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Community Resilience and Dialogue |
| **Prime Partner:** | International Rescue Committee |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 3987 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).<br><br>OVC component is related to Palliative care and aims at reducing vulnerability of children in conflict districts through improved access to education and health services. Two CRD partners will be involved in implementation of OVC activities. One of these is SCIU that plans to complement palliative services with OVC activities. In Gulu, Health Alert Uganda in collaboration with district probation and welfare officers will provide education support, IGA training for out of school children, capacity building for community care /support groups to provide psychosocial support to OVCs. palliative care and support activities for children will also be emphasized. Where as there has been a general increase in funding for care and support activities, specific interventions targeting HIV positive children have been small. Staff that has been providing care services to children lacked competence of communicating with children suffering from HIV/AIDS, in addition, too few communities follow up interventions to support such children. These services will include following up children on ARVs with education, adherence counseling, on going counseling for prevention, treatment of opportunistic infections, referrals, psychosocial and nutritional support.<br><br>In Karamoja region, support to OVC is a notable gap. Thus, IRC in addition to its other operations in this region plans to implement these activities directly. It will also implement OVC related services with Church of Uganda in Jie county. Reduction in poverty at household level will lead to reduced vulnerability of women and children, improved access to social services such as education and health, and improved general health outcomes. Thus emphasis on this program will be on education support and livelihood activities for out of school, protection and capacity building for the community care groups to provide psychosocial support to OVCs. Funding will go on community mobilization, IEC material development, training in OVC services including its related stigma and discrimination issues, collaboration/networking with other agencies, capacity building of local communities with OVC programs, and procurement (mainly drugs). Through this component 240 OVCs will receive school support, 90 to be trained in apprenticeship, 100 in IGA activities and 170 caretakers to be trained in caring for OVCs. Due to the vast geography of the Karamoja region and the nomadic nature of its communities, the management and oversight costs of the OVC programs are higher as compared to other regions. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 490 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 50 | ☐ |

**Target Populations:**

Community leaders
Community-based organizations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Orphans and vulnerable children
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Gender

Addressing male norms and behaviors

Reducing violence and coercion

**Coverage Areas**

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Peace Corps
**Prime Partner:** US Peace Corps
**USG Agency:** Peace Corps
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 3992
**Planned Funds:**
**Activity Narrative:** This activities relates to Peace Corps other activities in the areas of AB (3999), other prevention (3993), Palliative Care: Basic Health Care (3991), and strategic information (4746).

Peace Corps program will focus at improving lives of orphans and vulnerable children and families affected by HIV/AIDS. Existing orphan programs will be strengthened and expanded. Orphans and vulnerable children with their families will be assisted to obtain secure livelihoods. OVCs with their families will also be supported to access basic care requirements and ability to provide consistent basic care services or link clients to other service providers for complete basic care. This program area also supports activities implemented by Volunteers and their partner organizations to train and assist caregivers and children in acquiring and using the basic preventive care package, including clean water, improved nutrition, hygiene, malaria prevention, cotrim, and access to necessary income and livelihoods, either through their own services or through linkages with other local service providers. This component of the program will support 6 community outlets and serve an estimated number of 1200 orphans and vulnerable children. It is hoped that 600 providers and caretakers will be trained in caring for orphans and vulnerable children.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 51 - 100 |
| Community Mobilization/Participation | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 1,200 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 600 | ☐ |

***Target Populations:***

Community leaders

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

*Teachers (Parent: Host country government workers)*

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Volunteers

Stigma and discrimination

Gender

Wrap Arounds

Food

Education

**Coverage Areas**

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Ntungaro

Pallisa

Rukungiri

Tororo

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | OVC Track 1/Round 2 |
| **Prime Partner:** | Associazione Volontari per il Servizio Internazionale |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | N/A |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4008 |
| **Planned Funds:** | |
| **Activity Narrative:** | AVSI's strategic approach is as follows: a) to focus on the child as a unique and unrepeatable human being, endowed with dignity and potential; b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support ; c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a CBO; and d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner through an operational and stable network. The program intends to continue to provide quality services to 5951 orphans, and vulnerable children and their communities through an operative network of 31 local partners. These local partners include NGOs, faith based organizations, and others are local CBOs or associations.<br><br>AVSI provides both indirect and direct forms of assistance to OVCs. Direct assistance will include school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. All the children have access to basic health care and the program provides transport and access to access to care through its direct relationships with some health centers/hospitals. Indirect assistance will consist of support to quality education, IGA, community projects, recreational activities and sensitization, and family support. The family will be given support specific to the needs of the household, and will range from provision of food to other necessary non food items, house rent, transport to school. Recreational activities including drama, dances, songs, playing guided games, outings and others will be organized and implemented through our partners for OVCs and other children living with them in the same schools or home site. These types of activities along with sensitization sessions mitigate stigma and discrimination within the community.<br><br>The identification of the children is done by the local partners who work in strict collaboration with district authorities, allowing AVCI to reach the most vulnerable children. AVSI will work in close contact with its local partners and social workers to jointly establish and update the selection criteria and the characteristics of intervention within each specific community. The identification of the orphans and vulnerable children included as direct beneficiaries of the program is left up to each local partner. The individualized approach to the identification and care of beneficiaries, including the choice of direct and indirect activities to be implemented, is also gender sensitive, paying particular attention to the needs of girls. The personal adult relationship is particularly important for girls to receive the attention and services best suited to their life situation. The activities and services given to each child are decided case by case, according to the personal and family needs. Direct assistance for school requirements of the OVC represents the main percentage of child expenditure and assistance, given that education is often method to promote the children's self esteem and sustainability for the future. In each district where the program is implemented, AVSI will coordinate with other agencies working with OVCs and with the district to increase the services provided to the children. AVSI will also attend all coordination meetings at national and district level to improve the referral system for the services not directly given. |

| Emphasis Areas | % Of Effort |
|---|---|
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Needs Assessment | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 5,951 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 0 | ☐ |

**Target Populations:**

Community-based organizations
Disabled populations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Education

**Coverage Areas**

Gulu

Kitgum

Pader

Apac

Jinja

Kampala

Kamuli

Kibale

Lira

Masaka

Masindi

Mukono

Nebbi

Tororo

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** OVC Track 1/Round 2
**Prime Partner:** Christian Aid
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4011
**Planned Funds:**
**Activity Narrative:** Christian Aid (CA) has identified a mutually supporting network of three secular partners in Uganda to respond to the President's Emergency Plan for AIDS Relief (PEPFAR). These three partners will work with CA to implement quality OVC programming in impoverished areas of Uganda hard hit by the HIV/AIDS pandemic. These locations are Gulu, Kitgum, Soroti & Katakwi districts. The Christian Aid Track 1 OVC project will work with the three sub-partners to provide holistic care and support to at least 7000 OVC and train at least 500 caregivers during the FY 06. The project's three sub-partners are; Concerned Parents Association (CPA), Youth With A Mission (YWAM) and AIDS Care & Education Training (ACET). The expected impact of the CA Track 1 project for Uganda is improved quality of life for 7600 OVC and 1100 care givers.

The outcomes that will be worked towards to support the achievement of this impact are:
1) OVC have sustainable access to essential services such as education, food and nutrition and psychosocial and income generation support; To achieve the expected impact and outcomes, the project will provide educational support to non-school going OVC and food security and income generation support to impoverished OVC households. The educational support will primarily involve paying school fees for the most impoverished OVC, while the food security support will entail developing the capacity of food insecure OVC households to produce nutritious and adequate food. The income generation work will involve mobilizing and training Group Savings and Loan (GSL) clubs and linking them to viable markets. Older OVC will also be trained in marketable vocational skills and be supported to establish their own businesses. About 738 OVC households and 30 older OVC will be helped to set up profitable income generating activities, 45 OVC will be supported with school fees and 150 trained community counsellors will provide psychosocial support to 4000 OVC in IDP camps.
2) OVC protected from stigma, discrimination, exploitation, violence and sexual abuse; About 100 innovative events will be organised to combat stigma and discrimination i.e. community anti HIV/AIDS awareness sensitisation seminars, radio talk shows, community leaders consensus building forums which will target 100 leaders and community based child protection committees will be set up in IDP camps to protect and advocate for the rights of OVC. 2000 Older OVC in 9 IDP camps will be trained in life skills to help them overcome their vulnerability. Community members with negative and discriminating attitudes towards OVC will be reduced by 25%.
3) Capacity of sub-partners and community institutions developed to support high quality OVC programming; The three sub-partners will train about 24 staff in life skills and psychosocial support courses who will then train other smaller community based organisations and community members. These will support more OVC. Over 240 volunteers will be trained.
4) Lessons learnt, models, and best practices shared and replicated. The three sub-partners will be supported to document and share methods of good practice in OVC programming. Work will also be undertaken through various national networks to address policy issues to complement and reinforce the community-level work. Intensive capacity building of the three sub-partners, as well as the community institutions and groups they support, will ensure quality programming. This will be complemented by regular exchange visits and reflection workshops that will take place among the sub-partners and with other OVC stakeholders in Uganda in an effort to share and document lessons and successful approaches. Emphasis areas:

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 1,300 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 264 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

Gulu

Katakwi

Kitgum

Soroti

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Mulago-Mbarara Teaching Hospitals - MJAP |
| **Prime Partner:** | Makerere University Faculty of Medicine |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4372 |
| **Planned Funds:** | |

**Activity Narrative:** This activity complements activities 4037-Lab, 4036-ARV services, 4037-ARV drugs, 4033-CT, 4034-OVC, 4032-Basic Health Care & Support.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV testing and counseling (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in Mulago and Mbarara hospitals are because of HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the MOH). MJAP also supports a new clinic in Mulago, which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.

The MJAP OVC activities target children in three categories. All pediatric patients and their caretakers in three pediatric hospital wards are currently offered RTC after which they are actively referred into care. Children are linked to the Pediatric Infectious Disease clinic (PIDC) in Mulago and the ISS clinic in Mbarara while adults are referred to AIDC, ISS clinics, Kawempe Health center, Mbarara Municipality clinic, or Bwizibwera health center. Secondly, the current program provides C&T to family members of patients in the hospital, including children of HIV infected patients. In order to extend the reach of counseling and testing to family members, the program is piloting family-based HIV counseling and testing (FBHCT) for index ART patients in Bwizibwera and Kawempe satellite clinics. Through the C&T programs OVC and their caretakers have received HIV testing and linkage to HIV/AIDS care. Also, through the existing HIV/AIDS clinics of caretakers of OVC have received HIV/AIDS care. In the satellite clinics MJAP will collaborate with other partners to provide comprehensive HIV care to OVC and their caretakers. For example, in Kawempe health center, Baylor-PIDC will provide care for pediatric patients and MJAP will care for adults. PLAN International which has a community psychosocial support program within Kawempe is also working in partnership with MJAP and Baylor-PIDC. The AIDS Support Organization (TASO) which also provides care and support for OVC, has a home based care program in Bwizibwera sub-district. MJAP will work in partnership with TASO to provide comprehensive support for OVC. Services in all other satellite

clinics will similarly be done in collaboration with existing partners.

In the next year (FY06), the program will directly target OVC and their care takers through the hospital-based and home-based HIV testing programs. Main OVC activities will include provision of HIV counseling and testing for affected families and linkage to care for identified HIV positive OVC and their care takers. HIV infected persons (children and their caretakers) will be offered palliative care comprising of cotrimoxazole prophylaxis, OI treatment, malaria prevention using insecticide treated nets and safe water. All are screened routinely for TB and ART eligibility and referred appropriately. Referrals will also be provided to larger OVC programs for ongoing psychosocial support including counseling, vocational and life skills training, income generating activities, educational and nutritional support etc. The program will hire and train two social workers (one based in Mulago and the other in Mbarara) who will work closely with health care providers in C&T and the HIV/AIDS clinics to identify families of OVC from among the patients already receiving care within the clinics or those receiving C&T. Limited home visits will be conducted in order to provide HIV counseling and testing to the families (this will be restricted to families within a 20km radius of the Mulago and Mbarara HIV/AIDS care and testing facilities). Through these programs we hope to provide C&T to 500 OVC families and link them to ongoing HIV/AIDS care and/or psychosocial support. The program will strengthen linkages with OVC support organizations to improve referral of OVC for HIV/AIDS care and psychosocial support. Referrals will include initiating contact with and introducing the OVC and their caretakers to programs that can provide them with support beyond what MJAP can provide. The OVC budget will cover HIV counseling and testing supplies, personnel who will provide OVC services and development of referral networks for OVC. The program will also train providers in the clinics and C&T services to enable them participate in initiation of OVC services and referral for follow-up psychosocial support and care; 500 providers will be trained in FY06.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 500 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 50 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Orphans and vulnerable children

*Caregivers (of OVC and PLWHAs)*

**Coverage Areas**

Kampala

Mbarara

Mpigi

Mukono

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Pediatric Infectious Disease Clinic
**Prime Partner:** Baylor University, College of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
***Budget Code:*** *HKID*
**Program Area Code:** 08
**Activity ID:** 4392
**Planned Funds:**



**Activity Narrative:** This activity also relates to activities numbered: 4381 ARV Services, 4382 TB/HIV, 4380 ARV Drugs, 4378 CT

The Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) is the national referral center for paediatric HIV in Uganda. Since its initiation in 1988, the PIDC has evolved into a full service clinic that provides HIV counseling and testing, care, and treatment to children between birth and 19 years of age. Since July 2003, over 6,000 children have been screened for HIV, and more than 2500 HIV positive children are currently in active follow up.

The comprehensive spectrum of care provided at the PIDC includes: HIV counseling and testing, growth and development monitoring, immunization, nutritional supplementation, opportunistic infection treatment and prophylaxis, TB counseling and testing and on-site treatment, and now antiretroviral (ARVs) treatment, monitoring and follow-up. PIDC patient monitoring and follow-up is supported through the Home Health Program and a computerized data management system which helps to monitor and analyze vital patient care information. In conjunction with computerized patient follow-up reporting, the Home Health team provides telephone and home-based follow-up of missing patients, as well as adherence support to those on ARVs and Home-Based Voluntary Counseling and Testing (HBVCT) to the families of PIDC patients. Development of Family HIV Care Services, where adults and children receive HIV counseling and testing, care and treatment in the same facility is also a growing component of PIDC programming. To address the psychosocial needs of PIDC patients and their families, adolescent and caregiver support groups have been formed and integrated into care. In particular the adolescent support group also works with adolescents to support them in the prevention area with special emphasis on abstinence/be faithful. Additionally, the PIDC and its local clinicians have evolved into a team of national leaders in paediatric HIV care and treatment training. This PIDC training team provides paediatric-specific HIV care and treatment to health professionals of all cadres throughout Uganda. Didactic lectures are combined with practical training opportunities. These trainings are also supported with clinical placements and supportive supervision. The PIDC training team is currently working to develop a national paediatric HIV care and treatment training program for health professionals in collaboration with the MOH, the Elizabeth Glaser Pediatric AIDS Foundation, and several local and international NGOs. Such programmatic activities will enhance both health professional and community knowledge of HIV/AIDS—as reflected in ever increasing numbers of children being brought to PIDC for counseling and testing and ever increasing interest in HIV care and treatment for children.

As Uganda's national referral hospital, Mulago Hospital provides care and treatment to patients from a variety of socio-economic strata. Many of the patients who attend Mulago Hospital's Paediatric Infectious Diseases Clinic (PIDC) suffer disproportionally from economic and social hardships due to the chronically poor health status of their HIV+ parents and guardians. Many of the children attending the PIDC are shifted from caregiver to caregiver if the biological parent/s become too ill to care for them or die themselves. A recent review of clinic data revealed that an estimated 36% of the children seen at the PIDC have lost one or more biological parent, while the remaining 64% of the children are deemed vulnerable simply due to their guardian's low household economic status, lack of access to education, or lack of access to adequate nutrition. Therefore, children who receive their HIV/AIDS care and treatment services (including ARV drugs) through the PIDC and its satellite clinics' do so in part through the Orphans and Vulnerable Children (OVC) PEPFAR programming activities area. OVC activities support the care and treatment of all PIDC and PIDC

affiliated site children through the comprehensive spectrum of care as outlined above. Nutritional support through multivitamin supplements and in-clinic food supplementation while people wait to complete their clinic visits. Through a linkage with the local NGO, Child Advocacy International (CAI), the neediest of PIDC children and families can benefit from family food support. PIDC and affiliated site services also highlight nutritional supplementation through distribution of multivitamins and in-clinic food distribution through a linkage with Feed the Children Uganda and morning and afternoon snacks available to patients and their caregivers as they wait (often long hours) to complete their appointments.

Additionally, human resources have been a key element of the success of the growing PIDC program. Since the introduction of the PEPFAR program through the Baylor/PIDC collaboration and the growing demand for access to paediatric ARV treatment, additional human resources have served to develop the capacity of the clinic. Through the addition doctors, nurses, counselors, and home health workers, a senior data manager and data management/data entry staff, administrative staff, and program support staff such as two drivers and a cleaner, the PIDC and its satellite clinics have been able to provide increasingly comprehensive and more evidence-based care and treatment to the children and adolescents attending these clinics. Data collected and analyzed through the evolving data management system has provided patient information that has lead to enhanced care and follow-up. Information on baseline CD4 counts and response to ARV treatment has led to enhanced clinic policies and practices with regard to which children to start on treatment and when. Such information will be used to develop best practices and policies with regard to the care and treatment of HIV+ children and youth. These policies will be shared with other institutions nationally as they roll out their paediatric HIV care and treatment programs.

To further develop paediatric HIV and OVC services training in paediatric HIV care and treatment, OVC services, and general HIV sensitization will be provided to health workers, caregivers, school nurses and teachers. It is estimated that approximately 250 individuals will benefit from this training this year.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of OVC served by OVC programs | 6,800 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 250 | ☐ |

**Target Populations:**

Adults
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Private health care workers

**Key Legislative Issues**

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDSRelief |
| **Prime Partner:** | Catholic Relief Services |
| **USG Agency:** | HHS/Health Resources Services Administration |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4397 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services, 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4390-Laboratory Infrastructure, and 4398-Counseling & Testing.<br><br>AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative, social and ARV services to HIV positive people their families & communities. Based on its successes and lessons learned, the AIDSRelief program in Uganda will offer an estimated number of 2,000 orphans with these services. AIDSRelief will offer OVC services through 15 Points of Service (POS), distributed through out Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Homecare, Nsambya MTCT, Nsambya Private Clinic, KCCC, Nile Treatment Center, Bethlehem Medical Center, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital.<br><br>AIDSRelief through the 15 POS listed above will provide mostly care with COP06 funds. In collaboration with CBOs clients are provided other necessities such as food, shelter and beddings to orphans throughout Uganda. Beneficiaries will be identified by the points of service in collaboration with the community leaders such as the Local Councils and care givers. Orphans of patients that die when on the ART program will be given priority and linked with other programs, such as CRS private funds, NGOs, WFP and GFATM.<br><br>On education AIDSRelief linked programs will provide OVC uniforms and scholastic materials and fees for skills such as tailoring, carpentry etc for the orphansAIDSRelief will provide psychosocial support. It will do this via direct support and through trainings. Community will be empowered with IEC materials being developed and distributed. AIDSRelief will assist support groups and volunteers in this program to provide psychosocial care and support to their households. Special training programs will be offered to the caregivers. AIDSRelief will train counselors and care givers in psychosocial issues that affect OVC. This program will take advantage of the already existing support groups such as Comboni Samaritans in Gulu, Meeting point and CHAPS in Kitgum as well as the community workers and the volunteers within the points of service.<br><br>AIDSRelief will increase the capacity of the points of service to provide quality care and support services to OVC, the overall capacity of the community to provide quality care and support to OVC. The Training in OVC programs will be carried out in the 15 points of service and will be directed at the nurses and adherence counselors (130) and the community workers (300).<br><br>AIDSRelief will make a concerted effort to link OVCs with community- and faith-based organizations that provide support, and will involve local community and religious leaders in helping to find community-based solutions to this crisis.<br><br>Monitoring and evaluation will include Provision of appropriate data gathering tools to ensure collection and compilation of OVC data. AIDSRelief will provide Computers and related hardware that will enable computerization OVC data in order to establish electronic databases for longitudinal follow up, reporting, and POS and AIDSRelief Program management will be provided. Futures group will generate programmatic indicators to produce the required reports on an accurate and timely basis. These include Annual and quarterly CDC reports; OGAC/PEPFAR biannual report and any other report that may be requested by the POS or MOH. |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 2,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 430 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Orphans and vulnerable children

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Masaka

Mbarara

Mukono

Pader

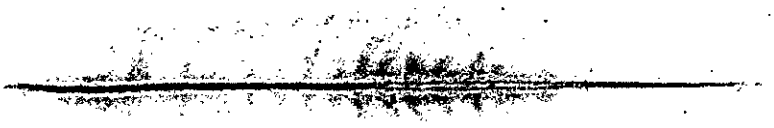


**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4412
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4052-lab, 4411-C&T, 4056-ARV Drugs, 4054-Palliative Care: Basic Health Care & Support, 4058-Palliative Care: TB/HIV, 4057-ARV services.

The AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda since 1987, with 11 clinics and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). 66% of TASO clients are female. The larger proportion of clients live in rural areas and most are poor and cannot afford even the transport costs to come to the facility on a regular basis. This is why most of TASO services are also offered in the home including home based delivery of ARVs.

TASO is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV+ people. A significant proportion of TASO staff are also HIV+ and this is very important in motivating HIV + people to come forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to our training and capacity building function that has one international training center and 4 national training centers that in combination train over 1,000 health workers annually. This enables us to leverage our experience into scaled up HIV activities for the whole of Uganda.

TASO operates within or close to Ministry of Health (MOH) facilities in order to support the MOH as well as to have access to referral services for its clients e.g. inpatient services. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in the districts where we operate in order to ensure we continue to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provides multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches we encourage the entire family to participate in services especially HIV testing and subsequent clinical management. Families are also linked to support structures within the community and/ or peer HIV+ groups. In addition all our activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

In 2004, 8% of TASO clients at all centers were children below the age of 12 years. An expression of TASO's family-centered approach is that all children of TASO clients below age five are eligible for services at TASO, regardless of HIV status. All HIV-infected children are also eligible for services that TASO provides. Those children who test HIV+ will continue to receive all TASO services including ART. Currently, TASO is rolling out specialized pediatric ART services as well as child focused counseling services for both infected and affected children. In implementing the family-centered approach, TASO extends its services to the parents/guardians and

other siblings and household members. Through the Home Based Voluntary Counseling and Testing (HBVCT) programs, TASO aims to identify a greater proportion of HIV positive children as well as OVCs. This is a comprehensive approach that mitigates stigma as a major deterrent to testing and identification.

TASO has identified major challenges for OVCs, namely:
1. Breakdown of the immediate family, meaning that extended families take on the responsibility of orphans who loose both parents
2. Children impacted by HIV/AIDS are at serious risk of exploitation, including physical and sexual abuse
3. Children face increased stigma, discrimination and isolation if they or their family members are HIV positive
4. After the death of a parent, children often suffer from grief, fears about the future and their economic circumstances
5. As parents and other family members become ill, children take on responsibility for income generation, food production and care of family members
6. Children often face decreased access to nutrition, basic health care, housing and clothing
7. Many orphans struggle to survive on their own in child -headed households or are forced to live on streets.

Under the apprenticeship program, TASO targets USG/USAID support to adolescent children who no longer fit in the formal school system into vocational institutions to acquire life skills that they can market to support themselves and siblings or ailing parents/guardians. Such skills include catering, hairdressing, tailoring, basic mechanical skills, etc. Through the school fees program, children in secondary schools are provided with school fees and in some cases boarding fees. At the primary school level the pupils are provided with scholastic materials like books, pens, pencils, mathematical sets, etc. Child communication skills are also taught to parents /guardians and teachers during workshops to enable them to offer meaningful care and support to children at home, in school and within the communities.To make the TASO clinics child-friendly, TASO has incorporated the child play centers into its facilities. The child centers are equipped with child play equipment like bicycles, tricycles, dolls, videos. There are age-appropriate educational wall drawings and the engagement of child counselors. The centers also provides tea and snacks for the children.

Using USG/CDC support, TASO has establishe as policy the provision of basic health care packages that includes TB treatment, cotrimoxazole prophylaxis and aggressive treatment of acute infection plus nutritional support. In addition TASO has set criteria for initiation and maintenance of ART for HIV-infected children. Child Rights workshops are also undertaken. Legislative issues around Child Rights are emphasized and child rights based programming skills are being built within the organization. Child counseling skills training is offered by TASO to counselors within TASO and partner organizations. This activity is to be undertaken during 2006 to contribute to a wider coverage of skilled child counselors. TASO counselors, pharmacy technicians, and clinicians underwent training by the Pediatric Infectious Disease Clinic at Mulago Hospital and the Mildmay Center both of which are Ministry of health supported and these collaborations are to be undertaken on regular basis to strengthen staff skills in Pediatric HIV/AIDS care. Major initiatives in FY 06 will include; enhanced technical support to the medical officers at centers, increasing child counseling skills through training, developing and disseminating IEC materials.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Human Resources | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 2,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 112 | ☐ |

**Target Populations:**

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

**Coverage Areas**

Bushenyi

Iganga

Jinja

Kalangala

Kayunga

Kumi

Masaka

Mbale

Mbarara

Mukono

Ntungaro

Pallisa

Rakai

Sembabule

Sironko

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** HIV/AIDS Project
**Prime Partner:** Mildmay International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4417
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4419-Basic Health Care & Support, 4418-CT, 4414-ARV services, 4415-ARV drugs, 4416-Lab.

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of the Uganda Ministry of Health since 1998. The Centre is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly in relation to children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC-Uganda since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving mainly a poor urban neighbourhood using a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics, a faith-based clinic at Naggalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of The Mildmay Centre are targeting poor patients who cannot afford services on their own.

Training at The Mildmay Centre is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC is a centre of excellence taking care and training as complementary in the process of offering HIV/AIDS services. The training component of this programme will cover participants from all over the country on a diploma programme, through Mobile Training Teams, clinical placements at the three sites and short courses run at TMC. The courses run include short courses on multidisciplinary courses on Use of ART in children, Use of ART in adults, Communication with children, Palliative care in the context of HIV/AIDS, Laboratory skills for laboratory personnel in an HIV/AIDS context, Management of opportunistic infections and others. The training through Mobile training teams is yearlong covering the same health workers in select clinics per district covering all relevant areas in HIV/AIDS care. The Mobile Training Teams have so far covered 30 districts out of 56 covering 102 health units and currently active in six districts. The diploma programme targets health workers from all over the country from government, faith-based and other NGO facility on a modular programme with 6 staggered residential weeks over an 18-month period. The time in between modules is spent at ones place of work doing assignment and at the same time putting in practice what has been learnt. Training will be carried through the running of short courses, mobile training teams and clinical placement scheme and targets social workers, caregivers, teachers and religious leaders on the issues to do with communication with children and handling such children, especially where they are HIV positive.

This programme activity will involve care, treatment, support and training children,

their caregivers and health workers. The activities will be carried out at TMC, Reach Out Mbuya, Naggalama in Mukono District and Mpigi Health Centre in Mpigi District. The programme area is linked to Counselling and Testing to ensure that vulnerable children are tested and then brought into care to access palliative care, laboratory services and ARV treatment. The linkage will also ensure that children who need to access school and other services are facilitated to do so. The OVC activity is linked to all other programme areas given the fact that more than 50% of all patients provided services for at TMC, Naggalama and Mpigi are children below 18 years. The activity primarily targets vulnerable children below 18 years with a view to get them into the other programme areas covered by this funding as well creating a referral mechanism to access other services not provided for in this funding. The Mildmay Centre has an already existent forecasting and procurement system for all supplies required to meet the care needs of the patients and the training demands and therefore avoid stock-outs in the process of care and training. Networking with other organizations such as World Vision, Compassion International, Kamwokya Christian Caring Community, AIDChild, schools and other organisations is already in place to ensure maximum benefit for the children.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 4,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 608 | ☐ |

**Target Populations:**

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Private health care workers

**Key Legislative Issues**

Education

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Nebbi

Ntungaro

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** OVC Track 1/Round 2
**Prime Partner:** Africare
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4437
**Planned Funds:**
**Activity Narrative:** The Community-Based Orphan Care, Protection and Empowerment (COPE) Project is a regional project being implemented in four countries (Uganda, Tanzania, Rwanda and Mozambique). In Uganda the project is being implemented in seven subcounties of the Ntungamo District within the context of eight emphasis areas including community mobilization/participation, development of networks/linkages/referral Systems, information, education and communication, local organization capacity building, quality assurance and Supportive Supervision, Strategic Information, Training and to a lesser extent, infrastructure. Key legislative issues include gender, stigma and discrimination and wrap arounds such as education, food and microfinance. Over five years, the project will target 220,000 OVC and caregivers and 275,000 indirect beneficiaries through the following five components: 1) enhancing District and Community Capacity to coordinate care and support services to OVC and caregivers through the formation of District level Child Forums. The forum will be comprised of selected local NGOs/CBOs/FBOs and the District AIDS Committee, which will coordinate and ensure the delivery of quality services to OVC and their caregivers. The forum will also oversee the identification of project beneficiaries such that the process conforms to the selection criteria; 2) provision of life skills, peer education and psychosocial care and support services to OVC and caregivers. The project will identify HIV/AIDS Service Corps Volunteers at the community level who will train OVC in Life Skills and will provide psychosocial care and support to OVC and caregivers through community and school COPE clubs. Within the context of the COPE clubs, Service Corps Volunteers will also be instrumental in training peer educators to provide HIV/AIDS prevention education. These activities will be developed in partnership with local schools, churches and youth serving organizations. 3) Increasing access to health care and nutritional support, including nutrition education and food for OVC and caregivers. . COPE will also seek to increase the production of food for consumption by the households through the development of animal husbandry and backyard gardens. COPE is working together with the on going Africare's Child Survival and Food Security Projects to further link children and caregivers to food resources. Through the Child Survival Project, Africare also links children and caregivers to appropriate health care services such as immunization and mosquito nets. The final components include increased educational opportunities for OVC and increased livelihood opportunities for out-of-school youth and caregivers of OVC. Working through local schools, the project will facilitate the enrollment and retention of students through the provision of block grants and other direct material support to OVC. Africare will work with the local school leadership including the Parents Teachers Associations to develop proposals for funding and to conduct needs assessments of their schools and children attending them. Africare is working with Emerging Markets Group to increase income generating opportunities for older OVC and caregivers by facilitating access to credit for individual and group micro-enterprise business ventures and enrollment into vocational training institutionalizing loan fund to support individual entrepreneurship and small scale micro enterprise. Regarding gender and stigma, the project will take into consideration gender equity from the planning phase and all children irrespective of the cause of vulnerability and death of one or both parents. Africare will also work with the district probation and welfare office to address the legal issues involving the OVC and the caregivers. Africare will work through existing structures including the Parish Development Committee, the PLWHA Associations and schools to reach the most vulnerable children. Partnerships will be formed at all levels to encourage collaboration. Africare will also provide support to local organizations currently serving OVC in an effort to boost their capacity to do more.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 7,500 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 1,400 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing women's legal rights

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Wrap Arounds

Food

Microfinance/Microcredit

Education

**Coverage Areas**

Ntungaro

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | OVC Track 1/Round 1 |
| **Prime Partner:** | Opportunity International |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | N/A |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4438 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity provides sustainable income and housing, which will serve a total of 3,840 OVC. UGAFODE will focus on expanding microfinance through the provision of credit and insurance products in order to increase the sustainability of family incomes and therefore, increase the capacity of families and communities to care for OVC. Most of UGAFODE's clients are women, increasing the women's access to sustainable income. 3,200 OVC in Bushenyi, Ntungamo and Mbarara districts will be served through microfinance and/or income support for the family. HFHU will accelerate the provision of housing to OVC and families caring for OVC, by specifically targeting vulnerable families and assisting them to either construct new housing or improve existing housing. HFH's methodology incorporates short and long-term volunteers from the US in assisting with construction of homes. 640 OVC in the Bugiri, Hoima, Jinja, Kamuli, Luwero, Masindi, Mbale, Mukono, Nakasongola, Pallisa, Sironko, and Wakiso districts will be served through the provision of new or improved housing.The program also provides training of caregivers to support OVC and training of OVC in life skills. UGAFODE and HFHU will both offer training and education to their clients and caregivers in the community in order to increase the capacity of communities and caregivers to support OVC. Training will be based on the "Facing AIDS Together" curricula developed by World Relief and Freedom from Hunger. HFHU will also work specifically to increase awareness and protection of the rights of women and children to inherit and maintain property. Additionally, UGAFODE and HFHU will work together to offer an apprenticeship program for OVC to gain marketable or employable skills. Where possible, OVC will be encouraged to participate in all program activities, increasing their capacity to provide for their own needs.Through this activity, stigma and discrimination, gender issues are addressed. UGAFODE and HH are providing education related to stigmatization and discrimination to caregivers as one of HIV/AIDS sensitization programs . Both institutions provide micro-credit and housing to caregivers irrespective of their HIV status. By building the businesses of caretakers of OVCs through microcredit, this activity increases their capacity to avoid risky relationships that could lead to contracting HIV. Under Youth apprenticeship program, vocational skills to the OVCs including girls will enable them to be engaged in income generating activities for their sustainability. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 51 - 100 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 3,840 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 3,500 | ☐ |
| *Number of infants tested for HIV* | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

**Key Legislative Issues**

Increasing women's access to income and productive resources

*Increasing women's legal rights*

Volunteers

Stigma and discrimination

**Coverage Areas**

Bugiri

Bushenyi

Hoima

Iganga

Kamuli

Kasese

Luwero

Masindi

Mbarara

Mukono

Nakasongola

Ntungaro

Rakai

Rukungiri

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| ***Mechanism:*** | OVC Track 1/Round 2 |
| **Prime Partner:** | Salvation Army |
| **USG Agency:** | U.S. Agency for International Development |
| ***Funding Source:*** | N/A |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4440 |
| **Planned Funds:** | |
| **Activity Narrative:** | This program focuses on community counseling, psychosocial support and women's empowerment. The first is community counselling of village communities in 12 Districts of Uganda, using existing Salvation Army churches and pastors as the starting point to reach out into the wider communities beyond the church circle. This activity is particularly aimed at families and homes affected by HIV/AIDS and those with orphaned and vulnerable children.The second activity is to provide psychosocial support (PSS) for the young people in these communities by forming KAY (Kids and Youth) Clubs, which will provide meeting places, social and sporting activities and a base from which PSS couselors can work to increase AIDS awareness and AIDS preventative life styles for the 12 to 20 age group. The PSS program also aims to create a sense of mutual trust and confidence in the peer group and a sense of self respect and dignity which will enable the young people to contribute to their own communities.Our third activity area the formation of communities women's groups with the aim of creating women's empowerment by raising the levels of literacy, using a teaching method developed by PACT and currently being translated in Lugisu for use in eastern Uganda. The empowerment of women continues in the WORTH income generating groups where women form their own savings schemes, lend to group members for small business ventures, thus increasing family incomes and creating the opportunities for children to go to school and receive better and more regular nourishment.Two important strands through all these activities are the striving to eliminate gender inequalities and poor treatment of women and the removal of stigmatization from HIV/AIDS sufferers and their care givers. In addition to the PEPFAR targets, this activity plans to accomplish the following in FY06: 50 CATs formed; 30 New KAY Clubs formed; 60 PSS trained individuals trained; 30 WORTH income generating groups formed; 5,000 reading scheme books printed and distributed; a significant change in behaviour patterns in young people choosing abstinence and delaying their early sexual encounters. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 9,780 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 80 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community-based organizations

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

**Coverage Areas**

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Hope for African Children's Initiative
**Prime Partner:** CARE USA
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4449
**Planned Funds:**
**Activity Narrative:** HACI is implemented by a consortium of partners in Uganda to increase support to civil society organizations providing care and support for OVC. With FY04 funds, HACI put out a competitive solicitation for local organizations. [redacted] was awarded through 26 grants, focusing on the needs of orphans and children in conflict areas including Gulu, Lira and Katakwi. Through these grants 10,380 orphans will be reached and 1,630 caregivers will be trained. Activities are expected to be completed by March 2006.

| Emphasis Areas | % Of Effort |
|---|---|
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | | ☑ |
| Number of providers/caretakers trained in caring for OVC | | ☑ |

**Target Populations:**
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**
Stigma and discrimination

**Coverage Areas**
Gulu
Kapchorwa
Lira

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Ministry of Health, Uganda |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4503 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities numbered: 4402 PMTCT, 4401 Abstinence, 4405 Injection Safety, 4404 Basic Health, 4403 CT, 4407 ARV Services, 4408 Laboratory, 4406 SI and 4502-Other/Policy analysis and system strengthening. |

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

In fiscal year 2005, the Ministry of Health scaled up services for comprehensive HIV/AIDS care for children and adults, in line with the Health Sector Support Plan strategy for increasing assess to HIV/AIDS care.services. As part of the Ministry's effort to increase services for orphans and vulnerable children (OVC), early infant HIV diagnosis was identified as a priority. Although HIV diagnosis is the entry point to care, support and treatment services, early diagnosis and effective care for HIV infected children less than 18 months is still a challenge due to limited access to HIV PCR testing services (a recommended method in this age group). The Ministry of Health with technical support from HHS/CDC has already developed a protocol for scaling up early diagnosis of HIV infection among infants based on PCR testing of capillary blood specimens collected on filter paper (dry blood spots). The activity primarily targets OVC less than 18 months who are born to HIV positive mothers and those suspected of having AIDS. This service for diagnosing infants and young children will lead to improved paediatric HIV/AIDS care and treatment. Under this program, dry blood spot spots specimens will be collected from health facilities in various parts of the country and transported to a central laboratory for HIV PCR testing. Diagnosed HIV positive children will be linked to services for basic HIV/AIDS care and Antiretroviral therapy while HIV negative babies will be managed in accordance to existing guidelines. A feedback system for results to the local health providers is being established so as to link HIV infected children to basic care and support services in the community.

In fiscal year 2006, the funding will support the implementation of this OVC intervention. Services will be established for early diagnosis of HIV among infants and young children in an additional 20 districts and, supervision and support for already established services in 12 districts. Key components of this activity include training of district health managers and health facility staff in collection and handling of specimens for PCR testing, shipment of specimens from health facilities to central laboratory for testing and, communication of results to health facilities, community mobilisation and sensitisation, Quality assurance and support supervision. The programme targets to test 1000 children exposed to HIV and link them to HIV care, support and treatment services

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | | ☑ |
| Number of providers/caretakers trained in caring for OVC | | ☑ |
| Number of infants tested for HIV | 1,000 | ☐ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Pregnant women
Program managers
USG in-country staff
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.08: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Basic Care Package Procurement/Dissemination |
| **Prime Partner:** | Population Services International |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Orphans and Vulnerable Children |
| **Budget Code:** | HKID |
| **Program Area Code:** | 08 |
| **Activity ID:** | 4511 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4411-Other Prevention Activities, 4400-Basic Health Care & Support.<br><br>In September 2004, CDC initiated a program with PSI to implement an information, education and communication program targeting PLWHAs including orphans and vulnerable children in Uganda. In April 2005, supplemental funding was awarded to PSI to incorporate the distribution of basic care package commodities (long lasting bed nets and safe water systems to eligible populations) whose goal is to help reduce morbidity and mortality caused by opportunistic infections in PLWHAs and including OVCs. The commodities are packaged together and distributed through HIV/AIDS care and support organizations in Uganda.<br><br>In FY06, this program will increase Basic Care and Palliative Care products and services to serve 11,000 children living with HIV/AIDS infected or affected families. Additionally, training sessions will support expanded awareness among providers on the benefits of Basic Care and Palliative Care products and services will focus on the unique needs of OVCs. This activity is part of the larger project which includes Basic Health Care and support and other prevention. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of OVC served by OVC programs | 11,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | | ☑ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community leaders

Orphans and vulnerable children

Public health care workers

**Coverage Areas**

Gulu

Kampala

Mbale

Mbarara

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4529
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: Basic (4525), Palliative Care: TB/HIV (4528), Counseling and Testing (4523), ART Services (4530), SI (4531), and Other policy Strengthening (4532).

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.

Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda.

This activity has several different components. One component is to build the capacity of the Inter-religious Council of Uganda and its network of faith based organizations, as well as other select USG supported CBOs and NGOs to expand access to care and support services targeting orphans and vulnerable children, to institutionalize quality assurance measures and to ensure broad application of "best practices" in this area. The contractor will work closely with IRCU and other CBOs and NGOs to link HIV positive children identified through their routine counseling and testing services to OVC care and support services as needed. This activity will coordinate closely with and complement the OVC program implemented by Core International which provides significant support to the Ministry of Gender, CBOs and FBOs in Uganda.The support provided through this program will be based upon specific needs of target organizations however the contractor will work with each to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs. Direct targets such as number of service outlets, number of OVC receiving support services and number of individual's trained are not counted here because this is primarily a technical assistance program and these numbers are captured in other activity narratives.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | | ☑ |
| Number of providers/caretakers trained in caring for OVC | | ☑ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Non-governmental organizations/private voluntary organizations

***Key Legislative Issues***

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** IRCU
**Prime Partner:** Inter-Religious Council of Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4686
**Planned Funds:**
**Activity Narrative:** This activity links to activities in AB (4685), Palliative Care: Basic Health Care (4363), Palliative Care: TB/HIV (4364), counseling and testing (4365), ARV drugs (4687), and ARV services (4366).

The Inter-Religious Council of Uganda (IRCU) has been engaged in interventions to mitigate the impact of HIV/AIDS on children since 2001. Using PEPFAR Track 1.5 and FY05 resources, IRCU has provided assistance to 8,000 OVC through sub grants to 89 FBOs. Services provided range from support to maintain children in the formal education system, skills-based vocational training for children that dropped out of school, advocacy for child rights at community level to support economic strengthening of families caring for orphans. Interim evaluation of these interventions has indicated that this assistance contributed incredibly to restoration of hope and self esteem among OVC and has also greatly relieved care taker families.

With FY06 resources, IRCU will sustain support for the children enrolled in FY05, with the aim of supporting them to complete the education especially those undergoing vocational training. An additional 6,000 children will be taken on. IRCU will strengthen the psychosocial component of this activity targeting both OVC and their caretakers in order to enhance their social and emotional well being. Linkages will be established with other programs engaged in OVC interventions to allow for complementarity in the services offered as well as sharing of technical and strategic priorities. As a priority, OVC services will be linked to other HIV/AIDS activities such as life skills and abstinence programs for prevention as well as care and treatment activities to support children who are living with HIV/AIDS. Technical assistance will also be sought from Ministry of Gender Labor and Social Development as well as District Probation Offices to ensure that interventions meet minimum quality standards and are aligned with government policy. Implementing agencies will be facilitated to ensure that regular and routine monitoring visits are made to schools, families and institutions hosting beneficiary OVC in order to keep appraised on the status of their social and psychological well-being. IRCU implementing partners will convene quarterly workshops that bring together implementers, beneficiary OVC and their caretakers at which experiences and new strategies for offering quality OVC care will be discussed. These workshops will also provide opportunity for receiving feedback from OVC on the quality of care they are receiving from schools, institutions as well as caretaker families.

Legal and social protection of OVC will also be strengthened through engagement of religious and political leaders in advocating, and where possible enforcing laws and bye-laws enacted to promote the welfare of children. Using its network of religious institutions, IRCU will also support the dissemination of government policies on OVC and other children in general. Implementation of activities will continue to be informed by positive elements of the Ugandan culture, religious values and indigenous knowledge that offer the framework within which child growth and development occurs. Support will be extended to OVC care givers with start up grants, knowledge and skills in IGAs in order to put in place economic security for OVC.

In FY06 IRCU targets to offer care and support to a total of 12,000 OVC of whom 6,000 will be those currently getting support and 6,000 newly enrolled. At the same time 200 care givers will be trained to provide care and support to OVC. These will include religious leaders, Coordinators of OVC programs in implementing agencies and community leaders.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 12,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 200 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Education

**Coverage Areas**

Apac

Arua

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Masaka

Mbale

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Soroti

Tororo

Wakiso

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** PHA Network
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4693
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: Basic Health Care (4688), Palliative Care: TB/HIV (4690), and ART Services (4695).

It is widely recognized that greater involvement of PHAs results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decreased stigma and discrimination through improved understanding of the PHA experience. This activity will facilitate the provision of technical assistance and sub-grants to strengthen PHA networks in Uganda. The purpose of this program is to increase access of PHAs to HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services, including OVC services for the OVC in their households.

The grantee will build both the institutional and technical capacity of PHA networks to increase their involvement in the delivery of OVC care and support and in the establishment and management of effective referral mechanisms to link members and their families to a broad spectrum of wrap around support programs targeting PHA and OVC. PHA networks may also receive sub-grants to facilitate these activities and support access to services for their most economically vulnerable members who might not otherwise be able to access them. This activity will focus on facilitating access for the most critically ill PHA and OVCs living in PHA housholds to OVC support programs.

This activity will be closely linked to and coordinated with the Inter-religious Council of Uganda and Hospice activities to name a few.

The targeted PHA networks include over 1,000 existing PHA networks and their sub-networks at national, district and grass roots levels. It is estimated that this activity will work with approximately 70 networks in 35 districts in 2006. It is estimated that approximately 113,000 PHA will be supported to access OVC support services.

The grantee will build on AIM's previous work with PHA networks and identify new networks that are well placed to achieve the goals of the program with continued expansion in terms of networks reached over the next couple of years. The grantee will also work with each of these networks to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | | ☑ |
| Number of providers/caretakers trained in caring for OVC | 140 | ☐ |
| Number of infants tested for HIV | | ☑ |
| *Number of service outlets providing services for HIV diagnosis* among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4713
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

Nationally, an estimated 14% of children are orphan. However, the situation in the north has exacerbated the vulnerability of orphans and nonorphans. 21% of adolescents aged 10-17 do not stay with their parents; 7,000 – 12,000 children are estimated to be involved in commercial sex; 31% of older unmarried adolescents have exchanged gifts or money for sex; 66% of night commuters are children (Gulu), and 83% are between the ages of 6 and 17(Kitgum); education is estimated to be at approximately 73% of primary school students. The majority of services for children include food support and basic needs, and there appears to be a fair amount of duplication among beneficiaries.

Activities will serve to increase access to comprehensive services for orphans and other vulnerable children as outlined in the national policy and implementation plan. Activities will be targeted to the life cycle of the child, and more importantly to the unique needs facing children in the north – such as child protection, HIV prevention and care, and support for children living with chronically ill and disabled parents. Services will be coordinated with the Ministry of Gender, Labour and Social Development and key partners UNICEF, Global Fund and grants supported through USG (CORE/IRCU).

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 20,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 500 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/Internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Widows/widowers

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** State Department
**Prime Partner:** US Department of State
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4753
**Planned Funds:**
**Activity Narrative:** This activity complements activity 4763-Palliative Care: Basic Health Care & Support. It is to support grassroots programs in the delivery of HIV/AIDS services. Financial and technical support will be given to community and faith-based projects providing HIV/AIDS services at the grassroots level. The focus will be on community support to orphans and people living with HIV/AIDS. The initiative will help strengthen Uganda's network model.

Over the last two fiscal years, this activity has funded 36 projects in underserved communities around Uganda. Orphans and Vulnerable Children have benefited from vocational training, school and orphanage upgrades, rural-based health clinic renovations and the construction of clean water springs through this activity.

This year, the Embassy will continue to identify and fund innovative projects designed and implemented at the grass roots level. Note: Since this is a micro-projects scheme with rolling approvals, we do not know the sub-partners yet.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 1,500 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 20 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Community-based organizations

Disabled populations

Faith-based organizations

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

**Coverage Areas:**

National

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in northern Uganda
**Prime Partner:** International Rescue Committee
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4761
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4754-AB, 4755-Other Preventions, 4757-PMTCT, 4758-CT, 4759- Basic Health Care & Support, 4760-TB.
This activity also relates to activities in Abstinence and Being Faithful, Prevention/Other, and Counseling and Testing.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.

In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

Support to OVC is a notable gap in all the refugee sites, with no single program addressing the particular needs of this vulnerable group. In FY06, IRC will collaborate with other partners and various sectors to strengthen activities supporting OVCs, with emphasis placed on improving access to social services such as education and health. To achieve this goal, IRC will provide educational support to OVCs, train community leaders and caretakers of OVCs, as well as identify volunteers and train them as OVC service providers.

We intend to improve the ability of 200 OVCs to obtain secure livelihoods through increased access to education. In addition, existing OVC support programs will be strengthened and expanded to address the needs of OVCs and their family members and to encourage them to protect themselves from HIV infection through the use of preventive measures such as AB, Condom use and accessing VCT. There will be strengthened district coordination and management structures in support of OVCs. A total of 300 OVCs will benefit from this program.The key legislative issues addressed in this program area are increasing gender equity in OVC programs by giving equal opportunity to the girl child, increasing women's access to income and productive resources, and increasing women's legal protection. Stigma and all forms of discrimination shall also be addressed.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| *Linkages with Other Sectors and Initiatives* | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 300 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 50 | ☐ |

**Target Populations:**

Community leaders
HIV/AIDS-affected families
Orphans and vulnerable children
Widows/widowers
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Increasing women's access to income and productive resources
Increasing women's legal rights
Stigma and discrimination

**Coverage Areas**

Masindi
Yumbe

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in Kyaka II Settlement
**Prime Partner:** International Medical Corps
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4810
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4814-CT, 4808-TB, 4803-Other Preventions, 4810-AB, 4795-PMTCT, 4806-Basic Health Care & Support.
The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive and VCT services.

IMC will identify OVC and their families/caregivers within the refugee and host population of Kyaka II settlement, working through the network of community health workers (CHWs). Linkages with other sectors and initiatives are a major component of this activity category. A program to support identified target population group will be designed in partnership with other agencies providing assistance to vulnerable in the settlement. Activities will aim to improve preventive behaviors of OVCs and family members and improve ability of OVCs and their caretakers to secure livelihoods. Options will be explored to improve the food security of OVCs and their families/caregivers. Such options might include support with seeds and tools, direct food support to affected households as well as access to income-generating opportunities. Social services will be strengthened to support education and provide psychosocial services. IMC will train CHWs to provide health education and to disseminate relevant information to OVCs and their families.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 200 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 20 | ☐ |
| Number of infants tested for HIV | | ☑ |
| *Number of service outlets providing services for HIV diagnosis* among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Adults

Community leaders

Street youth (Parent: Most at risk populations)

*HIV/AIDS-affected families*

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: *Adults*)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Other health care workders (Parent: *Private health care workers*)

**Key Legislative Issues**

Gender

*Increasing gender equity in HIV/AIDS programs*

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

***Coverage Areas***

Kyenjojo

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** OVC Track 1/Round 2
**Prime Partner:** Plan Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** N/A
**Program Area:** Orphans and Vulnerable Children
**Budget Code:** HKID
**Program Area Code:** 08
**Activity ID:** 4895
**Planned Funds:**
**Activity Narrative:** The training of 250 HEs (Health Educators) in all participating schools. These are teachers who would have been identified by children and approved by school administration to undertake additional responsibilities of caring for vulnerable children in schools. These teachers will undergo a 3 days residential training to equip them with guidance and counseling skills to be able to assist vulnerable children continue with their education through improved confidence and support. Teachers will be trained in handling and identifying children in need, without isolating and stigmatizing them from their other colleagues in class. An inclusive approach of handling all children together will be encouraged while special care will be taken to ensure that the most vulnerable of the lot receives the appropriate guidance and counseling to enable him/her proceed with education. In order to have all teachers in school identify themselves with the project, the initial 250 teachers trained will be facilitated to retrain other teachers in each of the 250 participating schools in a cascading manner. By the end of this activity, All teachers in the 250 participating schools will have at least gained appropriate knowledge required to enable them to operate in a team approach for the benefit of vulnerable children in schools. With this strategy, the barrier that has been inhibiting vulnerable children from attending school will be handled in an appropriate manner. Program activities will promote the recognition of the differential, adverse impacts of HIV/AIDS on the girl-child and the boy-child among OVC Program activities will promote community dialogue and action, as well as, advocacy activities, to explore the role of gender and social norms in aggravating HIV/AIDS

| Emphasis Areas | % Of Effort |
|---|---|
| Linkages with Other Sectors and Initiatives | 51 - 100 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of OVC served by OVC programs | 7,000 | ☐ |
| Number of providers/caretakers trained in caring for OVC | 250 | ☐ |
| Number of infants tested for HIV | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of service outlets providing services for HIV diagnosis among infants | | ☑ |
| Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior beyond abstinence and/or being faithful | | ☑ |
| Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | | ☑ |

**Target Populations:**

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

**Key Legislative Issues**

Gender

**Coverage Areas**

Kampala

Kamuli

Luwero

Tororo

**Table 3.3.09: Program Planning Overview**

**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09

**Total Planned Funding for Program Area:**

**Program Area Context:**

HCT is recognized as an entry point for HIV/AIDS prevention, care, treatment and support services. Uganda was the first country in sub-saharan Africa to implement stand alone VCT and with PEPFAR and MOH support, has pioneered new approaches to CT in FY05; including RCT in Hospitals, HBVCT for family members of PHLAs and door to door CT. In FY06 these activities will further be strengthened and expanded with USG support.

From the FY05 semi-annual report , 232,695 clients received CT in 958 service outlets. In FY05, up-take of client-initiated stand-alone HCT has increased. Uganda's largest HCT provider, AIC provided over 112,000 VCT sessions in 8 main branches and 160 indirect sites through March. AIM provided VCT to over 70,000 people in 98 public and private HCT sites in 16 districts. Services were also delivered through a consortium of partners working in 29 sites in 5 conflict-affected districts to reach 7,000 individuals with HCT services. In addition, the Uganda People's Defense Force has established 12 HCT centers in army division headquarters and several main barracks; 10,000 persons have benefited from HCT in these sites.

In FY05, the USG collaborated with UNICEF and WHO to provide technical and financial support to the MoH in revising the policy and implementation guidelines for HCT and the development of a toolkit. The policy and guidelines outline approaches to HCT, C&T in specific populations including children and sets the regulations for testing by health personnel and other counselors. The USG country team is a member of "CT 17" a committee under MOH that brings together all HCT stakeholders in the country.

Through various implementing partners including AIC, UPHOLD, TASO, AIM, ICOBI, MJAP, MOH and RTI, the USG has supported the expansion of HCT through innovative approaches. Provider initiated HCT, also known as Routine Counseling and Testing (RCT), at clinical sites is currently operational in two major teaching hospitals of Mulago and Mbarara. In FY05, this service has been expanded to four healthcare facilities of Kaberamaido HCIV, Lwala, Nkozi and Gombe hospitals. Client initiated HCT has been expanded through faith-based organizations like IRCU and community-based initiatives. Home-based HCT has been operationalized and will be further expanded in Bushenyi and Kumi districts in FY06. TASO at seven centers provides home-based HCT services to family members of clients receiving care and treatment. The USG, through the "Strengthening Counselor Training (SCOT)" program provides support to the MOH to strengthen and standardize counselor training in Uganda. In addition, SCOT program will develop monitoring and evaluation instruments, strengthen quality assurance and promote coordination of HIV counselors.
The USG has supported efforts to reduce stigma and discrimination and stimulate demand for HCT through community mobilization. All USG supported HCT providers have developed linkages to care and treatment services to ensure that HIV positive persons are linked to care and treatment services. Through strengthened Post test counseling and post-test-clubs, partner disclosure of serostatus and sexual behavioral change have been enhanced.

Global Fund and World Bank have provided the bulk of the funding for purchasing HIV test kits. USG is supplementing this support with additional procurements and support through the DELIVER Project and NMS, which has set up national procurement and delivery systems for tests kits. Given the rapid increases in HCT programs and uptake, the frequent HIV-test kits stock-outs and the suspension of the Global Fund in Uganda, close coordination and careful forecasting of test kit commodities will be essential.

Partners include UNICEF VCT in the North; the European Union support for national health sector capacity building and VCT services for the North; the Catholic and Protestant Medical bureau support for private not-for-profit sub-sector; and the private sector.

**Program Area Target:**

| | |
|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 470 |
| Number of individuals who received counseling and testing for HIV and received their test results | 590,692 |
| Number of individuals trained in counseling and testing according to national or international standards | 3,803 |

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** AIC USAID
**Prime Partner:** AIDS Information Centre
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 3194
**Planned Funds:**
**Activity Narrative:** This activity links to activities in AB (4371), Other Prevention (3193) Palliative Care: Basic Health Care (3195), and ARV services (4373).

AIC is the largest provider of HCT in Uganda and under this activity the organization will focus on four major areas namely, increased access to HCT through community mobilization for HCT and targeting of Most at Risk Populations, encouraging couple counseling and testing, identification of serodiscordant couples and promoting prevention with positives and strengthening Post-Test-Clubs to implement prevention programs. This activity will build on the existing FY05 activities to continue to support the delivery of HIV/AIDS counseling and Testing (HCT) services in 8 existing branches, outreaches and 160 AIC supported Ministry of Health (MoH) sites. This activity is estimated to provide counseling and testing services to a total of 200,000 in 40 districts and train 730 service providers.

AIC through various innovative approaches will strengthen and increase access to HCT. AIC will strengthen and remodel the Executive (appointments) wing of HCT to continue to serve the more affluent categories of people in the community. The Executive wing of HCT, currently operating at the Main branch in Kampala will be expanded to two more districts of Jinja and Mbale. AIC will continue to provide community based approach to HCT through the Mobile HCT in two districts of Kampala and Mbale and the community-owned HCT in Kayunga and Arua districts. Mobile HCT brings services closer to the community while the community-owned HCT empowers the community to manage and own the HCT services. Community Resource Persons will be trained to provide the HCT services to their respective communities. During FY06 AIC will target Most At Risk Populations (MARPS) for increased access to HCT. Some of these MARPS include out-of-school youth, fishing communities and internally displaced persons (IDPs).

In FY06, AIC is estimated to provide training to 730 counseling and testing providers including community resource persons and MoH service providers. AIC will strengthen the procurement and distribution of HIV test kits and provide quality assurance and support supervision to ensure quality HCT services that meet the prevailing demand for counseling and testing services in the country.

AIC will maintain linkages to referral networks to ensure that clients that require support services beyond what AIC can offer are referred to other agencies like TASO, MOH facilities and faith-based health care facilities under IRCU.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 178 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 200,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 730 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Discordant couples (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

Pregnant women

Volunteers

Religious leaders

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Adjumani

Apac

Arua

Busia

Gulu

Jinja

Kabale

Kaberamaido

Kampala

Kamuli

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kisoro

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Masindi

Mbale

Mbarara

Moroto

Moyo

Nakasongola

Nebbi

Ntungaro

Pader

Pallisa

Rakai

Sembabule

Sironko

Soroti

Tororo

Yumbe

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 3940
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. In Fy05 to date, AIM has supported 101 sites, which have provided CT to 125,280 individuals.

In FY06, AIM will continue to strengthen and expand HCT through financial and technical support to static sites and outreach services; IDP camps; integrating RCT into selected sites at district and health center 4's, supporting HCT logistics managment; strengthening HCT within PMTCT and addressing issues of service uptake.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 450 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 179,195 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 400 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Policy makers (Parent: Host country government workers)

Pregnant women

**Key Legislative Issues**

Addressing male norms and behaviors

Reducing violence and coercion

*Stigma and discrimination*

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

Nebbi

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 3952
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951), Palliative Care: Basic Health Care (4954), Palliative Care: TB/HIV (3950), OVC (3957) and Strategic Information (3955).

The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have helped to customize program interventions on a district by district basis.

This activity has several different components. One key component is to provide 40,000 new clients with comprehensive counseling and testing, through integrated HIV counseling and testing (HCT) services within health facilities. Approximately 75 health facilities (both public and private) will be supported in the provision of counseling and testing for diagnostic purposes for high numbers of in-patients and out-patients. Routine counseling and testing will be offered to pregnant women and patients with TB symptoms. In addition to HCT services being provided at the health facilities, outreach services will be scaled up to reach more populations who include out of school youth, internally displaced persons, mobile populations such migrant workers who include fishermen and women, traders and other adults of reproductive age. On average each HCT health facility will conduct three to four outreaches monthly depending on the numbers of populations served and the demand for the services. The total estimated outreaches will be 250 per month.

The key HCT outreach service outlets will target densely populated communities such as IDP camps, fishing villages, communal markets camps and high activity areas such as trading centers, in addition to areas surrounding tertiary schools. The funding will support activities that will be strategic in creating awareness about use and benefits of HCT services through targeted and participatory community mobilization interventions which will mainly be channeled through local communication outlets such as local theatre/drama groups. In addition, community/group dialogue activities, facilitated by faith based organizations, will promote increased use of services and self-referral for counseling and testing by the general public. Community mobilization activities will also focus on key legislative issues which include promoting positive behaviors through messages addressing gender equity, couple dialogue and counseling and testing together, male prohibitive behaviors against women in accessing and using HCT services, male norms about masculinity, acceptance of early marriages and having multiple sexual partners (including transactional sex). Community mobilization activities will also be directed towards eliminating negative behaviors that bring about stigma and discrimination associated with HIV/AIDS. Twenty-nine UPHOLD-supported Civil Society Organizations including non-governmental and faith based organizations will be responsible for the community mobilization activities to increase use and access of HIV counseling and testing services.

In addition, this funding will also support the Ministry of Health with the procurement of a maximum of 10,000 test kits during national shortages. Basic renovation of the health facilities will be an additional activity as needed; the renovation is designed to increase the quality of HCT services to the users. In addition to provision of quality of HCT services as well as increasing access and use, the funding will also support

additional training of staff at the health facilities in providing counseling and testing, quality supervision and general orientation of the health facility staff all of which ensures delivery of minimum quality standard for services. In total 120 additional health workers will be trained to boost HCT services in 67 HCT health facilities (service outlets). These health workers will include clinicians, laboratory staff, nurses and other health care workers both in public and private sector.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Training | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 75 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 40,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 120 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

***Key Legislative Issues***

Increasing gender equity in HIV/AIDS programs

*Addressing male norms and behaviors*

*Reducing violence and coercion*

*Increasing women's legal rights*

Stigma and discrimination

**Coverage Areas**

Bugiri

Bundibugyo

Gulu

Kamuli

Kitgum

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** US Department of Defense
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 3970
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4551-PMTCT, 3967-Other Preventions, 4552-ARV services, 3969-SI, 3968-Basic Health Care & Support.
The Uganda People's Defense Force (UPDF) is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its Revised National Strategic Framework (04-07). Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the president mandated the UPDF's Aids Control Program to oversee and manage prevention, care and treatment programs through out the forces.

The USG is the primary supporter of HCT services within the armed forces. With support that began in 2003, the number of HCT service centers has grown from 0 to 12, based in the major military bases and spread throughout the country. As reported in the 2005 Semi-Annual Report, 4194 persons were reached through these centers. The focus for FY06, along with supporting the on-going centers is to augment HCT services with RCT and focus on quality assurance. This program activity 3967, as awareness is raised with in the post-test clubs and through the line of command, demand for HCT services increases.

The activity seeks to address two legislative issues; gender equity and stigma discrimination. Genders issues are through targeting soldier's wives by encouraging partner's testing. Stigma and discrimination issues will also be addresses through counseling, by making those who test aware of the HIV/AIDS policy for the UPDF that does not allow for stigma and discrimination for individuals with HIV/AIDS.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Training | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 12 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 10,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 10 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Pregnant women

Laboratory technicians

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Jinja

Kampala

Lira

Luwero

Masaka

Mbarara

Mubende

Nakasongola

Tororo

Wakiso

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Community Resilience and Dialogue
**Prime Partner:** International Rescue Committee
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 3989
**Planned Funds:**
**Activity Narrative:** This acovity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), and strategic Information (3984).

CRD has been providing HCT services to war affected regions of Western Uganda, Northern and Northeastern Uganda. Data collected shows high demand for such services especially among the female population where prevalence is high. Hence, with this new funding CRD through its partners (CRS and IRC) plan to continue with the provision of high quality CT services in severely affected war districts of Uganda. One of these districts is Gulu where HIV prevalence is estimated to be at 12% (9.1% regionally). CRS in collaboration with a missionary hospital (Lacor HSP) will continue providing technical support to CT service provision to clients visiting this hospital. In addition, arrangements will be made to extend the same support to two health units in IDP camps.

The 18 years war in Northern Uganda has had a devastating effects on the region and caused displacement of over 1.6 million persons, mostly women and children who now live in camps as internally displaced persons (IDP), with limited access to health services such as CT. The high HIV prevalence means the spread will continue if prevention, care and treatment activities are not conducted for high risk populations. Other districts are being supported in a similar manner in the underserved region of the North. IRC will work with other partners in the region to provide support to CT static sites, outreach operations, and home based CT services. Implementation of CT services in these regions will require staff to be identified by the management centers to be trained in provision of quality CT services. The training will be conducted by MOH in collaboration with other HIV/AIDS training agencies in the country, using the newly developed CT curriculum.

In addition, the training will address gender, stigma and discrimination issues in HIV service provision. CRS and IRC will link CT centers to MOH stores to get testing kits for client. In events that MOH will have stock outs, plans will be made to supplement commodities through procurement of test kits. In order to provide quality services, the MOH will be consulted in provision of quality assurance and supportive supervision. Community mobilization, information, education and communication activities will be carried out for the public to know more about HIV/AIDS facts, availability of CT in their areas, benefits of testing/knowledge of HIV status and referral services including ARVs. The principal target populations for this component are: adults (males and females) children, youths and couples. Funding will go specifically to support training of staff, community mobilization, commodity procurement, IEC, quality assurance, development of network/referral, and linkages with other sectors. In total the component will support 9 static CT sites, 10 outreach sites, training of 35 CT staff and the will serve 11,300 clients.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 19 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 11,300 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 35 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

Refugees/Internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Gender

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Gulu

Kotido

Moroto

Nakapiripirit

Kitgum

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Integrated Community Based Initiatives
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4013
**Planned Funds:**
**Activity Narrative:** This activity compliments activities in PalliativeCare: Basic Health Care. Integrated Community Based Initiatives (ICOBI) has been implementing a full access home-based counseling and testing program in Bushenyi district since October 2004. The key components of this activity include human resource, procurement and community mobilization. In FY06, up to 120,000 people will be reached with counseling and testing in their homes in Bushenyi district. 29 outreach teams (consisting of a counselor and a laboratory assistant) based at each of the 29 sub-counties in the district will be supported in the provision of counseling and testing.

The outreach teams will be supported by 170 resident parish mobilisers in each of 170 parishes in Bushenyi district. When the teams visit homes they are further supported by 2,034 village local council chairpersons. It is anticipated that during the year each village will be visited at least two times. The testing teams are facilitated with a motorcycle and the resident parish moblisers are facilitated with a bicycle. In order to achieve these targets all the testing teams will be trained in HIV counseling and testing. The resident parish moblisers will also receive re-orientation and training as assistant counselors. Home based counseling and testing will be offered to the following principal target populations: all adults resident in Bushenyi district (>14 years) and all children at risk of HIV infection (e.g. mother HIV+ or mother suspected to have died of AIDS related illness).

This funding will go specifically to support the procurement of test kits, payment of staff salaries, providing logistics for home-based counseling and for community education and mobilization. In order to meet the increasing demand for home-based HIV counseling and testing teams are increased from 15 to 29 (from the previous financial year 2005/06). This activity is closely linked to activity 4031, Palliative Care:Basic Health Care and Support.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Infrastructure | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 29 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 120,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 56 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Orphans and vulnerable children

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

**Coverage Areas**

Bushenyi

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4024
**Planned Funds:**
**Activity Narrative:** This program relates to activities in 4026-Laboratory infrastructure, 4022- PMTCT, 4021-ARV services, 4023-Basic Health care & support, 4017-Other/Policy Analysis.

The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%.

RHSP shall provide counseling and testing to 1000 new clients (testing with the RHSP for the first time) who will include both cohort participants and their families and members from outside the cohort area. Voluntary counseling and testing will be provided to the following groups of people: cohort participants (men and women 15-49 years of age), adolescents both in school and out of school, all pregnant women referred to our HUBS (service outlets), Infants and children born to HIV-positive mothers and HIV/AIDS affected families. Special consideration for HIV/AIDS affected family members includes VCT in the home but subsequent services are received at these HUBS.

10 HIV resident counselors will provide the bulk of this service with additional services provided by the counselors at the HUBs. In the community, the project in home counseling and blood is drawn for testing at the lab and the resident counselors bring back the results and provide the necessary counseling. This counseling encourages positive living when appropriate and helps to reduce new infection through behavior change. The resident counselors have received special training in handling issues relating to domestic violence and sexual coercion and will offer this activity as part of their routine counseling.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 51 - 100 |
| Logistics | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 16 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 1,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 10 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

HIV/AIDS-affected families

Infants

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Reducing violence and coercion

Stigma and discrimination

Gender

**Coverage Areas**

Rakai

**Table 3.3.09: Activities by Funding Mechanism**

| | |
|---|---|
| ***Mechanism:*** | *N/A* |
| **Prime Partner:** | National Medical Stores |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| ***Funding Source:*** | *GAC (GHAI account)* |
| **Program Area:** | Counseling and Testing |
| **Budget Code:** | HVCT |
| **Program Area Code:** | *09* |
| **Activity ID:** | 4030 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activity 4027-Lab. |

In September 2004, National Medical Stores (NMS) was awarded funding by the United States Government through CDC to purchase, distribute and track HIV/AIDS-related laboratory supplies and reagents for all Health Center III facilities and above to Regional Hospitals level. The FBO, NGO and private-not-for-profit health facilities are provided these same commodities through a partnership with the Joint Medical Stores (JMS). National Medical Stores is a parastatal company responsible for the management of the national distribution-chain management of essential medicine kits, antiretroviral medicines, TB medicines, contraceptives and other basic medical and laboratory supplies.

In FY05 the demand-based "National Laboratory Logistics System" for HIV/AIDS-related laboratory commodities was developed and will be fully functional by end of 2005 with the initial commodities to arrive in-country November 2005. Because the national system has not previously provided HIV/AIDS-related laboratory supplies, to initiate the supply NMS will prepare an 'essential packages' of reagents and supplies according to the laboratory functioning at each Health Facility level and 'push' these packages through three-cycles in order to create demand. Following this phase of 'push' distribution, health facility laboratory managers who have been trained in logistics management, will prepare orders for a predetermined range of HIV/AIDS-related laboratory reagents and supplies up to the limit of credit as determined by the Ministry of Health and in respect to funds available. As with the existing essential drug supply 'pull-system', health facilities will use a standard order form to place orders for a range of HIV/AID-related laboratory supplies every two months. These orders are to be packed per facility and delivered together with the essential drugs.

The National Medical Stores delivers packed and palletized orders to the District Drug warehouse from where the commodities are collected by the Health Facility. Using the Navision 3.7 commodity tracking software, NMS has the ability to generate shipment and consumption reports of HIV/AIDS-related laboratory supplies tracked directly to each health facility. In addition, this logistics system allows for the integration of donated stocks of laboratory reagents and supplies from other sources, such as the Global Fund into the routine supply system for health commodities, thus providing a comprehensive mechanism to track current stock and forecast procurement. With the USG funding assistance, NMS capacity to ensure the country's health commodity distribution system has been strengthened to adequately handle the HIV/AIDS-related commodities and their timely delivery countrywide by equipping National Medical Stores with one additional transport vehicles, warehouse equipment, and central and district cold-chain boxes. In addition an electrical mobile cargo side loader of appropriate specification will be installed at the Dispatch Bay to enable faster dispatch of palletized district orders of HIV/AIDS related commodities.

In FY06 USG funding to National Medical Stores will support sustaining a supply channel for HIV/AIDS-related laboratory reagents and supplies as well as HIV test kits and associated materials. Following the systems designed in FY05, this activity will involve the purchase, distribution and tracking of all supplies and commodities. Support for the national logistics management mechanisms will ensure HIV/AIDS-related laboratory reagents/supplies and test kits continue to be available at all public health center-III, health center-IV and hospitals across the country. As a result of this program, health facility laboratory services which are nearest to clients are widened with expanded access thus increasing the capacity of rural facilities to

meet the demand for HIV tests and AIDS-related laboratory services to be carried out, and generally improve the quality of clinical care of people living with HIV/AIDS.

To ensure that the number of stock-out days for any HIV/AIDS-related laboratory commodities is less than 6 weeks, NMS will maintain a minimum service level of 80%, a stock difference level for HIV/AIDS-related laboratory commodities below 0.1% of stock value, and 90% compliance to order delivery-date.

Finally the USG FY06 funding will contribute to mitigate any potential laboratory supplies stock-outs resulting from the Global Fund delays. Funds provided will support [redacted] for the purchase, distribution and tracking of 1,200,000 HIV test kits and associated materials; [redacted] for the purchase, distribution and tracking of HIV/AIDS-related laboratory reagents and supplies; [redacted] for strengthening the distribution and stock handling capacity of the National Medical Stores.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Logistics | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

People living with HIV/AIDS

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Mulago-Mbarara Teaching Hospitals - MJAP
**Prime Partner:** Makerere University Faculty of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4033
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4037-Lab, 4036-ARV Services, 4035-ARV Drugs, 4372-OVC, 4034-TB/HIV, 4032-Basic Health Care & Support.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV counseling and testing (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in Mulago and Mbarara hospitals are because of HIV infection and related complications. Until recently, HIV counseling and testing in both hospitals was provided to a minority of patients at a cost. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the MOH). MJAP also supports a new clinic in Mulago, which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.

The MJAP RTC program has been expanding rapidly. Since November 2004, the program has expanded from six to 20 RTC units. More than 24,000 in- and outpatients have received HIV testing and over 8,000 HIV infected individuals have been identified and linked to care and treatment. The extended first year target is to provide HIV testing to 42,000 individuals by March 2006. In terms of patient numbers, the current coverage is 5% in Mulago and 20% in Mbarara. The current program also provides C&T to family members of patients in the hospital and has found a high HIV prevalence (29%) among these. A significant number of family members who are not available in the hospital are left out. In order to extend the reach of counseling and testing to family members, the program has recently started piloting family-based HIV counseling and testing (FBHCT) for index ART patients in Bwizibwera and Kawempe health centers. In FBHCT, C&T is offered in the homes. HIV testing for family members of HIV positive patients identifies many HIV infected individuals in their households. Testing for family members also facilitates partner disclosure and testing and identifies many discordant couples. Additionally, testing of family members encourages care and support for the HIV infected individuals. The C&T program is closely linked to the HIV/AIDS care activities. Care for identified HIV positive patients is initiated at the time of diagnosis; all HIV positive patients receive

cotrimoxazole prophylaxis, and TB screening is provided for all patients with history of cough for more than 3 weeks. HIV positive patients are also referred for follow-up care in the HIV clinics where they receive basic HIV care, psychosocial support and ART.

In the next year (FY06), the program will expand unit coverage in the two teaching hospitals from the current 20 to 30 units. This will ensure RTC delivery to patients in all high prevalence units in Mulago and Mbarara hospitals. In the RTC units all patients with undocumented HIV status will be routinely offered HIV testing but this does not preclude the right to opt-out of testing. Offering C&T to all patients in these units will reduce the stigma that is often attached to seeking HIV testing. In addition to the RTC, each hospital (Mulago and Mbarara) will maintain one diagnostic site where patients with suspected HIV infection from non-RTC sites can be referred for HIV diagnosis. Through RTC, the program will provide C&T to 40,000 patients and family members who are available in the hospital. The program will target all categories of patients and family members, including adults, infants and children. C&T will also be provided for health care workers in Mulago and Mbarara hospitals, and MJAP program staff. We will also build on the current FBHCT pilot experiences to expand FBHCT. The program will provide FBHCT for all index ART patients in Bwizibwera and Kawempe health centers (estimated at 1,000). Through FBHCT, the program will provide C&T to 5,000 family members of ART patients. The program will strengthen linkages with other HIV/AIDS care programs to improve referral of identified HIV/AIDS patients. The C&T budget will cover HIV counseling and testing supplies and logistics. The program will also provide training for 500 health workers in provision of RTC for patients. This will ensure participation of health workers in provision of RTC and will as such facilitate integration of RTC into routine hospital activities. The program will also hire and train additional staff to support RTC in understaffed units and to provide FBHCT. The funding will also go towards quality assurance and support supervision, data management, M&E, and minor renovations.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Commodity Procurement | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 30 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 45,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 500 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Routine Counseling and Testing in Two District Hospitals |
| **Prime Partner:** | Research Triangle International |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Counseling and Testing |
| **Budget Code:** | HVCT |
| **Program Area Code:** | 09 |
| **Activity ID:** | 4045 |
| **Planned Funds:** | |

**Activity Narrative:**

This activity is closely linked to activities in Palliative Care: Basic Health Care and Support. Research Triangle Institute (RTI) in collaboration with AIDS Information Center and AIDS Healthcare Foundation – Global Immunity will provide routine HIV counseling and testing (RCT) and basic palliative care for HIV positive patients in district hospital and health center settings in Uganda. In implementing this activity, RTI is working closely with the Uganda Ministry of Health in the selection of districts and ensuring that activities are implemented in conformity with national policies and standards.

This activity aims to develop models for providing routine HIV counseling and testing and provides basic palliative care for HIV positive patients as part of the healthcare package provided at health facilities. Healthcare workers will be trained using the national curriculum to provide routine counseling and testing. Support supervision and in-service training will be provided to help build capacity and maintain quality of service. This training will be provided by field based project staff who will work with the healthcare workers, giving them continuous support for a year. Standard operating procedures and protocols for the implementation of HIV counseling and testing will be developed, and distributed to the health care providers. These guidelines ensure that health care workers routinely offer HIV counseling and testing service to all their patients. Senior health workers will be trained to provide support supervision to their colleagues and train other health workers. This will enable sustenance of quality HIV counseling and testing services in hospital settings well beyond the life of the project.

RTI is currently implementing this activity in Kaberamaido and Mpigi districts. Two hospitals in each of these districts were selected to initiate the program and all of the health workers working in them (258) have been trained. In a period of four months (April to July 2005), 6,382 patients have been counseled and tested for HIV. Those who test positive have been initiated on basic care and/or effectively linked to antiretroviral treatment service within the hospitals.

For FY06, two additional districts will be selected in consultation with the Ministry of Health. In each district, two health facilities (hospital or health center level IV) will be selected. Patients attending either the outpatient department or inpatient department will be routinely provided with pretest information and offered a HIV test as part of care. The program will target at least 50% (approximately 20,000) of patients attending these health facilities for HIV testing. All 300 health workers in the four 'new' hospitals sites will be trained. Hospitals that initiated the program during FY05 will continue to be given support supervision visits once every three months by the RTI staff during FY06 to ensure that they get the necessary support and maintain quality of service.

Providing HIV counseling and testing in the health facility setting as part of routine health care will normalize HIV care and help reduce stigma and discrimination of HIV positive patients in the health facilities. Health workers will be trained in couple counseling as well as risk assessment and stigma reduction to mitigate negative consequences of disclosure of HIV sero-status. Data collected will be disaggregated by gender and age-group enabling the monitoring of equity of access to HIV counseling and testing across gender and age.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 8 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 20,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 300 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Family planning clients

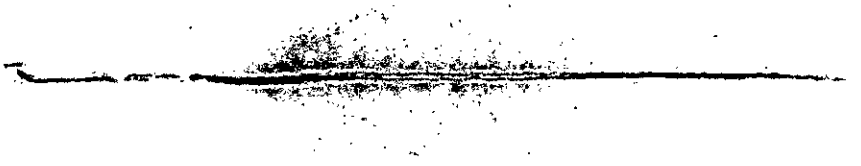
Infants

Pregnant women

Children and youth (non-OVC)

**Key Legislative Issues**

Stigma and discrimination



**Coverage Areas**

Kaberamaido

Mpigi

Kamwenge

Mubende

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Full Access Counseling and Testing
**Prime Partner:** Kumi Director of District Health Services
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4046
**Planned Funds:**
**Activity Narrative:** This activity complements activity 4049, Palliative Care: Basic Health Care and Support.

In FY06, Kumi District Director of Health Services (DDHS) will continue to develop and strengthen the process of implementing a full-access door-to-door confidential counseling and testing services to the entire population residing in the district. The key components of this activity include counseling and testing, referrals for care and treatment, infrastructural improvement, human resource development, procurement, quality assurance and community mobilization. The following cadre of staff will be responsible for the implementation of the program: HIV counselors, laboratory assistants, supervisors, community volunteers, data management staff and management and administration staff. Sixteen (16) outreach teams comprising HIV counselors and laboratory assistants will be recruited and trained on the implementation of Home based counseling and testing programs; and deployed at each of the 16 sub-counties within the district.

As this project is initiated, all counselors, lab assistants and their supervisors will attend a 2 weeks training on basic counseling skills. This will be followed by a1 week training in the provision of Home Based Counseling and testing services. The community volunteers will also be trained in basic counseling skills to acquire knowledge on community mobilization. In total 42 counselors and 16 lab assistants will be trained during this period. Communities will be mobilized and sensitized about the program using appropriate media channels in the district. The program will employ a team of community based volunteers to assist the outreach teams to mobilize the population. Local radio station will be used to pass information to the general population; seminars will be held for opinion leaders and organized community groups e.g. women groups.

Supervision of HIV counseling and testing activities in the field will be done by a lab technician, counselor and project coordinator. A sample of tested samples will be routinely stored on filter papers and transported to the national reference lab/CDC lab in Entebbe for quality assurance testing. This system will ensure accurate performance of the HIV tests in a field setting. Kumi district has a total population of 388,015 people, 439 villages and 74,618 households. All adults >18 years are targeted by this program. Sexually active young people below 18 years and children exposed to HIV will also be targeted by this program. In FY06, the program expects to counsel and test a total of 50,000 people.

Contributions to the Emergency Plan goals are:
-Involvement of district leaders at all levels to advocate and mobilize communities for locally appropriate and culturally acceptable HBCT will lead to ownership and sustainability of the program.
-In implementing this program, the office of the District Directorate of Health services will collaborate with CBOs, FBOs & NGOs in the district thus encouraging building of partnership with existing establishments and local communities.
- By offering 100% access to counseling and testing services, this program will dramatically increase the number of people testing for HIV in a short time thus identifying HIV positive clients for care and treatment.
- The program will model a new approach in offering HBCT and provide evidence-based replication data.
- New infections will be averted through preventive counseling for those who are HIV negative.
- Contribute to integration of HIV/AIDS services by providing establishing effective referral systems for treatment, care and support for those testing positive.

- Build capacity of all indigenous CBOs, FBOs and local communities in the district to respond to HIV epidemic.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Training | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 16 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 50,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 58 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Orphans and vulnerable children

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Kumi

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4055
**Planned Funds:**
**Activity Narrative:** This activity complements activity 4426, Other/policy analysis and systems strengthening. The Strengthening Counselor Training Project (SCOT) is a collaborative project between partners with a stake in counselor training in Uganda who include the Ministry of Health, Ministry of Education, HIV counselor training institutions, Uganda counseling Association, Forum for People living with HIV, other line ministries and Development partners.

TASO has established a core secretariat to provide day to day co-ordination and management of the project. There are regular stakeholder meetings to determine strategy, work plans and budgets for the project. The California STD/HIV prevention training center (CAPTC) provides technical input into the project as a subcontractor.

The goal of the project is to strengthen and standardize counselor training in Uganda to cater for the growing needs of counselors in dealing with complex and emerging HIV/AIDS issues . The project accomplishes this goal through developing, updating and standardizing HIV counselor curricula and materials for training different cadres of counselors throughout Uganda; implementing innovative training programs in needed areas; developing evaluation instruments to measure improved knowledge, skills and changes in counseling practices; strengthening quality assurance of HIV/AIDS training and counseling practice; strengthening in-country initiatives that promote coordination of HIV counselors and evolution of a professional code of conduct. To date the project has established a core secretariat, held major stakeholders meetings, and begun the process of formation of a national HIV counseling consortium. They also have reviewed the home based counseling and testing curriculum and are working with the ministry of health and other stakeholders to review two other curricula. 40 people from partner organizations have been trained in curriculum development skills and are carrying out a comprehensive situational analysis of counselor training and practice in Uganda. Finally, the project has trained 305 service providers in home based HIV counseling and testing and is developing audiovisual counselor training materials for the home-based HIV counseling and testing training.The project is also supporting the launch of the National HIV Counseling and Testing Policy.

This proposal for funding for the period 06 will support the national capacity in offering quality HIV counselling and testing through equipping HIV/AIDS Counsellors with new skills in HIV/AIDS counseling so as to improve on the quality and access of counselling services being offered by the HIV/AIDS service organization in Uganda.

This activity shall have several components. The first component involves training in accredited counseling and testing courses. The project shall offer scholarships to 200 individuals from AIDS service organizations to do courses in training institutions offering nationally approved counselor courses. The project shall also train staff from counselor training institutions in newly developed and updated courses who will then take on the training in their respective institutions. 300 existing service providers shall be trained in new areas in counseling that will include Home based counseling and testing, STI and sexuality counseling, ARV counseling, and HIV counseling and testing. There will be ongoing support and supervision for trainee counselors who are on practicum as well as placement in different organizations to expose them to various experiences in conducting HIV/AIDS counselling.

The second component of this activity is the development of curricula and materials for counselor training. Three modular training curricula that will address emerging needs in H IV prevention, care and treatment such as (prevention with positives, ART adherence, family based counseling and testing, child counseling) will be

developed together with the relevant training materials. Development of curricula shall involve all the stakeholders of the project.

This funding will also enable the SCOT resource center to be further equipped with the necessary reference materials to benefit counselors, trainers and counselor trainees. In addition funding is required for core personnel and operational costs that include salaries, travel costs and office costs.

The California STD/HIV Prevention Training center will offer consultancy services to support the curriculum development as well as development of instructional materials and training and their consultancy fee is included in this budget request.

| Emphasis Areas | % Of Effort |
|---|---|
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | 500 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

*Stigma and discrimination*

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Logistics Technical Support
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4355
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4357), Palliative Care: Basic Health Care (4356), Palliative Care: TB/HIV (4955), and ARV drugs (4355).

Counseling and Testing services by the MOH, AIC and other NGO have more than tripled in the past two years. This numerical expansion in both numbers of patients tested and in the sites where tests are done has put substantial pressure on the logistics system for HIV tests. Test kits and their supporting equipment provision require logistics systems that can quantify for the country, track national procurement, coordinate among many players, receive and process orders and get the supplies to the right place.

This logistics technical support is currently being provided by the DELIVER Project, but will need to be maintained in the FY06 COP and beyond. If there are no test kits, there is no entry point for HIV/AIDS patients and there is no knowledge of HIV status by individuals. Numbers of patients tested has expanded dramatically, and with new possible policies in HIV testing, demand for tests will double or triple with corresponding demands on logistic systems.

MOH, NMS, AIC and NGO HIV testing require the following logistics support: quantification of HIV testing needs; quantification by site of test kit needs; data entry by site of test kit needs; reporting to donors of test kit use; coordination across donors of test kit use; logistics inputs into new policy and into test kit selection; tracking of test kit costs and cost benefits; adjustment for routine counseling and testing; logistics system design for community testing; emergency response to test kit shortfall; and an information system that can report on HIV test kit use. Coordination is also needed between Reproductive Health and HIV counseling services.

Through USAID logistics support, technical assistance is available to help design, maintain and revise these national and NGO systems. Over 540,000 tests were done last year for MOH patients, with the number expected to double again this year. Since HIV status tests are a requirement for entry into the MOH, JCRC and NGO ARV treatment programs, the provision of adequate numbers of tests is a necessity to jump start the ARV program and logistics technical assistance is a key component to make the larger system work.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

*Faith-based organizations*

Family planning clients

Infants

International counterpart organizations

National AIDS control program staff (Parent: *Host country government workers*)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

*Men (including men of reproductive age)* (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

*Host country government workers*

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Doctors (Parent: Private health care workers)

*Laboratory workers (Parent: Private health care workers)*

Nurses (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Addressing male norms and behaviors

*Stigma and discrimination*

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC CDC |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Counseling and Testing |
| **Budget Code:** | HVCT |
| **Program Area Code:** | 09 |
| **Activity ID:** | 4359 |
| **Planned Funds:** | |

**Activity Narrative:** This activity complements activity 4360, Palliative Care: Basic Health Care and Support, and activity 4361, Palliative Care: TB/HIV. The AIDS Information Center (AIC) is a non-governmental organization involved in delivery of HIV Voluntary Counseling and Testing since 1990. From AIC's experience, demand for VCT services high, hence the need to meet this demand. In addition to static sites, new innovations were implemented in FY04 - mobile VCT and home-to-home VCT in Tororo and Busia districts. Counseling and testing services are offered to people either nearer their homes through mobile facilities at outposts or within their homes through the home-to-home approach. It involves service providers moving from village to village or from home-to-home providing VCT services. It ensures high coverage rate, improves opportunities for couple testing, and increases VCT utilization among the men since they are reached at home. By bringing services nearer to the population, an opportunity is provided to those who are unable to move to distant VCT centers due to a number of factors ranging from transport difficulties, long distances and inadequate time.

In FY05, more than 280,000 clients received VCT services. In addition, couple counseling was strengthened; 60 counselors were trained in couple counseling; couple counseling protocols including discordant couples were developed, and related documentation were updated; counseling and testing protocols including finger stick blood testing were produced.

This cooperative agreement ends on March 31, 2006 and FY05 carry-over funds will consolidate FY05 activities. A major focus will be couple counselling, particularly the discordant ones to enhance partner disclosure and mutual support. This will be expanded to Jinja, Mbale and Mbarara. Quarterly quality assurance and control will be conducted at the national HIV reference laboratory, where 3% of the total AIC samples in a quarter will be sent to Uganda Virus Research Institute and National Blood Bank.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 9 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 12,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 60 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Family planning clients

Pregnant women

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Arua

Busia

Jinja

Kabale

Kampala

Lira

Mbale

Mbarara

Soroti

Tororo

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** IRCU
**Prime Partner:** Inter-Religious Council of Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4365
**Planned Funds:** [redacted]
**Activity Narrative:** This activity links to activities in AB (4685), Palliative Care: Basic Health Care (4363), Palliative Care: TB/HIV (4364), OVC (4686), ARV drugs (4687), and ARV services (4366).

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. It was established in June 2001 as a forum to enhance unity of focus and interventions in areas of common interest. IRCU is a major USG HIV/AIDS partner and has received [redacted] of PEPFAR funds in 2004. With this support, IRCU has initiated 89 sub-grants to faith-based organizations to provide counseling and testing as well as palliative care services to people affected by HIV/AIDS including OVC. Currently 8,000 OVC and 16,000 PLHAs are receiving palliative care through the network of faith-based organizations. IRCU will receive [redacted] in 2005 to consolidate and expand its palliative care activities.

Through this activity, IRCU plans to expand access to HIV/AIDS counseling and testing (C&T) to high-risk populations through networks of faith-based health facilities (FBOs). The C&T services will be linked to palliative care and treatment delivered in faith-based health facilities to ensure access to comprehensive care. This activity provides access counseling and testing to 40,000 high-risk individuals at eight sites, some of which will be in the conflict-affected areas in Northern Uganda. Services will be based in faith-based health facilities and FBOs, but IRCU will also facilitate its sub-partners to undertake community out-reach counseling and testing in order to increase access to services. IRCU will also support the introduction of routine counseling and testing as a component of health care in faith-based health units to enhance access to comprehensive care. Based on the current average HIV prevalence rate of 10%-12% among clients seeking voluntary counseling and testing, and 30-40% among in-patients in Uganda, approximately 5,000 individuals out of the 40,000 tested will be HIV-positive. These individuals will be counseled and linked to health units for palliative care and screening for ART. In situations where some health facilities lack capacity to deliver basic care, IRCU will train health workers and counselors in AIDS care. These facilities will also be supported to use their significant volunteer networks to provide home-based and spiritual care. The volunteer networks will support families to cope with HIV/AIDS, promote care-seeking behavior, refer people for appropriate services, and enhance adherence to AIDS treatment.

IRCU will use a significant portion of the additional resources to procure HIV test kits. Technical assistance will be sought from DELIVER and Joint Medical Services to (JMS) to develop efficient delivery systems that will ensure steady supply of kits to necessary to ensure reliability of C&T services. This support will also be used to develop the requisite infrastructure, including refurbishment of premises to create additional counseling rooms, training laboratory staff as well as procurement of other inputs deemed critically essential to the success of the activity.

IRCU will train religious leaders in HIV/AIDS educational and referral skills to able to mobilize and refer community members for counseling and testing. In addition, the religious leaders will also provide psychosocial support to those who test positive and also refer them to appropriate AIDS care services.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of service outlets providing counseling and testing* according to national or international standards | 40 | ☐ |
| *Number of individuals who received counseling and testing for* HIV and received their test results | 40,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 200 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Indirect Targets**

*Counseling is a critical element of HIV/AIDS care and prevention. The immediate families of people who are counseled and tested will be the first indirect beneficiaries. They will benefit from families members coping with the disease, living positively and therefore being productive.. Other beneficiaries are the communities from where these patients come from. They benefit through knowledge shared during posttest club meetings and testimonies of those who would have undergone counseling and testing. These will later be convinced to seek more C&T services.*

**Target Populations:**

*Adults*

*Community leaders*

*Faith-based organizations*

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

TB patients

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Wrap Arounds

Food

Microfinance/Microcredit

Stigma and discrimination

Education

**Coverage Areas**

Apac

Arua

Bushenyi

Gulu

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Wakiso

**Table 3.3.09: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Pediatric Infectious Disease Clinic |
| **Prime Partner:** | Baylor University, College of Medicine |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Counseling and Testing |
| **Budget Code:** | HVCT |
| **Program Area Code:** | 09 |
| **Activity ID:** | 4378 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities numbered: 4381 ARV Services, 4382 TB/HIV, 4380 ARV Drugs, 4392 OVC. |

The Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) is the national referral center for paediatric HIV in Uganda. Since its initiation in 1988, the PIDC has evolved into a full service clinic that provides HIV counseling and testing, care, and treatment to children between birth and 19 years of age. Since July 2003, over 6,000 children have been screened for HIV, and more than 2500 HIV positive children are currently in active follow up. The comprehensive spectrum of care provided at the PIDC includes: HIV counseling and testing, growth and development monitoring, immunization, nutritional supplementation, opportunistic infection treatment and prophylaxis, TB counseling and testing and on-site treatment, and now antiretroviral (ARVs) treatment, monitoring and follow-up. PIDC patient monitoring and follow-up is supported through the Home Health Program and a computerized data management system which helps to monitor and analyze vital patient care information. In conjunction with computerized patient follow-up reporting, the Home Health team provides telephone and home-based follow-up of missing patients, as well as adherence support to those on ARVs and Home-Based Voluntary Counseling and Testing (HBVCT) to the families of PIDC patients. Development of Family HIV Care Services, where adults and children receive HIV counseling and testing, care and treatment in the same facility is also a growing component of PIDC programming. To address the psychosocial needs of PIDC patients and their families, adolescent and caregiver support groups have been formed and integrated into care. In particular the adolescent support group also works with adolescents to support them in the prevention area with special emphasis on abstinence/be faithful.

Additionally, the PIDC and its local clinicians have evolved into a team of national leaders in paediatric HIV care and treatment training. This PIDC training team provides paediatric-specific HIV care and treatment to health professionals of all cadres throughout Uganda. Didactic lectures are combined with practical training opportunities. These trainings are also supported with clinical placements and supportive supervision. The PIDC training team is currently working to develop a national paediatric HIV care and treatment training program for health professionals in collaboration with the MOH, the Elizabeth Glaser Paediatric AIDS Foundation, and several local and international NGOs. Such programmatic activities will enhance both health professional and community knowledge of HIV/AIDS—as reflected in ever increasing numbers of children being brought to PIDC for counseling and testing and ever increasing interest in HIV care and treatment for children.

PIDC counseling and testing efforts will take several forms in FY06: 1) VCT for children from birth to 19 years; 2) Early diagnosis of children below 18 months with DNA-PCR; 3) Home-based voluntary counseling and testing of all family members related to the index PIDC patient through the PIDC Home Health Program; and 4) TB counseling and testing of all HIV+ children. The target populations that will benefit from these services will be infants, children and youth, adults, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS-affected families, and HIV+ infants and children. It is estimated that approximately 4,500 children and adults will be screened for HIV during this reporting year. TB/HIV co-infection and TB testing is linked to this activities area as all children with a positive HIV test result will be undergo TB counseling and testing.

Additionally, linkages and training opportunities with other NGOs and service organizations developing their paediatric HIV care and treatment capacity will be conducted. The PIDC has been developing best practices, policies and guidelines,

and monitoring tools that may be shared with other organizations through health professional trainings, PIDC clinical placements, and supportive supervision. It is estimated that approximately 200 health professionals will participate in these training activities. As part of the collaborative training activities described above, PIDC will work with MOH and other training partner organizations to develop paediatric counseling and testing expertise throughout the country. Through linkages with the MOH, individuals from different regions throughout the country will be identified to receive advanced training in paediatric HIV care and treatment. These individuals will also be provided with training of trainer (TOT) skills so that they may return to their communities and organize and conduct their own paediatric HIV care and treatment trainings. Members of the collaborative training group will support the regional experts in their trainings and will also provide follow-up supportive supervision and paediatric HIV services (including counseling and testing) are rolled out throughout the country.

VCT for children from birth to 19 years will continue at the PIDC. A significant portion of this HIV counseling and testing population comes Mulago paediatric wards referrals and community word of mouth. The PIDC has both adolescent and caregiver support groups that provide community outreach which will enhance community knowledge of PIDC VCT services and care. As 50% of HIV+ children who do not receive any care services die before their 3rd birthday, early diagnosis—especially of those infants below 18 months—is a priority. There are active PMTCT programs at the clinics, (supported by PREFA, a recipient of USG PEPFAR funding), in which pregnant women and their children receive nevirapine prophylaxis. Utilizing nurse counselors, the PIDC will actively recruit women into postnatal clinic. Early diagnostic services will be offered through all counseling and testing venues including PIDC, the Mulago Post-Natal Clinic, the Kampala City Council (KCC) clinics at Kawempe and Naguru, and through the Home Health Programs Home-Based VCT program. Mulago Hospital averages over 25,000 births per year with an HIV prevalence rate of about 12% while Kawempe and Naguru each have 1,200 and 1,400 births per year respectively with similar HIV prevalence. As antibody tests are inconclusive in children less than 18 months, all these testing venues will use DNA-PCR to diagnosis these infants. Pre- and Post-test counseling will highlight transmission including transmission through breastfeeding, and linkages with national PMTCT programs at Mulago, Kawempe and Naguru will be exploited in order to enhance counseling and testing efforts.

Family HIV counseling and testing will be offered through the Kawempe and Naguru clinics, the PIDC Family Clinic, and through the PIDC Home Health Program. Care of adult family members, including mothers will be provided on-site by staff from the Mulago-Mbarara Teaching Hospitals Joint AIDS Program (M-JAP) another recipient of USG PEPFAR funding. This relationship will allow a genuine implementation of the vision of a continuum of care for the whole family; with side-by-side HIV/AIDS care and treatment services for adults, children, pregnant women and newborns The goal of this initiative is to provide enhanced HIV care and treatment through promotion of disclosure of HIV status to family members, improved adherence to medications when multiple family member are in care and/or on ARV treatment, and reduced stigma and discrimination when HIV is openly discussed within the family setting.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 4 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 4,500 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 200 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** AIDSRelief
**Prime Partner:** Catholic Relief Services
**USG Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4398
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services, 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4390-Laboratory Infrastructure.

AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, palliative, curative and ARV services to HIV positive people, their families and communities. AIDS Relief is a consortium of organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Futures Group leads the Projects Strategic Information systems which provides essential clinical and programmatic information for high quality care; Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols; and Children's AIDS Fund is a sub grantee. Based on its successes and lessons learned, the AIDS Relief program in Uganda will continue to offer counseling to all patients in care. New patients will be counseled through FY06 funds, while the tests will be carried out with other PEPFAR (ex. CRD program for Lacor H.) or non PEPFAR funds. AIDS Relief services are offered through 17 Points of Service (POS), distributed through out Uganda.

This activity has several different components. One component is to provide comprehensive counseling and testing, through integrated VCT services within the AIDS Relief points of services. 17 points of services will be supported in the provision of counseling and testing for diagnostic purposes for high numbers of in-patients and out-patients as follows: St. Mary's Lacor (3000), St Joseph' Hospital, Kitgum (1200), Nsambya Homecare (3000), Nsambya MTCT(1350), KCCC (1410), Nile Treatment Center (400), Bethlehem Medical Center (300), WTC I-Kololo (200), Virika Hospital(750), Villa Maria Hospital (960), Kabarole Hospital(470), Bushenyi Medical Center 1 Katungu (1000), Bushenyi Medical Center 2 Kabwohe (500) , Kyamuhunga Comboni Hospital (770), and Kalongo Hospital (450), Kasanga (485). Additionally counseling & testing will be offered to family and community members. Training in counseling and testing will be carried out in the 17 points of services and will be directed at the nurses adherence counselors and the community workers. In order to ensure that AIDS Relief patients receive the highest quality personnel care in accordance with the best practices, the AIDS Relief technical team will assist points of services staff. Additionally, VCT services are to be reinforced at each point of service to promote self-referral for counseling and testing by the general public, including community outreach for uptake of services. This funding will go specifically to support the procurement of test kits, the training of staff at the hospitals in providing counseling and testing, and the training of supervisory staff at the hospital in ensuring a minimum quality standard for services.

Established VCT and PMTCT services existed at all 11 participating AR sites prior to PEPFAR funding. Generalized VCT will continue in FY 06, but AR will move to strategically target higher-risk populations with greater numbers of infected individuals in need of therapeutic care, particularly TB patients and pregnant women. A strong emphasis is being placed on home based/family testing with the patient initiating ART as the entry point, and spousal testing during PMTC. Abstinence/Be Faithful counseling will be fully integrated into our family and spousal VCT initiatives.

The greatest challenges in VCT are to: (i) shift from the client-oriented approach to adopt more opt-out strategies within routine antenatal care, (ii) integrate counseling into all aspects of the medical care to optimize uptake of services, (iii) promote VCT as an entry point to general health care services to identify and treat HIV positive

persons and to ensure HIV negative persons avoid infection in the future through abstinence/be faithful counseling.

Monitoring and evaluation: AIDS Relief will provide clinical management tools to ensure collection and compilation of data on counseling and testing program area. AIDS Relief will provide computers and related hardware that will enable computerization of counselling and testing activity data in order to establish electronic databases for longitudinal patient care follow-up, reporting, POS and AIDS Relief Program management. Capacity building through training and hands on TA to reinforce the SI capabilities at our POS. This will enable sites to do the following: Use CAREWare (the recommended AIDS Relief database) for data entry, data validation and data analysis; Continuous data quality improvement by engaging in on-going data cleaning and validation at the POS; Generation of clinical indicators from their databases, There will be Generation of programmatic indicators to produce the required reports on an accurate and timely basis. These include Annual and quarterly CDC reports; OGAC/PEPFAR biannual report and any other report that may be requested by the POS or MOH Setting up a Continuous Quality Improvement committee including all POS ME& staff, as well as key partners concerned with AR services to address quality of data, program evaluation and determine specific program outcomes.

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Human Resources | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 17 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 16,245 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 200 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Discordant couples (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

People living with HIV/AIDS

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Food

Microfinance/Microcredit

Education

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Pader

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4403
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities: 4402 PMTCT, 4401 Abstinence, 4405 Injection Safety, 4404 Basic Health, 4503 OVC, 4407 ARV Services, 4408 Laboratory, 4406-SI, 4502-Other/Policy analysis and system strengthening.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

The Ministry of Health's goal is universal access to HIV counseling and testing services for the whole country. In order to achieve this, we have revised the National counseling and testing policy guidelines to accommodate new innovations to greatly expand opportunities for provision of HIV testing and counseling services and to support the scale-up of care and treatment programs. HIV Counseling & Testing remains the entry point and interface for HIV prevention and care interventions. Currently the country has a very active HCT program that greatly expanded in fiscal 2005. The national policy on HCT now includes the various approaches to HCT including facility – based VCT, Home based VCT, RCT in clinical facilities and family-focused VCT. In fiscal year 2005, we collaborated with HCT stakeholders to initiate routine counseling and testing in clinical settings, home based VCT, and testing of children below 12 years. The national HCT training curricula have been updated. The challenge of HIV test kits stock-outs was addressed in collaboration with partners. We trained HCT service providers in collaboration with other PEPFAR partners such as SCOT, AIC, ICOBI, AIM, Deliver, UPHOLD.

In FY06, we will support community mobilization and education, consolidate VCT services provided by facilities at HC 5 and 4 and initiate VCT services at HC 111 which is part of the Health Sector Strategic Plan 11. In district hospitals (HC5) and health sub-districts (HC4), we will roll out routine counseling and testing services based on the revised policy guidelines by leveraging other resources. We plan to strengthen monitoring and evaluation of HCT services, support the implementation of the revised HCT policy guidelines, conduct supervision of lower level HCT facilities and programs. There are various HCT activities in the country directly supported by PEPFAR and other partners. Coordination of these efforts is a central key responsibility of MOH planned for in this support. Through all HCT activities nationally, up to 1,200,000 people will be reached. One program officer will be recruited to support this component.

| Emphasis Areas | % Of Effort |
|---|---|
| Policy and Guidelines | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | 224 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Business community/private sector

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Country coordinating mechanisms

Disabled populations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

National AIDS control program staff (Parent: Host country government workers)

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Pregnant women

Prisoners (Parent: Most at risk populations)

Program managers

Teachers (Parent: Host country government workers)

USG in-country staff

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Traditional birth attendants (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4411
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4052-lab, 4058-Palliative Care: TB/HIV, 4056-ARV Drugs, 4054-Palliative Care: Basic Health Care & Support, 4412-OVC, 4057-ARV services. The AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda since 1987, with 11 clinics and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). 66% of TASO clients are female. The larger proportion of its clients live in rural areas are poor and cannot afford the transport costs to come to the facility on a regular basis. This is why most of TASO services are also offered in the home including home based delivery of ARVs. TASO is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV+ people. A significant proportion of TASO staff are also HIV+, this is important in motivating HIV + people to come forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to training and capacity building functions. TASO has an international training center and 4 national training centers that in total train over 1,000 health workers annually.

TASO operates within or close to Ministry of Health (MOH) facilities and works with the MOH for referral services for its clients. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in order to ensure we continue to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach and a community based approach with particular focus on a family-centered approach. The facility-based approach are the 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provides multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches we encourage the entire family to participate in services especially HIV testing and subsequent clinical management. We also link families to support structures within the community and/ or peer HIV+ groups.

Counseling and testing at TASO is characterized by a relationship through which the counselor helps a client to cope with HIV infection and develop appropriate coping mechanisms. It is provided to individual clients on a one to one basis as well as group sessions and to family members. In 2006/7 TASO will continue to provide counseling and testing with the emphasis of supporting PLWHAs to cope with HIV/AIDS challenges and live positively. Clients will also be counseled on new and emerging issues like discordance, ART, disclosure, economic empowerment and the more established issues like gender and child rights. Particular emphasis will be made for counseling approaches for prevention with positives to ensure that HIV positive people practice safe sex through approaches that include sexuality counseling, couples counselling and testing, abstinence and use of condoms. This activity is complimentary to all other activities implemented by TASO. The target population includes both adults and children, male and female PLWHAs with their family members who will be reached at the 11 TASO centers, 34 outreach clinics and at clients' homes. 20,000 new clients will be registered while 50,000 individuals and 10,000 family members will be counseled in the various sites. Information on STDs, family planning and PMTCT is provided to sexually active clients, while all clients receive information on nutrition, tuberculosis, cotrimoxazole, safe water, discordance,

ART, and malaria. Counseling also prepares clients for accessing antiretroviral therapy and for those who are eligible, opportunity is extended to their family members through the home based VCT to strengthen adherence and reduce on drug sharing, as well as enhance disclosure of serostatus. We are targeting 26,400 family members to receive home based HIV counseling and testing in FY06.

As of July 2005, using home based counseling and testing protocols, TASO had screened 12,031 individuals and provided ART to 5,063 individuals (all using USG-funded antiretrovirals), on track to their target of 7,700 by March 2006. TASO has also has successfully implemented the innovative strategy of family-centered home-based VCT at two of their centers. Uptake of VCT by family members has been nearly universal to date, and TASO discovered that 90% of their client's family members had never been tested for HIV, despite their high HIV prevalence, particularly among children under five and adults 35-45 years old. Counseling and testing are provided by field staff who ride motorcycles to clients' homes to provide individual, group and couples' counseling and use rapid HIV tests. Funding will facilitate the training of field-based staff in providing home based rapid finger-stick testing at all 8 TASO sites. The training will emphasize the provision of individuals, couples and group counseling, and child-appropriate approaches to VCT, as well as assisted disclosure for those testing positive. This strategy has a number of important advantages. In Uganda's generalized HIV epidemic, recent evidence has indicated that over 30% of married HIV+ Ugandans are in a discordant relationship, making discordance the main risk factor for new HIV infections. Only if a client knows his and his partner's status can effective measures be taken to minimize risk of HIV transmission. The home-based approach greatly increases uptake of VCT services for partners and other family members. Home-based VCT provides an opportunity for supported disclosure with a counselor present for those who have had difficulty disclosing. TASO will also provide the option of facility-based VCT at their centers for any family members who prefer not to be tested at home. Counseling and testing for family members and partners of patients who will be starting ART reduces the risk of drug sharing, enhances adherence and improves the care environment for ART patients. Counseling and testing for family members identifies those in need of care and treatment and serves as an effective entry point into family-focused care. Implementing the above strategies will require training 120 care providers in 11 TASO centers. On gender issues, couples are counseled to provide information on risk assessment and environment for stigma reduction. Women particularly are supported against negative outcomes of disclosure by linking them up to appropriate support systems. Particular emphasis is taken to address risk taking behavior (multiple partners, wife inheritance) by men that is often driven by peer and " cultural "norms" . Clients (particularly women who form 66% of TASO clientele) are linked to income generating activities in order to reduce economic dependency that often leads to failure to choose safer sex options.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing *according to national or international standards* | 45 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 50,000 | ☐ |
| *Number of individuals trained in counseling and testing according* to national or international standards | 120 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

*Orphans and vulnerable children*

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

*Out-of-school youth (Parent: Most at risk populations)*

TB patients

**Coverage Areas**

Gulu

Jinja

Kampala

Masaka

Mbale

*Mbarara*

Tororo

Wakiso

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** HIV/AIDS Project
**Prime Partner:** Mildmay International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4418
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4419-Basic Health Care & Support, 4417-OVC, 4414-ARV Services, 4415-ARV drugs, 4416-Lab.

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of the Uganda Ministry of Health since 1998. The Centre is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly in relation to children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC-Uganda since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving mainly a poor urban neighbourhood using a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics, a faith-based clinic at Naggalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of The Mildmay Centre are targeting poor patients who cannot afford services on their own.

Counselling and testing activities at TMC include the creation of awareness about the availability of the service, the provision of counselling and testing for children and their caregivers, adult patients covering both pre-test and post-test support, the training of health workers to be able to counsel and test patients, the sustaining of the service at the main clinic where it is already available, procurement of test kits and the setting up of a specimen referral mechanism and a confidential result handling system. In addition, it involves the implementation of standard MOH guidelines and protocols for all stages of counselling patients by the counsellors and conducting of tests by laboratory staff. This work will be carried out by the Mildmay Centre (TMC) at its site in Wakiso District and at each of the outlying sites at Naggalama and Mpigi. Training at TMC is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC sees its training activities as complementary in the process of offering HIV/AIDS services. As part of this programme, health workers, religious leaders, schoolteachers, members of other community NGOs and community leaders will be provided with sensitisation and empowered to refer patients into the service. The counsellors that undergo this training are equipped with skills of handling pre and post-test situations of both children and adult patients whereas laboratory personnel are trained in using rapid testing techniques in providing access to HIV testing. The training emphasises the importance of linking up with and referring patients to the other health professionals for better patient management. TMC also runs yearlong training activities in the rural districts through mobile training teams (MTTs) and has covered 30 districts at 102 health units and is currently active in six. The counselling and testing activity is an important activity that identifies HIV positive patients who are in need of Basic

Health Care and Support, other laboratory services and ARV Drugs and Services. It provides an opportunity to test the family members of index clients and all clients before they are confirmed in HIV care. The provision of this service is based at TMC as the central point, Reach Out Mbuya and starting in September 2005 at the two rural clinics. The costs within the programme go towards the procurement of test kits for screening and confirmation of HIV status, the provision of pre- and post-test counselling, and training activities.

Counselling and testing will be provided to both adults and children within the context of national guidelines. By the end of the planning period, targeted people will be offered family-based counselling and testing for HIV; 3500 in Mukono district and 3500 from Mpigi district. This is expected to yield combined number of about 3500 into Basic Health Care and Support and 1000 HIV positive patients into ARV care at Naggalama and Mpigi Health Centres. The four sites (including Reach Out) will cross -refer patients to tap the strengths of each programme to the benefit of patients. Each site will maintain a basic data recording system to feed into M&E activities. In addition, the other requirements for the exercise include the consumables like gloves, needles and syringes, blood collection systems and result management facilities. The Mildmay Centre already has a fully developed forecasting and procurement system that ensures constant availability of all required supplies and drugs required for patient care and health worker training. The targeted patients will be reached in collaboration with rural sites and World Vision, which already operates in the area and has established lists of families with HIV positive members requiring support, as well as from the already existing registers of the HIV positive persons from the outpatients' clinics for HIV/AIDS and PMTCT programmes. The Centre will also recruit for testing family members of previous clients who were earlier excluded from the initial PEPFAR recruitment because of their distance away from the Centre. The programme will also encourage the nearby health facilities and practitioners to refer patients for testing. "Prevention for positives" will be provided as part of this with HIV positive clients being encouraged to prevent spread of HIV, and negative ones empowered to avoid becoming infected. Effort will be made to ensure that more than 50% of the people reached are children below 18 years and that at least 50% of all the adults are women.

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 3 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 7,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 194 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Orphans and vulnerable children

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Public health care workers

Private health care workers

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Nebbi

Ntungaro

Wakiso

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Education Sector Workplace AIDS Policy Implementation
**Prime Partner:** World Vision International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4447
**Planned Funds:**
**Activity Narrative:** This activity focuses on increasing demand and utilization of CT services among teachers and MoES employees and referring those HIV+ into care, treatment and support services. To increase access and availability of CT services to teachers and MoES employees, the ESWAPI project will collaborate and partner with CT service providers (Government and FBO hospitals/health centers) in target districts. ESWAPI project's role will be to mobilize teachers and MoES employees to seek CT. To this end, they will network with MoH to ensure an adequate supply of HIV testing kits and facilitate the provision of CT in the workplace and in schools. To ensure accurate and consistent messaging, a standard CT promotional guide will be adapted from existing materials covering the main aspects and key information about CT. Tutors, head teachers and other education managers will be mobilized and encouraged to lead by example through taking HIV tests. Voluntary couple counseling and testing will be promoted among married teachers and MoES employees to reduce the risk of spouses continuing with unsafe sex. Promotion will include support to new and existing primary teacher colleges to increase outreach to potential beneficiaries. Approximately 2,000 teachers and MoES employees will be targeted through outreach to be referred to existing USG-funded CT sites for HIV testing in FY 2006.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Workplace Programs | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Apac

Busia

Gulu

Kabale

Kaberamaido

Kapchorwa

Katakwi

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Nakasongola

Rakai

Sembabule

Soroti

Tororo

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Northern Corridor Program/Uganda Section
**Prime Partner:** Family Health International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4509
**Planned Funds:**
**Activity Narrative:** Transport workers and the women with whom they interact play a disproportionate role in regional transmission dynamics of STI and HIV epidemics. Truck drivers are highly mobile and spend long hours on the road away from their families. Their engagement with local entertainment and female companionship, coupled with "disposible income" compared to the rest of the population, makes them very likely to use the services of commercial sex workers in stop-over towns near major transportation routes. These truck stop towns have developed an entire infrastructure of networks and services meeting the business and recreational needs of truck drivers, including gas stations, inspection points, lodges, bars and brothels, and a high population of commercial sex workers. Studies show that targeting high risk groups is cost effective, even in high HIV prevalence settings. The overall goal of the Transport corridor program is to target high-risk mobile populations with prevention, care and treatment services. The Uganda program is one of eight participating countries in the East Africa region. The program is being jointly funded by USAID/Uganda and USAID/Regional Economic Development Services Office (REDSO). In Uganda, programming will take place in three sites in FY06: Malaba, Busia, Katuna.

Under this program area, the first component of the activity will be to increase the demand for counseling and testing services among key target groups including 10,000 truck drivers and community men, 4000 low-income women, 4800 youth (secondary students and youth out-of-school), over 500 private sector leaders, 250 faith-based leaders and over 7500 parishioners and congregation members. Among these, the primary audience will be the truckers and their existing networks (community men and CSWs) and young people. A significant proportion of low-income women do engage in transactional sexual relationships with truckers, hence can be deemed as part of the trucker network. As a first step, the project will link with existing C&T services in the project sites to ensure that services are accessible for these target groups. In our interactions with mobile populations, one of their greatest needs is the fact that C&T services are often inaccessible due to distance from the truck stop and the designated time that service is availed. Service outlets are often closed for the day when truckers get into the site in the evenings. It is this single important need that this activity will seek to address by, for example, ensuring that services are available at times and in places that are convenient for the target audiences whether through existing clinics or mobile outreach and that staff have strategies in place to address the unique needs of these vulnerable populations when they come for services. To the extent necessary, the project will provide training for the VCT service staff to strengthen their services through targeted training and technical assistance.

The project will work closely with existing USAID/Uganda C&T partners. This activity will work to mobilize the communities – including the transient communities of truckers and prostitutes – to seek C&T services both as a strategy for identifying those who need to be enrolled in care and support efforts as well as promoting prevention among positives. Another component will be to work with nearly 25 community organizations including PLWHA networks and 40 faith-based organizations in Malaba, Busia, and Katuna to provide training to strengthen their capacity to mobilize their constituencies to be tested and access referrals for care and support Community mobilization will be undertaken through outreach and other promotional and educational activities that will reduce stigma and address other barriers to HIV testing, hence becoming a strong advocacy platform for C&T services. Through these efforts, the project aims to refer 2130 individuals to C&T services. Funding will be used to train community organizations to provide follow-up support for those who tested and to link HIV + individuals with PLWHA support groups. Target groups will

be reached by community-based organizations through community mobilization/participation; strengthening of networks, linkages and referral systems; developing and disseminating age-appropriate communication messages and materials; local organization capacity development and training. In addition, a site assessment of Kaya as the fourth transport stop site for programming will be undertaken. Sub-partners for this activity for the various target groups (truck drivers, private sector, youth and faith-based organizations) will include World Council of Religions & Peace (WCRP)/Inter-Religious Council of Uganda, Amalgamated Transport & General Workers Union (ATWGU), Family Planning of Uganda (New). Uganda Network of Religious Leaders living with HIV/AIDS, BESSCODA and BAMACODA.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Needs Assessment | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 6 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | 200 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers
Public health care workers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas**

Busia

Kabale

Mbarara

Tororo

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4523
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: Basic (4525), Palliative Care: TB/HIV (4528), OVC (4529), ART Services (4530), SI (4531), and Other policy Strengthening (4532).

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda. This activity has several different components. One component is to build the capacity of the Inter-religious Council of Uganda and its network of faith based organizations, as well as other select USG supported CBOs and NGOs such as Hospice, AIC, Conflict , HAWES, TASO and JCRC to expand access to quality counseling and testing services, to institutionalize quality assurance measures and to ensure broad application of "best practices" in this area. The contractor will work closely with IRCU to link HIV positive persons identified through their routine counseling and testing services with existing prevention, care and treatment networks.The support provided through this program will be based upon specific needs of target organizations however the contractor will work with each to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs. Direct targets such as number of service outlets, number of individuals receiving C&T and number of individual's trained are not counted here because this is primarily a technical assistance program and these numbers are captured in other activity narratives.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | | ☑ |
| Number of individuals who received counseling and testing for HIV and received their test results | | ☑ |
| Number of individuals trained in counseling and testing according to national or international standards | | ☑ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4702
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), ARV drugs (4707),. ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

Static and mobile CT services are currently limited to towns and some IDP camps closer to town. Currently there are over 160 camps in the North and only a small proportion are reached by CT services. 71% of clients registered for CT in Gulu in 2003 come from the municipality. In Apac, 4 of the 5 CT sites are located in the municipality. It is estimated that 21% of the population age 15 and older have ever tested for CT. Under this activity, CT services will be expanded through static and mobile sites within the camps, with a focus on targeting outreach to individuals who are HIV positive in IDP camps not currently reached by static sites. Existing sites will be strengthened and the number and frequency of outreaches to other camps will be increased. Providers will be trained in counselling and testing and appropriate referral in the IDP camps. HIV positive individuals will be referred to palliative care, TB and treatment services. CT activities will focus on integrating gender related issues into mobilization, outreach and delivery services.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts:

Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| ***Target*** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 150 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 15,000 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 70 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Community leaders

Community-based organizations

Faith-based organizations

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Implementing organizations (not listed above)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

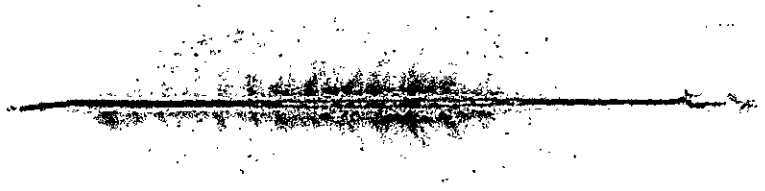


**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in northern Uganda
**Prime Partner:** International Rescue Committee
**USG Agency:** Department of State
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4758
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4754-AB, 4755-Other Preventions, 4757-PMTCT, 4761-OVC, 4760-TB, 4759- Basic Health Care & Support
This activity also relates to activities in Abstinence and Being Faithful, Prevention/Other, Palliative Care: Basic Health Care and Support, and HIV/AIDS Treatment/ARV Services.Uganda is host to approximately 240,000 refugees, with approximately 180,000 from Sudan and 20,000 from the Democratic Republic of Congo representing the majority of refugees. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection; however, little is known about the HIV prevalence in this refugee population; there are no sentinel surveillance or population- based prevalence data available in the districts covered by this activity.

In 2005, IRC established health programs at refugee camps in Kiryandongo in Masindi District (population approx. 15,800 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 8,000 with a surrounding host national population of 10,000). IRC began a comprehensive HIV/AIDS program in these camps, including AB and other prevention activities, VCT, PMTCT, prevention and treatment of opportunistic infections, assistance for OVCs, prevention of medical transmission, and palliative care services. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe using 2005 PEPFAR funds, activities will be continued and strengthened in 2006. Furthermore, IRC will use this program as an example that UNHCR and NGOs will be able to follow in other refugee settlements in Uganda.

IRC is well placed to expand its HIV/AIDS interventions in the refugee population. They have established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in the Kiryandongo refugee settlement funded by UNHCR and BPRM, and are working towards the same in Ikafe with 2005 funding. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

In FY06, IRC will hire and train nurse/counselors and laboratory assistants in counseling and testing services. Currently, there are ongoing VCT services at one site in Kiryandongo and one site in Ikafe and IRC will support both facility-based and community-based VCT activities in both beneficiary camps. Innovations such as home-based VCT will be encouraged to increase uptake of services. VCT is the entry point for any HIV/AIDS activities and, therefore, vigorous IEC campaigns will be supported to mobilize the beneficiary communities. Other community initiatives such as post-test clubs and support groups will also be supported through community mobilization.

VCT testing kits are currently supplied by AIC to testing sites in both Ikafe and Kiryandongo. Due to frequent stock outs, however, IRC will procure back-up stock and supplies necessary to provide VCT services (needles, syringes, gloves, sharps disposal, etc). VCT rooms will be equipped and furnished as per the minimum basic standard. Quality assurance mechanisms will be put in place. IRC will maintain 5 static VCT sites, 2 located in Kiryandongo and 3 in Ikafe. There will also be outreach outlets, the number of which will be determined at the onset of program implementation. IRC will train 15 service providers, on the basis of minimum of 2 counselors and 1 lab assistant per site (This meets national minimum staffing requirements for VCT.) 2,400 VCT clients will be targeted during the program period, on the basis of 40 clients per site per month, with minimum staffing of two counselors and one lab personnel. (This compares to the national standard of 30

clients per site per month).

VCT will be linked to AB and other prevention interventions, TB/HIV care, and palliative care. It is expected that with successful implementation of the program, there will be an increased utilization of HIV testing and counseling services, increased public information and understanding of HIV counseling and testing, and increased and enhanced quality of CT services. There will be enhanced linkages between CT services and care and treatment facilities. IRC will ensure a continuous supply of related diagnostic and medical supplies.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 5 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 2,400 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 15 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults
Community leaders
Refugees/internally displaced persons (Parent: Mobile populations)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Public health care workers
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas**

Masindi

Yumbe

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** Refugee HIV/AIDS services in Kyaka II Settlement
**Prime Partner:** International Medical Corps
***USG Agency:*** *Department of State*
**Funding Source:** GAC (GHAI account)
**Program Area:** Counseling and Testing
**Budget Code:** HVCT
**Program Area Code:** 09
**Activity ID:** 4814
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4808-TB, 4806-Basic Health Care & Support, 4803-Other Preventions, 4799-OVC, 4810-AB, 4795-PMTCT.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjonjo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals, it is therefore expected that population will further grow by the start of the program. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement offering curative, preventive and VCT services. Since the VCT service was established, and due to constraints such as: (at times) inadequate supply of testing kits, insufficient number of trained staff and need for renewed effort with community sensitization; the clinic has tested only approximately 300 patients for HIV till end of August 2005. Approximately 10 percent of tests were positive.

IMC activities will strengthen the capacity of the clinic to provide Counseling and Testing services to target population through a program that that will provide the service to 1,500 individuals. The service available at the clinic will further be strengthened with home based testing in the settlement. Activities include provision of testing kits and supplies, training for clinic staff, training for community health workers and community sensitization to promote community participation. Three staff will be recruited and trained (two nurses and one lab technician) to ensure the clinic team will be able to manage the additional workload.

VCT will be linked to AB and other prevention interventions, TB/HIV care, and palliative care. It is expected that with successful implementation of the program, there will be an increased utilization of HIV testing and counseling services, increased public information and understanding of HIV counseling and testing, and increased and enhanced quality of CT services. There will be enhanced linkages between CT services and care and treatment facilities. IMC will ensure a continuous supply of related diagnostic and medical supplies.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing counseling and testing according to national or international standards | 1 | ☐ |
| Number of individuals who received counseling and testing for HIV and received their test results | 1,500 | ☐ |
| Number of individuals trained in counseling and testing according to national or international standards | 10 | ☐ |
| Number of individuals trained in logistics pull system for VCT | | ☑ |

**Target Populations:**

Adults

Community leaders

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Table 3.3.10: Program Planning Overview**

**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10

**Total Planned Funding for Program Area:**

Percent of Total Funding Planned for Drug Procurement: 47

Amount of Funding Planned for Pediatric AIDS:

**Program Area Context:**

The GoU coordinates the national ART roll out in the public, NGO and private sectors. During 2004, the number of individuals receiving antiretroviral treatment (ART) was 15,000. By September 2005, over 45,000 of 67,000 adults and children received USG directly supported ART.

The majority of patients on antiretroviral therapy in Uganda are supported by the Global Fund for AIDS TB and Malaria (GFATM) through the Uganda Ministry of Health (MoH) or the USG in collaboration with the GoU and its implementing partners. Through the World Bank Multi-Country AIDS Program (MAP), the GoU provided approximately 2,700 people with antiretroviral drugs (ARVs) in 2005. MAP will be phased out by mid-2006, with support for these patients taken over by GFATM. GFATM approved $43 million for years 1 and 2 for ARVs in Uganda. In August 2005, accountability concerns led to a suspension of funding for a large portion of the GFATM portfolio in Uganda. Procurement of ARVs for 12,000 has to date been uninterrupted. Further expansion has been halted until new implementation arrangements are made, expected by the end of 2005. The GFATM had anticipated ARV procurement for approximately 30,000 people by the end of 2006. The USG is engaging with the MOH, the GFATM, and development partners to assist in mapping out a final resolution to ensure client needs are met. At this time approximately 6,000 (IRCU/JCRC) patients in the COP ART target for FY06 receive drugs through the GFTAM.

The USG in Uganda has 8 prime partners, providing ART at 60 points of service (>80 sites by FY 2006). These programs are widely distributed in urban/ rural settings and the conflict-affected north. In April 2005 46% of Uganda's districts and each region had USG-supported ART sites. Support for ART by the USG in Uganda encompasses a variety of approaches, including facility-based, outreach-based and home-based provision of ART. Most USG ART programs receive resources to provide branded drugs and supportive services free of charge. Others receive support for ARV services and infrastructure and incorporate cost sharing, where patients pay out-of-pocket for ART. Programs provide comprehensive HIV/AIDS services, with some that include "wrap-around" services.

There are three major avenues for drug procurement in Uganda. The MoH primarily provides ARVs procured through GFATM. The USG provided technical assistance to MOH and National Medical Stores (NMS; the primary GoU body for public sector health commodities) and the MOH Pharmacy Department to implement the National ART supply chain management system. The USG participates in the National ART Committee and its Subcommittee on Finance and Logistics. The second ARV procurement avenue is third-party procurement,using Medical Access Ltd., a non-profit NGO begun under the Drug Access Initiative in 1998 under a collaboration among the MoH, UNAIDS, the USG and others. Medical Access cprocures approximately 40% of Uganda's ARVs, and provides ongoing training and support to USG partners and the private sector. The third major avenue, procurement directly from manufacturers, is used by the Joint Clinical Research Center (JCRC) to provide branded and non-branded ARVs to its USG partners, MOH and others.

Production of ARVs has come under pressure from increased demand, as demonstrated by the global shortage of Stavudine (d4T) in early 2005. Long-range forecasting and procurement with maintenance of 3-month buffer stocks of ARVs have been instituted for all partners with monthly accountability at all sites. Ongoing training in forecasting and stock management will be intensified in FY06. The amount of funds planned for ARV drug procurement in FY06 is

Once the new Supply Chain Management System (SCMS) becomes operational, the USG Uganda Team will evaluate its manner of implementation in Uganda, focusing on how the SCMS can complement and strengthen local capacity, and the potential cost reductions the SCMS may present.

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4020
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4026-Laboratory Infrastructure, 4021-ARV services, 4017-Other/Policy Analysis and 4023-Palliative Care: Basic Health care & support.

The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple preventive, care and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational and available as a service lab to patients.

RHSP will provide Antiretroviral therapy to 500 patients in FY06. The program maintains a full time pharmacy technician who works closely with the medical officers to prepare lists for procurement from Medical access. Drugs are pre-packed before leaving the office by the pharmacy technician with the help of a nurse.
Twelve-month drug forecasting and procurement are done on a rolling quarterly basis and stock monitoring is done on a monthly basis by the pharmacy technician and the logistician.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 10 - 50 |
| Logistics | 10 - 50 |
| Commodity Procurement | 51 - 100 |

**Target Populations:**
People living with HIV/AIDS

**Key Legislative Issues**
Stigma and discrimination

**Coverage Areas**
Rakai

***Table 3.3.10: Activities by Funding Mechanism***

**Mechanism:** Mulago-Mbarara Teaching Hospitals - MJAP
**Prime Partner:** Makerere University Faculty of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4035
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4037-Lab, 4036-ARV services, 4033-CT, 4372-OVC, 4034-TB/HIV, 4032-Basic Health Care & Support.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV counseling and testing (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor (majority of these are urban but the hospitals also provide care for rural populations since they are national referral hospitals). Approximately 60% of medical admissions in Mulago and Mbarara hospitals are because of HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the ministry of health). MJAP also supports a new clinic in Mulago, which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.

MJAP HIV/AIDS activities are implemented at various outlets including Mbarara ISS clinic, AIDC, Mulago and Mbarara hospital wards, Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Bwizibwera and Mbarara municipality health centers. The AIDC has registered over 10,000 HIV infected patients since March 2002. Currently the clinic attends to over 300 patients daily and registers more than 400 new patients monthly. The AIDS (ISS) clinic in Mbarara currently provides care to more than 7,000 patients. The number of HIV patients in both clinics is rapidly increasing with the expansion of Routine HIV Counselling and Testing in the hospitals; the satellite clinics listed above were established to decongest these clinics. The demand for ART is very high in both Mulago and Mbarara Teaching hospitals. Majority of HIV positive patients identified through the RTC program (70%) need ARVs (WHO Stages 3 and 4). Currently in both Mulago and Mbarara AIDS clinics, we estimate that only 30% of clinically eligible patients are receiving ART.

In the next year (FY06), MJAP will maintain the existing 2,100 patients who will be receiving ARVs from the program by March 2006. MJAP will hire and train additional and existing staff to enhance care in the clinics – 150 health care providers will receive training in ART delivery. The program will target adult patients receiving care

from all these clinics (children receive ART from the Paediatrics Infectious Diseases Clinic – PIDC, and the Mbarara paediatric HIV clinic). The funding for ART drugs will go towards the purchase of ARVs, logistics and ARV drug distribution and tracking. MJAP ARVs are purchased centrally, from Medical Access. Forecasting is done for the whole year but purchase of drugs including three months buffer stock for each patient is done every two months. Drugs are delivered by Medical Access, checked and received by the program pharmacist and storekeeper before storage. An entry is made into the goods received note (GRN) for all drug items received. Stocktaking is done monthly basing on documentation including the GRNs, order forms and issue vouchers. At the dispensing sites an Excel spread sheet is used to track distribution.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Logistics | 10 - 50 |
| Commodity Procurement | 51 - 100 |

**Target Populations:**

HIV/AIDS-affected families
People living with HIV/AIDS
Public health care workers
Private health care workers

**Coverage Areas:**

National

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** *HIV/AIDS Treatment/ARV Drugs*
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4056
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4052-lab, 4411-C&T, 4058-Palliative Care:TB/HIV, 4054-Palliative Care: Basic Health Care & Support, 4412-OVC, 4057-ARV services. The *AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda* since 1987, with 11 facilities and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). *68% of TASO clients are female. The larger proportion of its clients live in rural areas* and most are poor and cannot afford even the transport costs to come to the facility on a regular basis. This is why many of TASO services are also offered in the home including home based delivery of ARVs. TASO is a fre membership organization for *individuals with HIV and their families; the members have significant input into its* operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV positive people. A significant proportion of TASO staff are *also HIV positive and this is very important in motivating HIV positive people to come* forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to our training and capacity building function that has one international training center and 4 national training centers that in combination train over 1,000 health workers annually. *This enables us to leverage our experience into scaled up HIV* activities for the whole of Uganda.

TASO operates within or close to Ministry of Health (MOH) facilities in order to support MOH as well as have access to referral services for its clients e.g. inpatient services. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in the districts where we operate in order to ensure we continue to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach is centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provide multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches we encourage the entire family to participate in services especially HIV testing and subsequent clinical management. We also link families to support structures within the community and/ or peer HIV positive groups. In addition all our activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

In HIV treatment and care, TASO will provide antiretroviral therapy to 7,700 adults and children, using FDA-approved antiretroviral drugs. The first line treatment regimens, following Ministry of Health treatment guidelines, will consist of Stavudine/Zerit or Zidovudine, Lamivudine and Nevirapine or Efavirenz. The second line regimens will consist of Tenofovir, Didanosine and Kaletra. All ARV procurements will be handled by TASO headquarters, and primarily from Medical Access Uganda Limited, a supplier established under the UNAIDS Drug Access Initiative. TASO headquarters makes consolidated forecasts for the organization and serves as the primary store for drugs. The headquarters supplies the drugs to the respective centers. Centers are responsible for the forecasting, accountability, treatment and follow up of clients on therapy. The department charged with ARV drug

procurement works closely with other departments like counselling, medical and pharmacy to ensure proper forecasting, storage, dispensing, recording and use of the drugs received. TASO will also continue to consult other stakeholders providing ART and to collaborate as much as possible in an effort to curb clients accessing drugs from different providers.TASO has well documented and regularly evaluated and audited procurement systems, both at the headquarters and at the centers, to ensure that these drugs reach the intended beneficiaries in the intended quality and quantity. To ensure quality at all levels of procurement and dispensing, TASO has employed qualified staff and has also continues to train the existing staff in drug supply chain management. In order to improve all the services described above, TASO will complete the roll out its computerized drug management and procurement system to all its 11 centers and link it to the overall patient management information system. No additional patient slots are available for patients receiving USG funded ARVs in FY06. 'New' patients listed under targets represent patients previously not on ART that replace patients expected to die during the year [estimated mortality is 10% per year].

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Target Populations:**

Adults
Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
*Country coordinating mechanisms*
Disabled populations
Faith-based organizations
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Infants
International counterpart organizations
Military personnel (Parent: Most at risk populations)
Mobile populations (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

**Coverage Areas**

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Ntungaro

Pallisa

Rakai

Sembabule

Sironko

Soroti

Tororo

Wakiso

Apac

Kalangala

Kapchorwa

Kitgum

Luwero

Mubende

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** Logistics Technical Support
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4358
**Planned Funds:**

**Activity Narrative:** This activity links to activities in PMTCT (4357), Palliative Care: Basic Health Care (4356), Palliative Care: TB/HIV (4955), and counseling and testing (4355).
A key objective of both USAID and Ministry of Health (MOH) programs is expanding treatment of HIV/AIDS patients across the country, both to adult and pediatric patients. An absolutely critical component of this treatment growth is availability of ARV drugs in the right place at the right time in the right quantities. No ARV treatment system can allow an interruption in drug treatment, which is why logistics technical assistance in ensuring ART and related commodity supply is critical.

This logistics support is currently being provided by the DELIVER Project, but will need to be maintained in the FY06 COP and beyond because of the "No product, No program" aspects of the logistics support. Logistics technical oversight will be needed in the MOH, JCRC and PEPFAR-sponsored NGO programs. This will extend to 1) product quantification, 2) procurement tracking to guarantee availability within the country 3) absolutely effective ordering and distribution systems and 4) -information flow and analysis for distribution and ordering. Should any of the components fail, then there is risk of an interruption in ARV drug supply.

MOH, JCRC and NGO ARV logistics systems require the following support: quantification of each drug, regular adjustments of drug needs and orders; costing information for efficient procurement; specialized assistance with pediatric drug needs; review of medium-term planning and procurement; periodic system review to catch and correct possible problems; coordination among different donor sources; establishing and monitoring an ordering system; regular stock and warehouse review; logistics input into clinical treatment choices; data entry for logistics management systems; emergency response to threats to drug availability; and information systems that can report on use of ARV drugs.

In addition to direct ARV treatment, prevention of HIV/AIDS also falls under this component. In the ABC prevention strategy of the GOU, condom availability is also a key necessity and logistics support is needed to help ensure availability of this key product at the right place. This involves quantification, procurement tracking and coordination, ordering and distribution improvement and information collection on condom use.

*USAID supports national MOH system development to provide logistics help to* MOH free ARV systems (currently treating 14,000 patients with expansion to 20,000 by end 2005), the JCRC treatment system currently reaching 38,000 patients in 28 sites and the PEPFAR-support NGO system targeted to treat 15,000 patients in FY06. Without adequate logistics technical support, these systems are at risk of not providing drugs at the right time, with far-reaching consequences for the USAID and MOH programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Training | 10 - 50 |

**Target Populations:**

Adults

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

**Coverage Areas:**

National

**Table 3.3.10: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDSRelief |
| **Prime Partner:** | Catholic Relief Services |
| **USG Agency:** | HHS/Health Resources Services Administration |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Drugs |
| **Budget Code:** | HTXD |
| **Program Area Code:** | 10 |
| **Activity ID:** | 4377 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities in: 4386-HIV/AIDS Treatment/ARV Services, 4390- Laboratory Infrastructure, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4398-Counseling & Testing.<br><br>AIDSRelief is a comprehensive HIV care and treatment program, providing ART, preventive, palliative, curative and social services to HIV positive people, their families and communities. AIDSRelief is a consortium with Catholic Relief Services as prime, and Futures Group and the Institute of Human Virology providing technical assistance. Within the budget restrictions in the COP06, AIDSRelief in Uganda will maintain ART to 9,650 patients throughout the COP06 period (march 2006-February 2007). No new slots will be available. AIDSRelief services are offered through 15 Points of Service (POS), many of which are in rural underserved areas distributed through out Uganda.<br><br>Pharmaceutical procurement and supply chain management is fundamental to providing safe, efficacious and good quality ARVs to patients without risk of treatment interruption. AIDSRelief will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for both adults and children in Uganda, and Points of Service (POS) will be supported with the provision of ARVs, using the standard operating procedures to guide all supply chain management activities from the product selection, forecasting, procurement, warehousing, distribution and drug use monitoring. AIDSRelief will ensure excellent supply chain management of the supply chain and uninterrupted ARV provision through local capacity building at critical points within the supply management chain. BY the very nature of AIDS Relief's focus on partnering with faith based institutions, program resources are directed at the underserved rural and urban poor, especially ensuring access for the most vulnerable groups in the population. AIDSRelief. The program will also provide ARVs to 600 children (below 15 years) representing 6% of the total number of patients on ART.<br><br>AIDSRelief is helping strengthen the capacity of POS to forecast and manage an ARV supply chain system, and is currently implementing several tools at year 1 POS to improve existing procedures. Standard Operating Procedures (SOPs) have been developed in accordance with national guidelines that guide supply chain activities from product selection, forecasting, procurement and drug use monitoring. The AIDSRelief Pharmaceutical Management Specialist assists with capacity building at the POS. The HQ Pharmaceutical Supply Chain Manager will also continue to provide regular technical support for all supply chain aspects. Drug management capacity strengthening will include extensive training for pharmacy staff at all POS and will also include continuous mentoring and backstopping assistance on the job in order to turn the supply situation into a pull system. This permits continuous modulation of patient enrollment to reflect ARV availability and to ensure a guaranteed and continuous supply of drugs for each patient initiated on therapy.<br><br>AIDSRelief is working closely with Joint Medical Stores (JMS), which is responsible for managing the warehousing and distribution of drugs. This collaboration is important in seeking to strengthen the existing distribution network that specifically works among faith-based health care facilities in Uganda. AIDSRelief also coordinates with other procurement and treatment agencies to ensure that POS have access to a stable chain of supply so that ARV "stock outs" are avoided. AIDSRelief will also work closely with the Government of Uganda, the USG team in-country, and other partners and programs to harmonize and strengthen pharmaceutical supply chain systems in the country. |

The Institute for Human Virology will participate in the periodic review of National Treatment Guidelines in order to assist in the selection most appropriate to the Ugandan context. Choice of regimen is guided by most recent evidence to ensure that the most effective and durable regimen available within the national guidelines with the best possible toxicity and resistance profile is used. The current choice of primary regimen for AIDSRelief sites consists of Truvada (TVD) combined with Efavirenz (EFV) or Nevirapine (NVP) for women of childbearing potential or Kaletra for those for who have previous exposure to NNRTI and pregnant women with CD4 greater than 250. For those who have renal insufficiency, Combivir will be substituted for TVD. The choice of regimen is based on the more favorable pharmacokinetic, safety and efficacy profile and is supported by extensive clinical evidence. In addition, the cost of this regimen has been significantly reduced with the availability of FDA approved generic NVP, EFV and Combivir and with the discounted price of TVD and Tenofovir (TDF). Alternative regimens including Stavudine (D4T) and Lamivudine (3TC) are also procured to be used when indicated.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Policy and Guidelines | 10 - 50 |

**Target Populations:**

Faith-based organizations

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Pharmacists (Parent: Private health care workers)

**Key Legislative Issues**

Wrap Arounds

Food

**Coverage Areas**

Kitgum

Bushenyi

Gulu

Jinja

Kabarole

Kalangala

Kasese

Masaka

Mbarara

Mukono

Pader

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** Pediatric Infectious Disease Clinic
**Prime Partner:** Baylor University, College of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4380
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities numbered: 4381 ARV Services, 4382 TB/HIV, 4378 CT, 4392 OVC

The Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) is the national referral center for paediatric HIV in Uganda. Since its initiation in 1988, the PIDC has evolved into a full service clinic that provides HIV counseling and testing, care, and treatment to children between birth and 19 years of age. Since July 2003, over 6,000 children have been screened for HIV, and more than 2500 HIV positive children are currently in active follow up.

The comprehensive spectrum of care provided at the PIDC includes: HIV counseling and testing, growth and development monitoring, immunization, nutritional supplementation, opportunistic infection treatment and prophylaxis, TB counseling and testing and on-site treatment, and now antiretroviral (ARVs) treatment, monitoring and follow-up. PIDC patient monitoring and follow-up is supported through the Home Health Program and a computerized data management system which helps to monitor and analyze vital patient care information. In conjunction with computerized patient follow-up reporting, the Home Health team provides telephone and home-based follow-up of missing patients, as well as adherence support to those on ARVs and Home-Based Voluntary Counseling and Testing (HBVCT) to the families of PIDC patients. Development of Family HIV Care Services, where adults and children receive HIV counseling and testing, care and treatment in the same facility is also a growing component of PIDC programming. To address the psychosocial needs of PIDC patients and their families, adolescent and caregiver support groups have been formed and integrated into care. In particular the adolescent support group also works with adolescents to support them in the prevention area with special emphasis on abstinence/be faithful. Additionally, the PIDC and its local clinicians have evolved into a team of national leaders in paediatric HIV care and treatment training. This PIDC training team provides paediatric-specific HIV care and treatment to health professionals of all cadres throughout Uganda. Didactic lectures are combined with practical training opportunities. These trainings are also supported with clinical placements and supportive supervision. The PIDC training team is currently working to develop a national paediatric HIV care and treatment training program for health professionals in collaboration with the MOH, the Elizabeth Glaser Pediatric AIDS Foundation, and several local and international NGOs. Such programmatic activities will enhance both health professional and community knowledge of HIV/AIDS—as reflected in ever increasing numbers of children being brought to PIDC for counseling and testing and ever increasing interest in HIV care and treatment for children. HIV/AIDS Treatment (ARV Drugs) focuses on the forecasting, procurement, storage, and inventory management of branded ARVs for prescribing and dispensing to HIV+ children from birth to 19 years of age who attend the Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) and its associated clinics. Over the last year, PIDC has extended services to two Kampala City Council (KCC) clinics and one post natal clinic at Mulago hospital. Both of these KCC units are Health Center 4 units and provide antenatal and maternity services with facilities for prevention of mother-to-child transmission. To date these units do not provide ARV services. Through our collaboration we shall provide early infant diagnosis and provision of ARV therapy, thereby encouraging more expecting mothers to accept HIV counseling and testing with over all goal of reducing mother-to-child transmission of HIV. The care provided at these two health facilities will be family based working in collaboration with two other partners who are also PEPFAR recipients (PREFA and MJAP). The Mulago postnatal clinic will concentrate on early infant diagnosis and HIV counseling and testing for ART. It is anticipated that 1000 children will continue on treatment at the PIDC while another 300 children will remain on treatment at PIDC satellite clinics in Kawempe and Naguru. It is

anticipated that approximately 65 children (5%) of those children transitioning from 1st line to 2nd line treatments in 2006/2007.

As the PIDC programs support children from birth to 19 years of age, the target populations for ARV treatment interventions include: infants; children and youth; and, orphans and vulnerable children.

As Mulago Hospital is the primary national referral hospital for all of Uganda, the PIDC provides care for patients from a variety of socio-economic strata. A recent review of clinic data revealed that an estimated 36% of the children are orphans by the definition of having lost of one or more biological parent, while the remaining 64% of the children may be deemed vulnerable simply due to their caregiver's poor household economic status, the child's lack of access to education, and lack of access to appropriate nutrition. Therefore, elements of the care and treatment provided to patients at PIDC program sites (including some ARV procurement) will be addressed through the Orphans and Vulnerable Children (OVC) PEPFAR programming.

This activity area is supported by human resources and elements of institutional networking and capacity building. The PIDC pharmacy staff (a pharmacist and a team of dispensers) will work to develop logistical and operational policies and procedures to accurately, safely, and securely forecast, procure, store, and inventory the ARVs dispensed to PIDC patients. Development and documentation of these activities and procedures will allow for sharing of these best practices with other local health institutions including the 2 PIDC satellite clinics at Kawempe and Naguru. The growing linkages between the PIDC satellite clinics at Kawempe, Naguru, and the Mulago Hospital Post-Natal Clinic will serve to enhance the capacity of all of these sites to care for and prescribe ARVs to the paediatric HIV+ patients presenting at their institutions. The PIDC pharmacy staff will provide support supervision to satellite clinic dispensers as they work to forecast and procure paediatric formulations of ARVs. Ongoing support supervision will be provided to satellite clinic staff as they develop their storage and inventory management systems.

The PIDC partnership with the 3 satellite clinics is part of a larger collaboration with local government, Kampala City Council (KCC), and other HIV/AIDS services organizations. These organizations are contributing varying expertise and resources to the satellite clinics so that a holistic package of care and treatment services may be provided.

No additional patient slots are available for patients receiving USG funded ARVs in FY06. New patients listed under targets represent patients previously not on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| Emphasis Areas | % Of Effort |
|---|---|
| Policy and Guidelines | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |

**Target Populations:**

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Kampala

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** HIV/AIDS Project
**Prime Partner:** Mildmay International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4415
**Planned Funds:**
**Activity Narrative:** This activity also relates to activity 4419-Basic Health Care & Support,4417-OVC, 4418-CT, 4414-ARV services, and 4416-Lab.

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of the Uganda Ministry of Health since 1998. The Centre is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC-Uganda since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving a poor urban neighbourhood using a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics, a faith-based clinic at Naggalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of The Mildmay Centre are targeting poor patients who cannot afford services on their own. A family-centred approach is used in the recruitment of patients on to ART and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics a faith-based one at Naggalama in Mukono District and a government one at Mpigi Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts.

Training at The Mildmay Centre is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC is a centre of excellence taking care and training as complementary in the process of offering HIV/AIDS services. The training component of this programme will cover participants from all over the country on a diploma programme, through Mobile Training Teams, clinical placements at the three sites and short courses run at TMC. The courses run include short courses on multidisciplinary courses on Use of ART in children, Use of ART in adults, Communication with children, Palliative care in the context of HIV/AIDS, Laboratory skills for laboratory personnel in an HIV/AIDS context, Management of Opportunistic Infections, and others. The training through Mobile training teams is a year long covering the same health workers in selected clinics per district covering all relevant areas in HIV/AIDS care. The Mobile Training Teams have so far covered 30 districts out of 56 covering 102 health units and currently active in six districts. The diploma programme targets health workers from all over the country from government, faith-based and other NGO facility on a modular programme with 6 staggered residential weeks over an 18-month period. The time in between modules is spent at ones place of work doing assignment and at the same time putting in practice what has been learnt.

Under this programme area Mildmay at The Mildmay Centre, Reach Out Mbuya and the two rural sites Naggalama in Mukono and Mpigi Health Centre in Mpigi District will continue to provide ARV drugs to children and adults. The 1120 patients currently receiving ARVs as part of the PEPFAR programme at TMC will be kept on treatment, about 900 patients will continue on ART through private, corporate and other support through other channels, 1000 patients will be on ART as part of this funding at the two rural sites and 1250 patient will have access to ART at Reach Out Mbuya. The patients starting on ART through Naggalama and Mpigi Health Centre are expected to build up to 1000 out of the 7000 tested and 3000 given basic care. The programme will continue to focus on providing ARVs to women and to children below 18 years. The number of patients accessing ARV through private and other sponsorship will also be maintained using the infrastructure and staff already at the Mildmay Centre. This will however mean that the Centre is likely to treat more patients than those targeted using US government sponsorship for ART. This will however be in the context of the family approach to care where all family members of an index client – whether male or female, adult or child – are given an opportunity to access care as a unit. The new patients starting on ART will be recruited through the Counselling and Testing programme area and all they will all have access to palliative care through the relevant programme area. The Mildmay Centre has an already developed forecasting and procurement system that ensures adequate and constant supply of supplies and drugs required for patient care and training activities. The Mildmay Centre has an already developed forecasting and procurement system that ensures that supplies and drugs are always available in requirement quantities and therefore avoiding stock-outs. The Centre maintains a 3-months buffer stock of ARV drugs with the supplier. Data management will be maintained at all sites and linked to M&E activities for reporting and improvement purposes. The Mildmay Centre has an already existing forecasting and procurement system that ensures that supplies and drugs required for the running patient care and training activities are constantly available.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Infrastructure | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Target Populations:**

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Public health care workers

Private health care workers

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Ntungaro

Wakiso

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** Joint Clinical Research Center, Uganda
**Prime Partner:** Joint Clinical Research Center, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4443
**Planned Funds:**
**Activity Narrative:** This program has connections with MOH, Walter Reed, Department of Defense, EGPAF, and DELIVER Logistics Program. This activity links to other JCRC activities in Palliative Care: Basic Health Care (4442), Palliative Care: TB/HIV (4445), ARV services (4444), and Lab (4441).

Joint Clinical Research Center is an indigenous Uganda NGO begun in 1992 to undertake AIDS vaccine research and provide treatment to HIV positive individuals. JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment. Many PEPFAR countries have sent delegations to Uganda to learn how JCRC was able to rapidly expand treatment to people living with HIV/AIDS. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. An agreement with USAID in 2003 launched an extensive expansion to introduce and support ART across the country for PHAs. Under the TREAT program, since October 2003, JCRC has expanded ART from four to 31 sites, and from 10,000 to 31,000 clients - well exceeding targets. Two additional sites will be opened in 2005 for a total of 33 sites in the network. With FY05 funding, the total number of people reached will be a minimum of 36,000 with 7400 vulnerable populations receiving fully subsidized treatment services. Drugs for the Walter Reed Program in Kayunga District and the DOD program with the UPDF will be procured through this mechanism.

In FY 06, a total of 43 sites (10 additional) will be supported and 53,000 will receive treatment, which includes 12,550 receiving fully subsidized services. 5000 of these will be children referred through on site PMTCT programs and EGPAF network of over 100 sites. Leveraging business sector and individual capacity to contribute to the costs of treatment will allow for increased numbers of people served, as will decreasing drug costs. It is hoped that the newly approved generic drugs will rapidly be approved by the Uganda National Drug Authority, allowing for increased numbers of clients to receive lower cost treatments. In 2004/5 JCRC implemented an automated and computerized logistics and pharmaceutical management information system at all sites. A logistics systems review is planned for September 2005 and any areas needing improvement will be addressed during the coming year. In 2006 the 10 new sites will implement these systems. The TREAT program will train pharmacists, dispensers and providers in HIV and AIDS related commodities. Infrastructure will be further developed to ensure commodity security, direct procurement and management of pharmaceuticals for all sites, distribution systems and schedules for delivery. JCRC will continue to work with DELIVER, or the new contractor through supply chain management to ensure solid logistics and supply systems.

Currently JCRC procures drugs direct through suppliers and Medical Access. JCRC also serves as a supplier for other NGOs and the GOU as an alternative supply line.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Infrastructure | 10 - 50 |
| Logistics | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Target Populations:**

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Infants
Military personnel (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV+ Families
Children and youth (non-OVC)
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Hoima

Iganga

Jinja

Kabale

Kampala

Kamuli

Kotido

Lira

Luwero

Mbarara

Mubende

Rukungiri

Soroti

Tororo

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** IRCU
**Prime Partner:** Inter-Religious Council of Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4687
**Planned Funds:**
**Activity Narrative:** This activity links to activities in AB (4685), Palliative Care: Basic Health Care (4363), Palliative Care: TB/HIV (4364), OVC (4686), counseling and testing (4365), and ARV services (4366).

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. It was established in June 2001 as a forum to enhance unity of focus and interventions in areas of common interest. IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. With support from the Global Fund and Joint Clinical Research Center (JCRC), some of these facilities are playing leadership roles in furthering the national agenda of accessing ART to all those eligible. Others have been accredited by Ministry of Health (MOH) but lack resources to take ART services to scale. IRCU received PEPFAR performance funds in FY05, with which it will initiate treatment in 10 sites covering a total of 1200 individuals. These include women, particularly those graduating from PMTCT programs, men, orphans and their caretakers as well as individuals that had initiated treatment using their own resources but could not continue due to economic hardship.

FY06 resources will be used to sustain these individuals on treatment, while increasing focus on improving quality of services. IRCU will enroll 300 more new client and if the current trend in declining drugs costs continues IRCU will be in position to enroll more eligible patients for treatment. With the assistance of the USG funded DELIVER project, specialists in logistics management, RCU has developed a demand sensitive drug procurement and distribution system that has so far supported reliable supply of drugs to all health units undertaking ART under this program. Drugs are procured locally through the Joint Medical Stores and Medical Access Uganda, both private organizations that have been involved in the procurement and distribution of ARVs in Uganda for over 5 years. They currently supply ARVs to over 60 institutions/programs including the PEPFAR supported treatment programs. IRCU will continue its partnership with DELIVER to strengthen its existing commodity delivery systems. On-going training of personnel, building of community alliances to improve treatment literacy and ensure adherence to treatment will be emphasized.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Indirect Targets**

Besides PLHA who will receive ART, the project will also benefit family members of these clients as well as whole communities. The training in the delivery of antiretroviral therapy will, with time cascade to the rest of clinicians and nurses thus creating a cadre of informed personnel at institutional level. It should also be noted that the ART program builds on already existing HIV/AIDS programs in FBOs. Individuals receiving ART recover and become healthy as such, the project will play a significant role in minimizing HIV/AIDS stigma and increasing clients seeking other HIV/AIDS care services.

**Target Populations:**

Adults

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Education

**Coverage Areas**

Apac

Arua

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Masaka

Mbale

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Soroti

Tororo

Wakiso

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Medical Research Council of Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Drugs
**Budget Code:** HTXD
**Program Area Code:** 10
**Activity ID:** 4692
**Planned Funds:** [redacted]
**Activity Narrative:** This activity also complements activity 4691-51.

The Medical Research Council (MRC) has worked in Uganda since 1989 conducting population-based evaluations in conjunction with the MOH and other partners to inform the control of the HIV/AIDS epidemic and its consequences. For example, in collaboration with the Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine MRC is currently conducting large-scale field trails on HIV-prevention strategies and ARV therapy approaches. As part of this, they have over 40 clusters, defined as groups of communities being evaluated. In late FY04 a partnership between MRC, CDC and TASO was established to conduct an evaluation to compare facility- and home-based ART service delivery systems. The study population is comprised of 1000 current TASO clients served in the Jinja District branch. During that time the study protocol was developed and approved, and systems to begin data collection were designed.

FY05 activities to-date have focused on training TASO health care providers in delivering ART services to clients using both the facility-based and home-based service delivery models; the enrollment of clients for the evaluation; initial client registration data collection; and, an analysis of the existing TASO services and data for the clients enrolled.

In FY06, MRC through a sub-partner agreement with TASO will provide funding to procure ARTs and other related OI drugs for the 1,000 clients recruited as part of the targeted evaluation. The purpose of the evaluation is to follow the 1000 ART clients enrolled to measure the two service delivery models effectiveness and costs, client behavior and adherence and, family counseling and testing uptake. Behavioral data on adherence will also be collected through a survey among the trial population. Other related MRC activities outlined in the strategic information section are to provide support and technical assistance to TASO's HMIS unit and assist TASO with the conduct of population-based client survey on behavior with treatment and adherence to the drug regime. The activity will strengthen TASO's capacity in the collection and interpretation of client and service delivery data to inform clinical services and program management. MRC/UVRI will also conduct the evaluation activities to compare the effectiveness of both strategies. The primary outcome indicator for this evaluation is the number of clients who experience treatment failure as measured by a viral load of >500 copies/microlitre after initial successful viral suppression. Other outcomes include treatment adherence and uptake of VCT services by clients' family members. Evaluation findings will be shared as appropriate to inform the national program and other provider on the most effective approaches for clients to access HIV care and treatment in resource-limited settings.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |

**Target Populations:**
People living with HIV/AIDS

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Jinja

**Table 3.3.10: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Conflict Districts |
| **Prime Partner:** | To Be Determined |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Drugs |
| **Budget Code:** | HTXD |
| **Program Area Code:** | 10 |
| **Activity ID:** | 4704 |
| **Planned Funds:** | |

**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702), ART Services (4705), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. Recent support through USG and MOH has increased access to ART drugs and services. These services, however, are limited, as with other services in the North, to the major hospitals and not for profit facilities in the towns with very little access to people living in camps outside of the municipalities. It is expected that this activity will support the delivery of ART drugs and services to an additional 1,700 individuals through innovative outreach programs. Approaches should be tied in with the delivery of TB treatment for HIV positive individuals. Expansion through existing sites will be supported as appropriate

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which

has been recently established to facilitate and coordinate the response to the North.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Logistics | 51 - 100 |

**Target Populations:**

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.11: Program Planning Overview**

***Program Area:*** *HIV/AIDS Treatment/ARV Services*
**Budget Code:** HTXS
***Program Area Code:*** *11*

**Total Planned Funding for Program Area:**

Amount of Funding Planned for Pediatric AIDS:

**Program Area Context:**

Momentous strides have been made with respect to (ART access. In 2004 only 15,000 clients received ART. Currently 67,000 receive ART with USG providing direct support to 45,000 in 76 sites. Comprehensive support from the PEPFAR, GFATM and the World Bank MAP has contributed to widening access to ART. Many people living with HIV/AIDS still need to be reached. The USG supports public, private and NGO sectors which are overwhelmed by patients referred for care and treatment by improved access to HIV C&T.

USG supports comprehensive care including ART with a focus on adherence, palliative care, counseling and integrated prevention activities, like "prevention with positives." Many partners provide wrap-around services such as income generating activities and nutritional support. The private sector continues to play a role with the business community incorporating ART coverage through insurance schemes. USG supports various treatment models with programs in urban and rural settings, in the conflict-affected North, and in post-conflict areas. Some are home-based, facility-based with outreach components, and others focus on community initiatives. Some programs include cost-sharing, where patients pay out-of-pocket for ART services. Several sites offer fully-subsidized ART and associated laboratory costs.

USG is active in MoH National ART committee. It focuses on human capacity development, logistics, treatment guidelines, monitoring and evaluation, quality assurance and a unified approach to strengthening Uganda's laboratory infrastructure. All USG partners have developed quality assurance and adherence strategies to ensure high quality comprehensive services to their clients, as supported by strong monitoring and evaluation activities.

As ART services have expanded, USG has played a vital role in promoting a holistic approach to care for PLHA. In executing the network model, partnerships are in development across organizations like EGPAF and the JCRC-TREAT collaboration to link pregnant women and their families to HIV comprehensive care and preventive care where family members are found HIV negative. USG has initiated family-based care at The AIDS Support Organisation, the Mildmay Centre, and others to provide coordinated PMTCT, palliative care, ART and prevention for adults and children. While working closely with the MoH and the National TB and Leprosy program, USG partners actively engage amongst themselves to support training and provide referrals for specialty care and specialized laboratory services.

Pediatric HIV/AIDS has been a particular challenge due to the high cost of pediatric formulations, the need for specialized pediatricians and the call for child-appropriate counseling for adherence and care of orphans. While Uganda's PMTCT program has decreased the rate of perinatally acquired infections, there is high mortality from undiagnosed HIV in infants. The USG is collaborating with the MoH and others to develop a national network for early diagnosis of HIV infection with virologic testing using dried blood spot specimens collected on filter paper for total nucleic acid (TNA) real-time PCR. It is estimated that in FY06, 1000 infants will be reached through this program and referred into care, with ART provided to those who need it. The Government of Uganda estimates that 15,000 children less than 18 years of age require ART. In FY06, GFATM will reach 4,000 children while USG efforts will reach 8,300 children with ART.

USG has an excellent opportunity to leverage GFATM resources with PEPFAR programs with the new leadership and structures in place. The Ministry of Finance will ensure fiduciary controls that provide increased confidence in the program. It is expected that USG will engage more intensely with GF in the coming months, to determine areas where we can increase numbers of people on treatment, and improve quality through support to laboratory monitoring.

**Program Area Target:**

| | |
|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 132 |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 20,000 |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 80,000 |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 70,000 |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 3,000 |

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 3948
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06.

AIM has placed a strong focus on developing a network approach to services at the health subdistrict level, with a focus on integrating services, strengthening referral networks and building partnerships between public and NBO/FBO service providers to ensure a holistic approach to care and treatment. Through successful engagement with FBOs and networks of PHA's and existing grants for service delivery through public and private sites, AIM will increasingly support ~~the Uganda network model to~~ expand access to treatment. Particular emphasis will be placed on strengthening linkages between PHA networks and care and treatment providers, addressing issues of stigma (for uptake), care and treatment literacy and adherence.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |

**Target Populations:**

Infants

Orphans and vulnerable children

**Coverage Areas**

Mpigi

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Elizabeth Glaser Pediatric AIDS Foundation |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 3979 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity is linked to activity 3978 in PMTCT. |

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a non governmental organization delivering PMTCT and ART services globally. Uganda has seen the introduction of ARV drugs into many of the existing EGPAF PMTCT sites and/or the surrounding areas. Thus, the program has started to provide or link mothers and families to comprehensive HIV services including treatment. Comprehensive services will be established through a multidisciplinary program of training, infrastructure development and technical support. EGPAF will initiate 35 network models in FY06.

The network model at PMTCT sites consists of a system of linkages via solid referral mechanisms between Foundation PMTCT sites and partners like JCRC/MOH and Uganda Cares that deliver ART. This network facilitates HIV-infected women and their families in accessing HIV care and ART services when eligible with a particular focus on ensuring that children are fully integrated into care and treatment programs. HIV/AIDS care teams created within MCH at the 35 sites will screen and assess eligibility for women who test positive, provide or refer counseling and testing for their partners and screen and follow up HIV exposed children from PMTCT programs with follow up to care and treatment. The introduction of peer psychosocial support (PSS) groups at each site continues and PSS groups for HIV positive pregnant women and their partners will become support groups for the family and will complement follow up activities. PSS groups provide specific support for adherence to ARVs as well as prophylaxis drugs such as Cotrimoxazole. Of note, the largest site, the Johns Hopkins University and Makerere University Joint Collaboration includes three hospitals. Among these is Mulago Hospital, Uganda's national referral center which accounts for over one third of all antenatal attendees since Uganda's PMTCT program began and thus will be the largest contributor to these referral networks.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 150 | ☐ |

**Target Populations:**

Adults

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

**Key Legislative Issues**

Addressing male norms and behaviors

**Coverage Areas**

Bundibugyo

Hoima

Iganga

Jinja

Kabale

Kampala

Kasese

Masaka

Masindi

Mayuge

Mbale

Mbarara

Mpigi

Mukono

Rakai

Sembabule

Bushenyi

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Makerere University Institute of Public Health |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4021 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity is linked to activities-4020 ART drugs, 4023-Palliative Care:Basic health care & Support, 4026-Laboratory and 4017-Other/Policy Analysis. |

The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years. A state of the art clinical and research laboratory, including CD4, clinical chemistry, HIV-1 PCR, X-ray facilities, and clinical facilities is now operational.

ART services will include activities that strengthen adherence to ART medication which include repeated support and counseling, home visiting using the family approach with both routine home and surprise home visits. These home visits are helpful in strengthening family support, monitoring of drug adherence and toxicity and identification of family members who may need ART services. Community education will strengthen communities to support people taking ART and to reduce stigma and discrimination, mobilize people for VCT and ART services and address community concerns about ART. MOH staff is included in all training activities at each of the outreach sites. The program is working directly with the District Director of Health Services (DDHS) to facilitate staff training and health center renovation to cater for more patients at these units. A total of 5 health units will be selected and furnished to meet the current demands in the form of expansion, furnishing and basic care diagnostics including malaria diagnosis. 3 brochures on ART use will be produced in Luganda and reproduced to reach a target population of 12,000 people (total in the Cohort).

Bi-annual workshops will be held in the district to include stakeholders in ART care. This will further strengthen partnerships and capacity building among health providers, policy makers and program implementers. These are one-day workshops with an estimated number of 60 participants from various provider organizations within Rakai district and Masaka.

NOTE: No additional patients slots are available for patients receiving USG-funded ARVs in FY06. 'New' patients listed under targets represent patients previously not on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Logistics | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 16 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 50 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 550 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 500 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 20 | ☐ |

**Target Populations:**

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Rakai

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Mulago-Mbarara Teaching Hospitals - MJAP |
| **Prime Partner:** | Makerere University Faculty of Medicine |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4036 |
| **Planned Funds:** | |

**Activity Narrative:** This activity complements activities 4037-Lab, 4035-ARV drugs, 4033-CT, 4372-OVC, 4034-TB/HIV, 4032-Basic Health Care & Support.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV counseling and testing (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor (majority of these are urban but the hospitals also provide care for rural populations since they are national referral hospitals). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in Mulago and Mbarara hospitals are because of HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under the ministry of health). MJAP also supports a new clinic in Mulago, which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru health center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.

MJAP HIV/AIDS activities are implemented at various outlets including Mbarara ISS clinic, AIDC, Mulago and Mbarara hospital wards, Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Bwizibwera and Mbarara municipality health centers. The AIDC has registered over 10,000 HIV infected patients since March 2002. Currently the clinic attends to over 300 patients daily and registers more than 400 new patients monthly. The AIDS (ISS) clinic in Mbarara currently provides care to more than 7,000 patients. The number of HIV patients in both clinics is rapidly increasing with the expansion of Routine HIV Counselling and Testing in the hospitals; the satellite clinics listed above were established to decongest these clinics. The demand for ARVs is very high in both Mulago and Mbarara Teaching hospitals. As a result of the Routine HIV Counselling and Testing Program (RTC) the Mulago Infectious Diseases Clinic (IDC) patient numbers have tripled and Mbarara HIV clinic numbers have doubled. Majority of HIV positive patients identified through the RTC program (70%) need ARVs (WHO Stages 3 and 4). Currently in both Mulago and Mbarara AIDS clinics, we estimate that only 30% of clinically eligible patients are receiving ART.

In the next year (FY06), MJAP will maintain the existing 2,100 patients who will be

receiving ARVs from the program by March 2006. MJAP will also provide support to an additional 4,500 patients in the 8 clinics who will access ARVs from other sources including Global Fund and Ministry of Health by additional staffing, training and support for laboratory monitoring including CD4 counts. MJAP will strengthen prevention with positives counseling and support including HIV testing for spouses of patients in the HIV clinics. All patients undergo orientation to prepare them for ART. Patients who fulfill the eligibility criteria receive a second orientation meeting with their treatment supporter. ARVs are initiated on the third visit if the medical officer is satisfied that the patient is ready to begin therapy. Patients are seen by the adherence nurse counselor on day 0, day 15, 1 month and then monthly for counseling and ARV refills. Adherence to ARVs in monitored by self-report using a visual analogue scale, pharmacy records, ART patient cards and pill counts (patients return the bottles with any remaining pills). The program with reinforce adherence counseling and support, and follow-up of ART patients as they take ART for prolonged periods. Because of the large number of patients in the clinics, there is a need for additional staffing. MJAP will hire and train additional and existing staff to enhance ART treatment and prevention in the clinics – 150 health care providers will receive training in ART delivery. The program will provide care for adult patients in AIDC and Mbarara ISS clinics (children receive ART from the Paediatrics Infectious Diseases Clinic – PIDC, and the Mbarara paediatric HIV clinic). In the satellite clinics, MJAP will provide comprehensive HIV/AIDS care for families including children in partnership with other programs. The funding for ART services will go towards the hiring and training of health care providers and other support staff, quality assurance and support supervision, M&E and minor renovations.

NOTE: No additional patients slots are available for patients receiving USG-funded ARVs in FY06. 'New' patients listed under targets represent patients previously not on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Training | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 8 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 710 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 7,810 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 7,100 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 150 | ☐ |

**Target Populations:**

HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Private health care workers

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Quality Assurance/ Workforce Development Project (QA/WD) |
| **Prime Partner:** | University Research Corporation, LLC |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4051 |
| **Planned Funds:** | |

**Activity Narrative:** The primary aim of this activity is to improve the quality of comprehensive HIV/AIDS care delivery for adults and children seen at national, regional, district and sub-district facilities in Uganda. 112 health facilities will be supported, primarily through their inclusion in the Quality Improvement HIV/AIDS Collaboratives, an organized process that will bring together health and data personnel from these sites to create a network to develop improved systems for delivering HIV/AIDS care. Such patients include the following principal target populations: pregnant women, TB patients, boys, girls, and people living with HIV/AIDS in general. Quality improvement teams made up of healthcare providers are being established at each health site to promote institutionalization of quality assurance within MOH sites. The target population includes healthcare providers, primarily doctors, laboratory workers, nurses, pharmacists, and data management specialists. FY06 funds will support the participation of site personnel in the Collaboratives with coaching and support supervision activities and facilitation of learning sessions where providers will be trained in quality improvement methods and in the appropriate use of established clinical guidelines, indicator data collection, and continual monitoring and evaluation of their own activities. This will enable appropriate documentation of improvements in the quality of care provided. This component of the activity will provide support for 112 health sites, work to train 224 healthcare providers in quality improvement methods, reinforce the use of established HIV/AIDS care guidelines, and contribute to the provision of higher quality of care to an estimated 40,000 individuals. This activity is designed to increase gender equity in HIV/AIDS programs through reinforcing quality data collection in service provision.

The second aim of this activity is to strengthen referral linkages within and between health facilities, between health facilities and the community, and specifically amongst NGOs and associations of people living with HIV/AIDS. As more patients gain access to ART and additional services become available, the management of HIV/AIDS becomes one that relies on good coordination and linkages. This activity will facilitate the development of such linkages by working closely with healthcare providers and partners providing PMTCT, inpatient care, child welfare clinics, and nutrition support services. Strong referral links are in development between the USG funded Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Uganda PMTCT program, which identifies women and their families for comprehensive HIV care, with the USG funded JCRC TREAT program and other providers of antiretroviral treatment and palliative care in Uganda. There is a focus with this activity on government facility sites, as a focus for additional strengthening and development of quality systems. Target populations that will benefit from this activity include the following: healthcare providers, boys, girls, infants, adults, HIV+ pregnant women, community-based organizations, faith-based organizations, non-governmental organizations and implementing organizations. FY06 funds will go principally towards the development of strategies for formalized referrals, tools to document such referrals, and training and monitoring of healthcare providers in solidifying and following up such referrals. Key legislative issues addressed by this activity include increase in gender equity in HIV/AIDS programs as well as increasing women's access to income and productive resources by linking care and support programs to income generation activities through referrals.This component of the activity will provide support to 100 service outlets, work to train 200 individuals in patient referrals, and provide referrals to an estimated 4,000 individuals.

The third aim of this activity is to support the initiation of stepped-up accreditation of public, private and NGO facilities providing HIV/AIDS services. While the MOH of Uganda has successfully carried out a mandatory accreditation program for facilities initiating ART services, there is no current requirement for re-accreditation and no

system to ensure that sites are maintaining and improving on minimum standards for providing ART services. Technical assistance will be provided to the MOH to develop policy and implementation strategies. The target population for this activity includes MOH personnel and healthcare providers.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 224 | ☐ |

**Target Populations:**

Adults

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Pregnant women

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4057
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4058-TB/HIV,4052-lab,4411-CT,4056-ARV drugs,4054-Basic care,4412-OVC. TASO is an indigenous organization operating in Uganda since 1987, with 11 centres and 34 outreach clinics throughout the country. It provides a full continuum of comprehensive HIV prevention, care, and treatment services for 50,000 active clients (which represents a 25% increase since 2004). 66% of its clients are female. Most clients live in rural areas, are poor and cannot afford even transport costs to the facility on a regular basis. This is why many services are also offered in the home including home based delivery of ARVs. It is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. It provides a wide range of services, including CT, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. It has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV+ people. A significant proportion of TASO staff are also HIV+ and this is very important in motivating HIV + people to come forward to be tested, receive care and reduce stigma. All of its activities are linked to its training and capacity building function that has one international training center and 4 national training centers that train over 1,000 health workers annually. This enables us to leverage our experience into scaled up HIV activities for the whole of Uganda.TASO operates within or close to Ministry of Health facilities in order to support it as well as have access to referral services for its clients e.g. inpatient services. It also has close links to Uganda AIDS Commission and the district leadership in the districts where it operates in order to ensure that it continues to serve the neediest in collaboration with the public health system. It provides its services using a combined facility based approach and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach is centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provide multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS as well as impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches we encourage the entire family to participate in services especially HIV testing and subsequent clinical management. We also link families to support structures within the community and/ or peer HIV+ groups. In addition all our activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

TASO will support 7,700 clients who will be on ART drugs by March 2006 through 8 service outlets. The focus will be on ARV services covering logistics and human capacity development. Provider education will continue as an integral part of ART program implementation, development of functional management information systems, community involvement and strengthening and development of new partnerships. It will uphold the establishment of good links with various partners and organizations of PLWHA that play a variety of roles in the continuum of care to PLWHAs in the context of Meaningful Involvement of People living with HIV/AIDS.

All TASO centers have a computerized MIS that integrates patient management, pharmacy, and laboratory data. It will be continually upgraded to assist the clinicians, counselors, field workers and management in execution of the ART and basic care programs at the clinics. This will improve the efficacy, efficiency, programmatic and financial accountability of the program in order to successfully achieve the goal of

ART. Achievement of a practical simple M&E plan, built into program design with wide stakeholder buy-in will be key to the successful implementation of the ART program. It will include a standardized core, so that data from different areas flows from level to level, into a single overall data capture and summary system based on a clear and logical results chain or pathway. Meetings to share experiences on improving quality will be planned for the coordinating technical staff at each of the centers. It employs a home-based approach to ART delivery. Field Officer Teams are trained in ART and field operations. Using guidelines provided to them, they are able to report back to the clinicians the clients' progress in the community. Field Officers also conduct home based VCT to family members of clients initiating ART so that family members who are HIV positive are referred for appropriate care and support. The home based approach is necessary to ensure drug adherence and prevent the emergence of drug resistance as most of our clients are rural based and too poor to regularly collect their medication. By providing home based VCT we also ensure that drugs are not shared with other family members but that those who test positive and are eligible for ART receive treatment in their own right. This approach has enabled the achievement of more than 95% adherence to ART because of the close supervision and tracking of the clients. TASO plans in the next financial year to pilot delivery of ARVs through outreach sites in the community. Full integration of prevention into ART programming and community activities will be one of the core activities during the year. National coordination of ART Programs through participation in the National ART committee and joint ART clinics established by the Ministry of Health to coordinate ART activities among a defined group of implementing partners in a particular location. National capacity building for ART delivery is the other important activity it will be involved in through training/placement of health workers from public health facilities, private and NGO sectors. Staff refresher training on various aspects of ART will be part of the quality improvement process. All TASO clients who are to be initiated onto ART are home visited and home based VCT is given to family members. The program ensures that family members who test HIV+ have access to expanded continuum of care. Through its well established networks consisting of community volunteers and community nurses who offer basic counseling, HIV/AIDS education, home nursing care, mobilization of the communities, referrals, adherence support, acting as medicine companions, and drama groups, TASO plans to integrate prevention messages into all these activities. VCT during the ART program offers another great opportunity for integration of prevention into community work. This will include in addition formation of ART peer support groups in the communities and strong collaboration with various partners in particular grass root based organizations involved in community work. It will be necessary to carry out capacity building to some of the partner groups of PLWHAs to enable them to carry out the ongoing peer support of clients on ART in adherence, sexual behavioral change and family planning programming alongside sustained livelihood strategies. Regular coordination meetings will be held and field supervision visits conducted between TASO implementing Teams and other partners under the ART joint clinic at each of the TASO implementing sites.

No additional slots are available for patients receiving USG funded ARVs in FY06."New" patients in the targets are patients previously not on ARTthat replace patients expected to die during the year [estimated mortality is 10% per year].

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 8 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 780 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 8,496 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 7,724 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 200 | ☐ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | IRCU |
| **Prime Partner:** | Inter-Religious Council of Uganda |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4366 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in AB (4685), Palliative Care: Basic Health Care (4363), Palliative Care: TB/HIV (4364), OVC (4686) counseling and testing (4365), and ARV drugs (4687 |

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. It was established in June 2001 as a forum to enhance unity of focus and interventions in areas of common interest. IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. With support from the Global Fund and Joint Clinical Research Center (JCRC), some of these facilities are playing leadership roles in furthering the national agenda of accessing ART to all those eligible. Others have been accredited by Ministry of Health (MOH) but lack resources to take ART services to scale. IRCU received PEPFAR performance funds in FY05, with which it will initiate treatment in 10 sites covering a total of 1200 individuals. These include women, particularly those graduating from PMTCT programs, men, orphans and their caretakers as well as individuals that had initiated treatment using their own resources but could not continue due to economic hardship.

In FY06, IRCU will support the expansion and improvement of ARV services through ten health facilities that are faith-based. Support will be provided to rapidly expand existing ART programs and initiate ART in new programs through a network of faith based health facilities. Key areas of focus will be to improve and initiate ART through support for human resources and training, logistics and drug supply systems, communications systems, quality assurance and infrastructure. Several of the targeted facilities have already initiated ART and will be strengthened for expansion with a strong focus on quality and adherence to care and treatment. Others will be health facilities primed to introduce ART and will join the network. Volunteer and community groups affiliated with the FBO health network will be strengthened to support adherence to care. Clinicians will be trained through existing training organizations such as JCRC, Mildmay, Infectious Disease Institute and others.

In consideration of the vital role families and communities play in supporting patients on ART, IRCU will undertake extensive community mobilization and training of key religious leaders and other community groups such as local PLHA networks to provide on-going adherence support to individuals on ART as well as their families. A total of 500 religious leaders and other community members with significant influence on community behavior will be trained in order to increase ART literacy and adherence in their communities. This will largely be done by religious leaders working through their regular interaction with communities during prayers, and at public functions like religious services and weddings. IRCU will also work to develop and strengthen linkages with other HIV/AIDS programs, particularly palliative care, to enhance continued positive living for PLHA on treatment and also access to other services such as pain and symptom management.

IRCU will mobilize and facilitate existing community nurses to ensure adequate follow up of patients in the various ART programs. Complicated cases may emerge as a result of initiation of treatment. Such cases will be referred to nearby ART facilities for specialized clinical management. IRCU will maintain close liaison with MOH for support in policy guidance, quality control and technical advice. IRCU will also leverage its inter-faith collaboration to support the sharing of experiences through peer reviews and shared field visits to observe best practices across personnel and

services.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 10 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 300 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 1,500 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 1,500 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 50 | ☐ |

**Indirect Targets**

The capacity that will be built through strengthening of laboratory infrastructure and training of staff will go a long way in building competence within the Ugandan health system in areas of diagnosis and case management. Personnel that will be trained will pass on the knowledge and skills to their peers. Laboratories to be strengthened will not only be used for diagnosis of HIV/AIDS symptoms but also other clinical investigations.

**Target Populations:**

Adults

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Food

Education

**Coverage Areas**

Apac

Arua

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Masaka

Mbale

Mbarara

Moroto

Mukono

Nebbi

Pader

Rakai

Rukungiri

Soroti

Tororo

Wakiso

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIC USAID |
| **Prime Partner:** | AIDS Information Centre |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4373 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity links to activities in AB (4371), Other Prevention (3193) Palliative Care: Basic Health Care (3195), and counseling and testing (3194).<br><br>This new activity will build on the strengths of the existing Post-Test clubs at the 8 AIC branches to provide community mobilization and sensitization to increase access to ARVs by increasing demand for and acceptance of ARVs for those testing positive. Post-test counseling for those testing positive will be strengthened to provide ART literacy and prepare clients for ARV treatment and adherence to the treatment regimens.<br><br>The existing peer psychosocial support and adherence support groups within the post-test clubs at the respective AIC branches will be strengthened to provide on-going ARV adherence support to their members. 40 members of these support groups and 20 AIC medical counselors will be trained to provide ARV adherence support.<br><br>AIC will strengthen the linkages to referral networks with organizations providing ARVs. Some of these organizations include Joint Clinical Research Center (JCRC), Mildmay Center, Ministry of Health facilities and faith-based healthcare facilities under the Inter-Religious Council of Uganda(IRCU). |

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 60 | ☐ |

**Target Populations:**

People living with HIV/AIDS

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

**Coverage Areas**

Arua

Jinja

Kabale

Kampala

Lira

Mbale

Mbarara

Soroti

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Pediatric Infectious Disease Clinic
**Prime Partner:** Baylor University, College of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4381
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities numbered: 4380 ARV Drugs, 4382 TB/HIV, 4378 CT, 4392 OVC

The Mulago Hospital Paediatric Infectious Diseases Clinic (PIDC) is the national referral center for paediatric HIV in Uganda. Since its initiation in 1988, the PIDC has evolved into a full service clinic that provides HIV counseling and testing, care, and treatment to children between birth and 19 years of age. Since July 2003, over 6,000 children have been screened for HIV, and more than 2500 HIV positive children are currently in active follow up.

The comprehensive spectrum of care provided at the PIDC includes: HIV counseling and testing, growth and development monitoring, immunization, nutritional supplementation, opportunistic infection treatment and prophylaxis, TB counseling and testing and on-site treatment, and now antiretroviral (ARVs) treatment, monitoring and follow-up. PIDC patient monitoring and follow-up is supported through the Home Health Program and a computerized data management system which helps to monitor and analyze vital patient care information. In conjunction with computerized patient follow-up reporting, the Home Health team provides telephone and home-based follow-up of missing patients, as well as adherence support to those on ARVs and Home-Based Voluntary Counseling and Testing (HBVCT) to the families of PIDC patients. Development of Family HIV Care Services, where adults and children receive HIV counseling and testing, care and treatment in the same facility is also a growing component of PIDC programming. To address the psychosocial needs of PIDC patients and their families, adolescent and caregiver support groups have been formed and integrated into care. In particular the adolescent support group also works with adolescents to support them in the prevention area with special emphasis on abstinence/be faithful. Additionally, the PIDC and its local clinicians have evolved into a team of national leaders in paediatric HIV care and treatment training. This PIDC training team provides paediatric-specific HIV care and treatment to health professionals of all cadres throughout Uganda. Didactic lectures are combined with practical training opportunities in early infant diagnosis of HIV, counseling techniques for infants and children, as well as assisted disclosure. These trainings are also supported with clinical placements and supportive supervision. The PIDC training team is currently working to develop a national paediatric HIV care and treatment training program for health professionals in collaboration with the MOH, the Elizabeth Glaser Pediatric AIDS Foundation, and several local and international NGOs. Such programmatic activities will enhance both health professional and community knowledge of HIV/AIDS--as reflected in ever increasing numbers of children being brought to PIDC for counseling and testing and ever increasing interest in HIV care and treatment for children.

ARV services will emphasize provision of ARVs to paediatric HIV patients including commodity procurement, appropriate prescribing, adherence support and follow-up, and quality assurance and monitoring and evaluation of programming. These activities will be implemented at the PIDC and its affiliated sites in Kawempe, Naguru and at the Mulago Post-Natal Clinic. The Post-Natal Clinic will not dispense ARVs, however, quality assurance and monitoring and evaluation of the infant HIV testing and counseling services they will provide at this clinic is included. To date these units do not provide ARV services. However, through the collaboration with this clinics early infant diagnosis and provision of ARV therapy will become available. This will encourage more expecting mothers to accept HIV counseling and testing with the overall goal of reducing mother-to-child transmission of HIV. The care provided at these health facilities will be family-based, working in collaboration with two other partners who are also PEPFAR recipients (PREFA and MJAP). The Mulago postnatal

clinic will concentrate on early infant diagnosis and HIV counseling and testing for ART. Once children test positive they will be screened for ARV therapy and those that meet the criteria will be referred to the main PIDC or its associated clinics (depending on where the mother lives) for ARV services and other forms of care. Children testing negative at 6 weeks will continue in care until they stop breast feeding or are retested at 18 months of age. If a HIN-negative exposed child such as this develops symptoms prior to 18 months, they will again be retested at that time.

As funds for starting additional paediatric patients on ARVs are not available in this year's budget—the 1300 children started in year 1 will be maintained on treatment during year 2—the program area emphasis will be on maintaining the children on treatment, i.e. adherence support and follow-up, and overall program quality assurance and monitoring of existing HIV services provided through the PIDC network of clinics. Adherence follow-up and monitoring will be accomplished through enhanced in-clinic counseling and home health services. Additionally, linkages and training opportunities with other NGOs and service organizations developing their paediatric HIV care and treatment capacity will be conducted. The PIDC has been developing best practices, policies and guidelines, and monitoring tools that may be shared with other organizations through health professional trainings, PIDC clinical placements, and supportive supervision. It is estimated that approximately 200 health professionals will participate in these training activities. As part of the collaborative training activities described above, PIDC will work with MOH and other training partner organizations to develop paediatric ARV services experts throughout the country. Through linkages with the MOH, individuals from different regions throughout the country will be identified to receive advanced training in paediatric HIV care and treatment. These individuals will also be provided with training of trainer (TOT) skills so that they may return to their communities and organize and conduct their own paediatric HIV care and treatment trainings. Members of the collaborative training group will support the regional experts in their trainings and will also provide follow-up supportive supervision and paediatric HIV services (including ARVs) are rolled out throughout the country.

Increased numbers of children and families will benefit from quality paediatric HIV care and treatment services through this collaborative training network as the various training network partners share their experience and knowledge with upcountry facilities throughout Uganda.

No additional patient slots are available for patients receiving USG funded ARVs in FY06. New patients listed under targets represent patients previously not on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Human Resources | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Community Mobilization/Participation | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 3 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 155 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 1,705 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 1,550 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 200 | ☐ |

**Target Populations:**

Community-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Public health care workers

Private health care workers

Implementing organizations (not listed above)

**Key Legislative Issues**

Stigma and discrimination

Wrap Arounds

Food

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDSRelief |
| **Prime Partner:** | Catholic Relief Services |
| **USG Agency:** | HHS/Health Resources Services Administration |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4386 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities in: 4390-Laboratory Infrastructure, 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4398-Counseling & Testing.<br><br>AIDSRelief is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative care and ARV services to HIV positive people & their families. AIDSRelief is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Futures Group leads the Project's Strategic Information systems which provide essential clinical and programmatic information for high quality care; Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. Based on its successes and lessons learned, the AIDSRelief program in Uganda will continue to expand access to ART to 9,650 patients by February 28, 2006. Additionally, AIDSRelief will provide care services to 28,821 HIV positive patients. AIDSRelief services will be offered through 15 Points of Service (POS), distributed through out Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, KCCC, Nile Treatment Center, Bethlehem Medical Center, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. Most of the above POS have outreaches that collaborate with local Community Based Organizations (CBOS) to support adherence. With a funding level of $16,346,064, AIDSRelief can maintain the 9,650 patients on ART but also continue to accept patients in its palliative care program.<br><br>Funding for the provision of ARV services will be used to support all 15 Points of Service with support for staff, laboratory reagents, medicines to treat opportunistic infections, other supplies, logistical support, quality assurance, Technical Assistance (TA), supervision, provision of infrastructure (as needed), and training of clinicians and other HIV care providers. Training will be carried out in the 15 points of service and will be directed at the nurses (72), adherence counselors (81) and the community workers. In order to ensure that AIDSRelief patients receive the highest quality personnel care in accordance with the best practices, the AIDSRelief technical team will assist points of service staff (e.g. physicians (57), counselors (98), nurses (72), Other services within this activity will include training; clinical monitoring, related laboratory services and community adherence activities.<br><br>One of the cornerstones of the AIDSRelief program is the development of quality assurance programs at the Point of Service level. In year 3 of the program, AIDSRelief will provide supportive supervision through hands-on preceptorship with expert HIV providers, and continue to assist the POS to developing the internal capacity to implement quality assurance and quality improvement on-site. AIDSRelief will help to create networks of providers among the POS, and to link these facilities with other sites providing ART. AIDSRelief will actively promote learning across POS, through periodic fora. One of the outputs of these activities will be guidelines and other learning materials, so that POS will have access to reference materials. All guidelines will be consistent with MOH policy, and AIDSRelief will collaborate with the MOH, the USG and other actors to help ensure that ART providers in Uganda have access to the latest, most relevant and accurate information.//Children are a priority for AIDSRelief, and the program has devoted significant resources to help build the capacity of POS to provide ART to children. AIDSRelief promotes a family-centered model of care that includes treating spouses and partners and their children. AIDSRelief feels strongly that this is important to the long-term success of the |

program, and in particular to promoting adherence within families. The program will actively treat pregnant women eligible for ART, which we consider a critical way to help reduce the number of HIV infected children. In year 3, AIDSRelief will continue to offer training in pediatric ART, and will maintain a supply of pediatric formularies to ensure uninterrupted therapy.//The AIDSRelief program will devote significant resources to developing strong adherence programs. Adherence to ART is one of the critical factors to achieving durable viral suppression. Adherence education, training and reinforcement will be one of the critical areas that AIDSRelief will promote and help contribute to sustained viral suppression and overall improvement of clinical outcomes for patients on ART. Funding will go to training of adherence health care providers at the 15 POS; adherence training for ART patients; adherence reinforcement through home visits. The program will work to adapt existing, locally appropriate IEC and BCC materials, as well as to identify gaps in these media and develop materials as needed.

Community mobilization and participation is closely linked to support for patient adherence. Funding will be provided for training and sustenance of outreach workers and community based organizations like Comboni Samaritans, Meeting point & CHAPS to support ART patients at our POS. Their function will be to organize and run the community-based component of AIDSRelief. AIDSRelief, because of its work through faith-based partners who are firmly embedded within communities has the ability to support increased capacity and involvement of communities. The program will link with other local organizations where possible to further mobilize communities, reduce stigma, and educate the public about HIV, ART and ARVs.

Monitoring and evaluation is critical to improving patient care. AIDSRelief will provide clinical management tools to ensure collection and compilation of HIV patient data in the ARV services offered. Computers and related hardware that will enable computerization of all HIV care data will be provided in order to establish electronic databases for longitudinal patient care follow-up, reporting, POS and AIDSRelief Program management. There will be capacity building through training and hands on TA to reinforce the SI capabilities at our POS. This will enable sites to do the following: Use CARE Ware (the recommended AIDSRelief database) for data entry, data validation and data analysis; Continuous data quality improvement by engaging in on-going data cleaning and validation at the POS; Generation of clinical indicators from their databases, such as opportunistic infection rates and adherence to medication regimens for use in improvement of clinical care and services. This allows identification of areas that could be enhanced or improved and allows generation of programmatic indicators to produce the required reports on an accurate and timely basis.

Linkage with other PEPFAR and non PEPFAR funds and org: This program is run in conjunction with Ministry of Health, National TB and Leprosy Program and other Gov. Institutions. In particular We will operate within Dioceses infrastructures and existing FBOs Hospitals and NGOs/CBOs.Part of the ART services will be covered with track 1.0 funds that AIDSRelief is receiving from HRSA. The program is also linked to other CRS programs, like HBC, which are funded through private funds.

NOTE: No additional patient slots are available for patients receiving USG-funded ARVs in FY06. 'New' patients listed under targets represent patients not previously on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Human Resources | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 26 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 1,090 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 11,990 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 10,900 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 366 | ☐ |

**Target Populations:**

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4407
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities numbered: 4402 PMTCT, 4401 Abstinence, 4405 Injection Safety, 4404 Basic Health, 4403 CT, 4503 OVC, 4408 Laboratory, 4406 SI and 4502-Other/Policy and system strengthening.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

In fiscal year 2005, this activity supported the training of 85 health workers from health facilities in 5 districts in comprehensive AIDS care and treatment including ART, supported supervision of health facilities providing ART services in all districts in the country, In addition, support for the on-going ART site accreditation assessments were undertaken.

During the next fiscal year, this activity will support several different components. The first component will be to train health workers in district health facilities in comprehensive HIV/AIDS care including ART, targeting medical officers, clinical officers, nurses, counselors and nursing assistants running HIV care and treatment clinics. Counselors and nursing assistants will be given skills for counseling patients on ART with emphasis on adherence to treatment. This will increase the number of health workers in district hospitals able to provide ART and reduce workload and contribute to building capacity of health facilities to provide ART services. The second component is to train and update regional trainers and supervisors for pediatric HIV/AIDS care including ART, targeting physicians, medical officers and nurses at regional referral hospitals who have already been trained as trainers and supervisors for ARV services for their respective regions. In addition they will train and supervise health workers in district health facilities so as to improve the coverage and quality of treatment for HIV-infected children. The third component will support assessment and accreditation of 100 public and private health facilities that are not yet accredited for ART service delivery. This activity fits in well with the national ART scale-up plan which is to prepare all health centers as ART centres by the end of 2006 so as to expand access to ARV services countrywide and to the lowest levels of health service delivery. The fourth component is to support regional inter-site coordination meetings for all health workers and district stakeholders in HIV/AIDS care in the districts that are essential for coordination of ARV services in the districts and at regional level. This activity will facilitate learning from the experiences of ART centers and the review of operational issues pertaining to provision of ARVs. The fifth component is support supervision of health facilities providing ART services, that in addition to building capacity, also motivates health workers to provide quality services. The sixth component addresses review and updating of training materials for ART. This activity is pertinent in view of the rapidly changing knowledge on ART which requires that health care provider training materials need to be regularly updated. Finally, the training materials once developed or updated will be printed and distributed to health facilities providing care. The resources provided here will leverage other ART resources from Government of Uganda, Global fund and other donors

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 10 - 50 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 85 | ☐ |

**Target Populations:**

Country coordinating mechanisms
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Program managers
Teachers (Parent: Host country government workers)
USG in-country staff
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** AIDS and Workplace Project
**Prime Partner:** Emerging Markets
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4413
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities in Counseling & Testing, Palliative Care and Prevention/Abstinence and Being Faithful. Key legislative issues include reducing HIV/AIDS stigma and discrimination at the workplace since the prime partner works with company management to establish HIV/AIDS in the workplace policies including reducing stigma and discrimination.

This activity has several different components. The first is to establish Global Development Alliance (GDA) agreements with various members of the Uganda Flower Exporters Association to encourage members of the association to establish in-house AIDS treatment programs for their employees and dependants. A GDA is an agreement where the private sector partner has to contribute at minimum 50% of the resources to carry out the terms of the GDA. If a flower exporter does not have a clinic on site, then the project will develop agreements so that local AIDS treatment providers can offer care to HIV positive employees and dependants from the flower estates. The activity will also include the training of HIV/AIDS peer educators from the flower estates and the printing of various IEC/BCC materials to address ART literacy, palliative care and CT for employees, dependants and members of the community surrounding the flower estates. This activity will also promote the provision of outreach based palliative care by flower growing enterprises. These activities build on FY05 successes where over ten workplace programs have been established using peer education and IEC materials to spread the need and availability of AIDS treatment among company employees, dependants and members of the surrounding community. Other FY 05 successes include the promoting of innovative public-private partnerships at Nile Breweries and Bank of Uganda where their respective clinical facilities are used to provide ART to members of their surrounding community and family members who are not covered by the employer sponsored benefits plan.

The prime partner will also work closely with the Federation of Ugandan Employers (FUE). The Federation of Ugandan Employers has been conducting HIV/AIDs sensitization programs for over 10 years and is versed in providing HIV/AIDS training and information, education and communication (IEC) materials to FUE members. However, FUE conducted HIV/AIDS activities for Federation members has been sporadic and is heavily reliant on donor funding. Under this activity, the prime partner would like to assist in developing a sustainable HIV/AIDs unit at FUE by providing support to set up an HIV/AIDS office at FUE. In addition, the activity will assist FUE in developing a business plan for their HIV/AIDS unit so that a mixture of clients can be targeted with HIV/AIDS messages (some companies will be willing to pay for FUE services while others will only be able to cost-share FUE's HIV/AIDS services). As important, the prime partner will also work to impart to FUE the ability to make succinct financial or "bottom-line" based arguments to member companies on the financial importance of addressing HIV/AIDS at the workplace. Finally, the activity will transfer to FUE cutting edge HIV/AIDS peer education methods and materials in addition to transferring skills on how to set up HIV/AIDS in the workplace programs in general. By the end of the activity, FUE will be able to carry out many of the activities that the TASC II order has undertaken.

The last component of the project is an expansion and monitoring of previous insurance based work carried out with previous TASC II funding. This activity involves the encouragement of local rural based health insurers to provide AIDS treatment coverage as part of their standard benefits package. For FY05, this activity has already resulted in large local health insurers offering AIDS treatment as part of their benefits package. A prime benefit of providing AIDS treatment through the insurance framework is that the HIV positive employee or dependant can access

good quality care without the employer knowing their HIV status. Employee confidentiality regarding their HIV status is critical to the employee accessing employer sponsored AIDS treatment programs. This component will monitor and implement the provision of AIDS treatment through rural based health insurance using a GDA to be signed in late

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Health Care Financing | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Training | 51 - 100 |
| Workplace Programs | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 700 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | | ☑ |

**Target Populations:**

Adults

Business community/private sector

Community leaders

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | HIV/AIDS Project |
| **Prime Partner:** | Mildmay International |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4414 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activities 4419-Basic Health Care & Support, 4417-OVC, 4418-CT, 4414-ARV Drugs, 4416-Lab. |

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of the Uganda Ministry of Health since 1998. The Centre is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly in relation to children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC-Uganda since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving mainly a poor urban neighbourhood using a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. Beginning in FY05, TMC is partnering with two rural clinics, a faith-based clinic at Nagalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of The Mildmay Centre are targeting poor patients who cannot afford services on their own.

Training at The Mildmay Centre is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC is a centre of excellence taking care and training as complementary in the process of offering HIV/AIDS services. The training component of this programme will cover participants from all over the country on a diploma programme, through Mobile Training Teams, clinical placements at the three sites and short courses run at TMC. The courses run include short courses on multidisciplinary courses on Use of ART in children, Use of ART in adults, Communication with children, Palliative care in the context of HIV/AIDS, Laboratory skills for laboratory personnel in an HIV/AIDS context, Management of opportunistic infections and others. The training through Mobile training teams is yearlong covering the same health workers in select clinics per district covering all relevant areas in HIV/AIDS care. The Mobile Training Teams have so far covered 30 districts out of 56 covering 102 health units and currently active in six districts. The diploma programme targets health workers from all over the country from government, faith-based and other NGO facility on a modular programme with 6 staggered residential weeks over an 18-month period. The time in between modules is spent at one's place of work doing assignment and at the same time putting in practice what has been learnt. Health workers at the four treatment sites and the 30 districts targeted for training will be trained to provide ARV services and the training will cover management of patients on ARVs, adherence support, linkage to laboratory services, palliative care issues while on ART and records and data issues. This will be done through the Mobile Training Teams travelling into the districts; the short courses run at TMC, clinical placements at the four sites and modules on the diploma programme. In addition, new companies signing their

employees onto treatment programmes will have their employees sensitised about ARV services and the clients started on ARVs together with their treatment supporters will have access more training through the patients' workshops.

Under this programme area the four sites at The Mildmay Centre, Reach Out Mbuya and the two rural sites; Naggalama in Mukono District and Mpigi Health Centre in Mpigi Districts will continue to provide ARV services to children and adults. It is envisaged that the current 1120 patients receiving ARV Drugs as part of the PEPFAR programme at TMC will be kept on treatment, about 900 patients will continue on ART through private, corporate and other support through other channels, 1000 patients will continue on ART at the two rural sites and 1250 patient will have access to ART at Reach Out Mbuya. The programme will ensure that at least 50% of all patients receiving drugs are children below 18 years and at least 50% of the adults are women. The number of patients accessing ART through private and other sponsorship will also be maintained by using the infrastructure and staff already at the Mildmay Centre. This will however mean that the Centre is likely to treat more patients than those targeted using US government sponsorship for ART. This will be in the context of the family approach to care where all family members of an index client – whether male or female, adult or child – are given an opportunity to access care as a unit. The new patients starting on ART will be recruited through the Counselling and Testing programme area and all they will all have access to palliative care through the relevant programme area. All four sites will have training of patients, treatment supporters and health workers and at Reach Out educational material about ART will be produced. All patients registered at the four sites are screened for TB and if found treated. The patients to be started on ARV Drugs will be recruited through the Counselling and Testing programme area while those already on ARVs will be maintained on appropriate regimens. The provision of the ARV services is linked to the availability of laboratory services under laboratory infrastructure and services programme area. There will be linkages with other organisations such as World Vision, Compassion International, RATN and MSF for training and patient care. Data will be kept and used for M&E purposes at all sites. The Mildmay Centre has an already existent forecasting and procurement system that ensures adequate availability of supplies and drugs required for patient care and training activities.

In FY'06, Mildmay will also be implementing and evaluating adherence interventions for pediatric ART patients and adherence and HIV transmission risk reduction interventions for adult ART patients. This targeted evaluation is a collaborative effort of Mildmay, UCSF and CDC. In FY05, the evaluation protocol is being finalized for IRB review and Mildmay is working on developing staff and infrastructure capacity to implement the evaluation in early '06. Using a family approach, the evaluation will compare 3 levels of adherence behavioral interventions for both children and adults. Materials and results from this evaluation will be shared with all PEPFAR ART partners in Uganda, since behavioral interventions for ART adherence and reduction of HIV sexual transmission risk are critical for the success of our PEPFAR ART programs and our overall PEPFAR strategic plan.

NOTE: In FY06, 500 additional patient slots are available for patients receiving USG-funded ARVs through the performance funds. 'New' patients listed under targets also represent 374 patients previously not on ART that replace patients expected to die during the year (estimated mortality is 10% per year).

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 6 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 874 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 4,115 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 3,741 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 1,362 | ☐ |

**Target Populations:**

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Public health care workers

Private health care workers

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Nebbi

Ntungaro

Wakiso

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | University of California San Francisco - UTAP |
| **Prime Partner:** | University of California at San Francisco |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4423 |
| **Planned Funds:** | |

**Activity Narrative:** This activity also complements activities 4422-PMTCT, 4421-Other/Policy analysis and system strengthening, 4424-SI.

The University of California San Francisco (UCSF) is one of several U.S. universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for service providers and program managers on inventive strategies for the care and treatment services.

Beginning in FY04, UCSF provided CDC-Uganda Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY06, the UCSF in-country technical advisor will provide support for the implementation of ARV treatment and care activities funded through the Emergency Plan. Following the initial design of a national ARV Quality Assurance system in FY05, the advisor will support the development and implementation of the HIVQUAL system in eight pilot sites. Through participation on the MOH ARV subcommittee the most current care and treatment information will be shared to inform national treatment and clinical protocols. In addition, approaches to ensure comprehensive ARV adherence programs, approaches will be designed and implemented for different clinic service delivery models with successfully programs used to improve services at all sites. Training sessions for clinic staff will be developed throughout the year to address issues identified in HIV/AIDS treatment and care. Finally, the advisor will provide direct programmatic support for the design and implementation of The AIDS Support Organization (TASO) home-based ARV treatment and care program.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 40 | ☐ |

**Target Populations:**

National AIDS control program staff (Parent: Host country government workers)

ART providers

USG implementing partners

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | CDC Base GAP |
| **Prime Partner:** | US Centers for Disease Control and Prevention |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | Base (GAP account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4433 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4432-TB, 4739,4703,4427,4435-SI, 4431-Basic Health Care & Support, 4434,4429-Lab, 4430-M&S, .<br>The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. ART services in HBAC include provision of cotrimoxazole prophylaxis and basic preventive care, OI treatment, and adherence and prevention counseling. Technical leadership by CDC-Uganda staff for HBAC ART services is provided by a team of very experienced epidemiologists, behavioral and laboratory scientists comprising of expatriate direct hires and Ugandan technical staff. In addition, US CDC has recruited well-trained and very experienced clinicians, nurses and counselors who provide day-to-day patient care, nursing and counseling services to patients enrolled in the ART program. They have together developed and adapted ART treatment, nursing and counseling protocols and guidelines to ensure that high quality Home-Based ARV treatment services are provided through HBAC. The HBAC technical team has also been heavily involved in training staff from other PEPFAR ART programs who frequently come for field practice and in-service training. In FY05, ARVs were provided to the first 1000 adults enrolled in HBAC and 50 children of index clients with clinical indications for therapy. An additional 100 subjects were enrolled to replace losses due to death or voluntary withdrawals from the project. ARVs are delivered weekly to clients homes by field officers who collect basic clinical information required for clinical monitoring. Subjects also visit the HBAC clinic if acute medical problems develop. In FY06, approximately 50 new adult clients will be recruited and an expected 10 children of index subjects will be expected to develop clinical indications for ARV services. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Human Resources | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 1 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 60 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 1,210 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 1,055 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 160 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Laboratory workers (Parent: Public health care workers)

**Coverage Areas**

Busia

Mbale

Tororo

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Joint Clinical Research Center, Uganda
**Prime Partner:** Joint Clinical Research Center, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4444
**Planned Funds:**
**Activity Narrative:** This program is linked with the Quality Assurance Program (QAP), PHA networks, the DELIVER Logistics Program, EGPAF, DOD, Walter Reed, AFFORD and PSI (basic care), IRCU, JHUCCP ART Literacy Program, AFFORD and PSI basic care. This activity also links to other JCRC activities in Palliative Care: Basic Health Care (4442), Palliative Care: TB/HIV (4445), ARV drugs (4443), ARV services (4444), and Lab (4441).

Joint Clinical Research Center is an indigenous Uganda NGO begun in 1992 to undertake AIDS vaccine research and provide treatment to HIV positive individuals. JCRC began providing ART on a large scale to clients at their clinic in Kampala in 1998. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment, and an internationally respected training and research institution. Many of the PEPFAR countries have sent delegations to Uganda to learn how JCRC was able to rapidly expand treatment. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. An agreement with USAID in 2003 envisioned a more extensive expansion to introduce and support ART across the country. Under the TREAT program, since October 2003, JCRC has expanded ART from four to 31 sites, and from 10,000 to 31,000 clients well exceeding targets. Two additional sites will be opened in 2005 for a total of 33. Over 31,000 people are currently receiving ART and comprehensive care through formal referral links. These include a network of health facilities to incorporate over 4500 orphans, vulnerable children, pregnant women, and orphan caretakers as part of a fully subsidized program. With FY 2005 funding, the total number of people reached will be a minimum of 36,000. While 28,600 pay for ART, 7400 of the most vulnerable receive fully subsidized treatment.

In FY 06, a total of 43 sites (10 additional) will be supported. New sites will be selected in consultation with the MOH. Three of the proposed sites are in Northern Uganda, where HIV prevalence and need is high. Major interventions include development of infrastructure, logistics systems, ARV and other drugs, human resources and training, laboratory equipment and services, communications and data management systems, referral systems for palliative care and support, basic preventive care and adherence systems. Existing sites will continue to be supported, with a strong focus on quality improvement through a comprehensive adherence program to assure follow-up care of patients initiating treatment. In addition, the quality focus entails ensuring laboratory monitoring for clients within and beyond the TREAT network. Partnerships will be strengthened with other organizations including CDC and AMREF to address the challenges of inadequate laboratory infrastructure for the delivery of quality ART. JCRC will consolidate establishment of 5 Regional Centers of Excellence (RCE) begun in 2004/5 to provide specialist fully functional laboratory services as part of the JCRC organizational outreach. The RCEs include Mbale (East), Fort Portal (West), Kabale (South West), Gulu, (North), Mbarara (will be supported to achieve capability in Flow Cytometry, CD4 and viral load, but will run autonomously) and Kakira (Central). To ensure quality, the administrative maintenance of the Regional Center's of Excellence will be run entirely by JCRC under TREAT, with capacity building of Ministry of Health staff over time. The RCEs will serve as referral labs for each region.

In FY 2006, numbers receiving ART are expected to rise to a total of 53,000 including 12,550 receiving fully subsidized services (orphans and vulnerable children, their caretakers, pregnant women, health care workers, students, poor widows). The mainstay of the program in 2006 will be a focus on adherence. The adherence strategy encompasses central coordination at JCRC, regional adherence officers, down to satellite adherence assistants and volunteers including patient support groups and community organizations. The adherence program includes: recruitment

of regional staff to monitor and support adherence to ART in the regions where ART centers are located; recruitment of adherence assistants and support for adherence volunteer activities in each centre; identification, training and mobilization of CBOs and patient support groups for adherence; support for novel adherence methods including mobile phones, SMS messaging, confidant and buddy patient support strategy, and use of scientific adherence verification methods including patient self reports, pharmacy records, clinical attendance for ensuring adherence and tracking defaulters; establishment and support of patient clubs and other patient support groups, mobilization of NGOs, community leaders, faith based organizations and others to support adherence; communication of adherence strategies, information and education and provision of adherence materials. Special focus on pediatric AIDS will continue whereby 35 PMTCT sites in the EGPAF network will link HIV+ pregnant women, and families to JCRC and other clinics. At regional centers, PCR for viral load and DNA assays will enable early diagnosis and treatment of infants.

A communication strategy completed in 2005 identified a number of communications gaps. JCRC will address adherence and basic ART information in 2005, and stigma and prevention for positives in 2006. See the ART Literacy JHU COP. In 2006 JCRC will roll out additional campaigns through a multi-faceted approach, using mass media, provider and client information materials, community mobilization. JCRC will continue to work with the JHU Center for Communications Program and the Ministry of Health. Health workers from all cadres will continue to be trained in ART provision in all the 43 ART sites, with refresher courses for the operational sites through collaboration with the IDI, TASO and Mildmay. Training will also target community health workers, PHAs and patient support groups. The Logistics Management Information System (LMIS) and the Pharmaceutical Inventory Logistics System (PILS) will be strengthened at sites to complement the paper based system. Real-time information about drugs dispensed and number of patients receiving ART will be operationalized. The RCE's will establish efficient supply and management of laboratory reagents and other supplies. Collaboration with DELIVER for refresher logistics training for all TREAT site staff is to be undertaken including supervisory visits to ART centers. ART monitoring tools will be evaluated and improved in all TREAT sites with a focus on improving the computerized patient database and using program data to inform management.

In 2005 JCRC worked closely with a number of partners to increase the impact of the program, including: EGPAF for implementation of the 'family care' approach for early identification of mothers and babies; ART for research clients and community members in Kayunga with the Walter Reed Project; ART for mothers and babies through the Makerere University John Hopkins (MU-JHU) program; improving lab capacity and providing ART to soldiers and their families with the UPDF; and expanding ART and community networks for care through several faith and community-based organizations. JCRC will continue to work with the Ministry of Health and the Global Fund. Many people currently paying full or partial support for drugs will be able to access GFATM drugs, and JCRC will support other ART services to support adherence to care and treatment. JCRC also supports the functioning of the National ART Committee, where a quality assurance program for ART is being established.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 51 - 100 |
| Logistics | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 43 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 17,000 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 53,000 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 48,000 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 1,380 | ☐ |

**Target Populations:**

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Infants
Military personnel (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Laboratory workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Gulu

Hoima

Iganga

Jinja

Kampala

Kamuli

Lira

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Mubende

Kabale

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Makerere University Walter Reed Project (MUWRP)
**Prime Partner:** Walter Reed
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4507
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4514-Lab, 4516-SI, 4506-Basic Health Care & Support.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Department of Defense (DOD) and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP, a division of the US military's HIV/AIDS research program, has been working in Uganda since 1998 in HIV vaccine clinical trials. Among the goals of MUWRP is to build the infrastructure for an HIV vaccine cohort in the Kayunga District of eastern Uganda.

In FY05 MUWRP received PEPFAR support for the first time and formed a partnership/Memorandum of Understanding with the Kayunga District Ministry of Health. The Kayunga District health authorities assisted MUWRP in identifing HIV+ Kayunga residents and MUWRP was able to successfully meet FY05 goals of providing ART and palliative services to the District. Further, MUWRP assisted Kayunga District/Ministry of Health facilities with laboratory services, materials, training and short-term technical staffing.

This program activity also relates to activities in Palliative care, Counseling and Testing, and PMTCT. The goal of this program area is to provide ARV drugs to HIV infected persons in need of treatment. This will be done through health centers in the Kayunga district where MUWRP is establishing an HIV vaccine cohort. This activity will support the Kayunga District Health Services (Ministry of Health) to administer ARV services. The anti-retroviral drugs will be procured by USAID from Uganda's Joint Clinical Research Center. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving treatment to help develop strategies to reach equal number of men and women. This activity is targeting HIV positive men, women, children and infants inclusive of family members. Additionally, it will also target public health care workers including doctors, nurses, laboratory workers and pharmacists. This activity will support providing ARV services in 6 service outlets including the Kayunga District Hospital, 2 Health Center IVs and 3 Health Center IIIs. This funding will address the following emphasis areas: training, information education and communication and logistics. This activity will provide HIV/ART service training for 16 individuals, including: medical officers, nurses, clinical officers and HIV counselors.

| Emphasis Areas | % Of Effort |
|---|---|
| Information, Education and Communication | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 6 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | 520 | ☐ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 520 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 16 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

Kayunga

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Capacity Building of Indigenous Institutions |
| **Prime Partner:** | To Be Determined |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4530 |
| **Planned Funds:** | [redacted] |
| **Activity Narrative:** | This project links to activities in Palliative Care: Basic (4525), Palliative Care: TB/HIV (4528), OVC (4529), Counseling and Testing (4523), SI (4531), and Other policy Strengthening (4532). |

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.

Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda. This activity has several different components. One component is to build the capacity of the Inter-religious Council of Uganda and its network of faith based organizations, as well as other select USG supported CBOs and NGOs (such as Hospice, AIC, Conflict , HAWES, TASO and JCRC) to expand access to quality ART services, to institutionalize quality assurance measures and to ensure broad application of "best practices" in this area. The contractor will work closely with IRCU to link HIV positive persons identified through their routine counseling and testing services to ART services both within IRCU's own network of faith-based facilities and other civil society and government institutions. The support provided through this program will be based upon specific needs of target organizations however the contractor will work with each to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

Direct targets such as number of service outlets, number of individuals receiving integrated TB/HIV services and number of individual's trained are not counted here because this is primarily a technical assistance program and these numbers are captured in other activity narratives.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Target Populations:**

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | US Department of Defense |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | HIV/AIDS Treatment/ARV Services |
| **Budget Code:** | HTXS |
| **Program Area Code:** | 11 |
| **Activity ID:** | 4552 |
| **Planned Funds:** | |
| **Activity Narrative:** | The program activity relates to activities 3970-CT, 4551-PMTCT, 3967-Other Preventions,3969-SI, 3968-Basic Health Care & Support.<br>The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander-in-chief of the armed forces, the president mandated the UPDF's Aids Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military personnel are living with HIV. Capacity to provide quality ARV services is continually growing. In mid- 2004, two army hospitals were accredited to deliver ART, starting off with drugs from the global fund, 200 people were put on treatment. The USG has supported these clinics through training of personnel, treating and monitoring of patients. To date over 600 people have been put on therapy.<br><br>This program activity aims to strengthen service delivery at the two current centers with a possibility of a third, improve the quality of counseling especially with regard to PWP, and strengthen laboratory monitoring. In addition, the program also aims to continue training physicians to deliver ART. In 2005, the Infectious Diseases Institute, Kampala and physicians from the UPDF developed a course for physicians to ramp them up as care and ART providers, this course was suited to address military specific issues and has brought in specialists from other African militaries in a military-to-military collaboration. A total of 8 personnel will be trained in FY06 in this course.<br><br>Key legislative issues addressed include the gender equity issue by targeting women especially widows to receive treatment and by determining the breakdown of women and men receiving treatment to help develop strategies to reach equal numbers of men and women. Stigma and discrimination will also be addressed through counseling of patients to make them aware of the HIV/AIDS policy in the military that is against discrimination. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Infrastructure | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 2 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 8 | ☐ |

**Target Populations:**

Adults

Doctors (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Public health care workers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Kampala

Luwero

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** PHA Network
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4695
**Planned Funds:**
**Activity Narrative:** This activity links to activities in Palliative Care: Basic Health Care (4688), Palliative Care: TB/HIV (4690), and OVC (4693).
It is widely recognized that greater involvement of PHAs results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decreased stigma and discrimination through improved understanding of the PHA experience. The purpose of this program is to increase access of PHAs to HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services.

This activity will facilitate the provision of technical assistance and sub-grants to strengthen PHA networks in Uganda. The grantee will build the institutional and technical capacity of PHA networks to increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanisms to link members and their families to services and support programs targeting PHAs.

This activity will train PHA network leaders/members in ART literacy counseling and peer support and will receive sub-grants to facilitate access to ART services for their most economically vulnerable members who might not otherwise be able to access treatment. A key focus of this program will be to ensure that all positive individuals needing ART and taking ART are provided with the necessary support to initiate and/or maintain adherence to ARV treatment. This activity will be closely linked to and coordinated with the Inter-religious Council of Uganda, Hospice and Afford (health marketing) activities to name a few.

The targeted PHA networks include over 1,000 existing PHA networks and their sub-networks at national, district and grass roots levels. It is estimated that this activity will work with approximately 70 networks in 35 districts and will facilitate access to ART and support treatment literacy and adherence among approximately 113,000 PHA in 2006.

The grantee will build on AIM's previous work with PHA networks and identify new networks that are well placed to achieve the goals of the program with continued expansion in terms of networks reached over the next couple of years. The grantee will also work with each of these networks to maximize attention to gender and stigma/discrimination issues and to link their clients with wrap around services such as food, education and microfinance and micro credit support programs.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 10 - 50 |
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Widows/widowers

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Health Communication Partnership
**Prime Partner:** Johns Hopkins University Center for Communication Programs
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4697
**Planned Funds:**
**Activity Narrative:** The Health Communication Partnership (HCP) will continue to work with the National AIDS Control Program and the Joint Clinical Research Center (JCRC) to improve the availability of correct information on ART that supports providers, patients and their families to understand and comply with drug treatment regimens. In accordance with the communication strategy developed in FY05 by JCRC and HCP, and priorities identified by JCRC and the National program, HCP's assistance in FY05 focused on creating materials to support three key areas: improving basic knowledge about ART among providers, patients and families; improving early treatment seeking behavior and enhancing adherence for adult as well as pediatric patients. HCP assistance in FY06 will center on the design and implementation of information, education, and communication activities that more specifically address pediatric AIDS-related treatment and compliance. AIDS cases among patients under 12 represent close to 10% of the total AIDS cases in the country and pose a set of unique challenges. HCP will assist JCRC to develop counseling and client education materials for HIV positive children and their caregivers to increase ART uptake and improve adherence among children with AIDS; and to design a public information campaign about pediatric AIDS, its treatment and mitigation. The overall activity will target children living with HIV/AIDS, their caretakers, and the general adult population of Uganda. JCRC will utilize materials and activities for pediatric AIDS cases in its 35 ART service delivery sites and strengthen delivery of services to its pediatric population.

Another priority area for FY06 is to address some of the barriers to seeking treatment. Although the availability of and access to ARVs has been greatly increased, there remain some lingering barriers to seeking treatment, including stigma and discrimination . HCP will provide assistance in designing strategies and community approaches that stimulate communities, families, and individuals to examine their attitudes toward PLWHAs, to address stigma and promote more compassionate attitudes and responses. PLWHA and their family members will be actively engaged in the development and implementation of community mobilization activities for stigma reduction.

JCRC will also provide training for community groups and faith based groups to facilitate group discussions and exercises to raise awareness of stigmatizing and discriminatory attitudes and practices. Activities, materials, and tools will be developed with the involvement of PLWHA, and children with HIV/AIDS.

| Emphasis Areas | % Of Effort |
|---|---|
| Community Mobilization/Participation | 51 - 100 |
| Information, Education and Communication | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | | ☑ |

**Target Populations:**

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Public health care workers

Private health care workers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4705
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), Lab (4706), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. Recent support through USG and MOH has increased access to ART drugs and services. These services, however, are limited, as with other services in the North, to the major hospitals and not for profit facilities in the towns with very little access to people living in camps outside of the municipalities. It is expected that this activity will support the delivery of ART drugs and services to an additional 1,700 individuals through innovative outreach programs. Approaches should be tied in with the delivery of TB treatment for HIV positive individuals. Expansion through existing sites will be supported as appropriate.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | 5 | ☐ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | 1,769 | ☐ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | 1,681 | ☐ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 25 | ☐ |

**Target Populations:**

Refugees/internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

HIV positive children (6 - 14 years)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** HOSPICE AFRICA, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** HIV/AIDS Treatment/ARV Services
**Budget Code:** HTXS
**Program Area Code:** 11
**Activity ID:** 4824
**Planned Funds:**
**Activity Narrative:** Hospice Africa Uganda (HAU) an indigenous private organization in Uganda providing palliative care services focussing on management of pain and symptoms associated with the terminal stages of the AIDS disease. It is the only private organization authorized by Ministry of Health to train and dispense morphine as part of comprehensive palliative care. HAU has been receiving PEPFAR funds over the last year through a major USAID-supported umbrella HIV/AIDS program. This support has supported the integration of symptom control and pain management within AIDS care in three districts of Uganda, thereby enabling PLHA access a comprehensive spectrum of care.In FY06, HAU will expand access to ARV services for PLHA and their immediate families in three districts of Uganda. Within its mandate of managing symptoms associated with advanced AIDS, HAU is in a unique position to expand access to ARV services for PLHA and their families. It is well positioned to identify individuals who are eligible for treatment, but not accessing it and refer them to ART providers for initiation of treatment. Similarly, HAU is also in a vantage position to receive patients referred from ART sites who need pain and symptom control services as well as psychosocial support to enhance adherence to ART. HAU will initiate and consolidate linkages with existing network ART providers to co-manage patients in order to maximise synergies and enable PLHA to access a broad spectrum of services. ART providers receiving USG assistance, such as the Inter-Religious Council of Uganda, TASO, the Joint Clinical Research Centre, Mildmay International and Reach Out Mbuya will be targeted as prominent partners in this network. Other interventions will focus on increasing awareness and accurate knowledge of ART, as well as building functional referral networks between families, communities and ART providers to enhance easy access to treatment for those who need it. The mass of volunteers trained by HAU to support its palliative care services at community level will be trained to serve as brokers between communities and ART sites. These volunteers will also be instrumental in supporting individuals on ART to remain adherent to their treatment protocols while at the same time offering support to family members. Misconceptions that the epidemic has been contained or that AIDS is now a curable disease with drugs easily available will be addressed as a priority to sustain people's commitment to self risk assessment and reduction.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Community Mobilization/Participation | 51 - 100 |
| Infrastructure | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites) | | ☑ |
| Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) | | ☑ |
| Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+) | 1,387 | ☐ |

**Target Populations:**

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Twinning

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Democracy & Government

**Coverage Areas**

Hoima

Jinja

Kampala

Mbarara

**Table 3.3.12: Program Planning Overview**

**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12

**Total Planned Funding for Program Area:**

**Program Area Context:**

Current Uganda Health Policy stipulates that all health facilities from HC III upwards should have capacity to deliver the minimum health diagnostics package which includes HIV, TB and STI diagnosis. However, the National Laboratory Assessment Survey conducted in 2004 and funded by USG found that many laboratories at all levels were unable to provide the approved range of diagnostic services on the day of the survey; reasons given included poor infrastructure, in some cases no laboratory or no functioning equipment; staff shortages or only non-qualified staff; no overall management structure; inadequate supervision from the district; irregular supply of commodities and no coordinated quality assurance schemes. The problems at the district level are compounded by the absence of leadership, advocacy and coordination at the central level and because there is no national health laboratory services policy. The HSSP II includes language that addresses the majority of these issues.

The key development partner involved in laboratory strengthening is the USG. DANIDA, have assisted MOH in supply-chain management, particularly for the purchase of drugs and in the development of HSSP II and the Italian Cooperation have provided limited support in the sector through the Anti-AIDS Great Lakes Regional Program. Both MAP and Global Fund have provided some support for laboratory services, particularly in the procurement of HIV test kits. Development partners, key government departments and other stakeholders have been brought together under the MOH Laboratory Technical Committee, with leadership from the Central Public Health Laboratory, to coordinate the strengthening of laboratory services.

Major initiatives in 2006 include: AMREF for national capacity building in infrastructure, human resource management – particularly for technician training, support supervision and quality assurance at HC IV and above; AIM, again for capacity building but limited to sixteen districts – this project ends in March 2006; NMS for a credit-line for laboratory commodities; JCRC to establish 'centers of excellence' that will support the regions with advanced HIV monitoring services, HIV adults and children needing monitoring for HIV disease, and provide a source of expertise and experience for the developing public sector; CDC for continued laboratory support in ART monitoring for programs with limited laboratory capacity; MOH for a national training program in HIV rapid testing and for a national early infant HIV diagnosis program; national laboratory logistics strengthening.

USG will continue to support stronger coordination for national HIV laboratory services through the Ministry of Health, Central Public Health Laboratory (CPHL) and other partners. Targets in FY06 include 214 laboratories with capacity to perform laboratory tests, and 1,901 individuals trained in provision of laboratory activities.

**Program Area Target:**

| | |
|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 214 |
| Number of individuals trained in the provision of lab-related activities | 1,901 |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | 798,669 |

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 3942
**Planned Funds:**
**Activity Narrative:** This activity relates to similar activities in laboratory 4012, 4018, 4441 and AIM related activities in PMTCT, blood and injection safety, other prevention, palliative care [basic and TB], OVC, CT, ARV services and SI. AIM is moving into its final year of implementation, to be completed May 2006. All service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06. In FY05, AIM will have supported 100 labs.

The AIDS Integrated Model District Program is providing comprehensive support for HIV/AIDS activities in the rural districts in Uganda. Support has included equipment, training laboratory technicians and renovating labs to provide basic HIV/AIDS services including HIV testing, TB, malaria and STIs in the 16-AIM supported districts.

FY06 will continue to focus on strengthening quality assurance and quality control systems both within a facility and between district and regional labs. Skills building of district laboratory focal persons to improve support supervision will also be emphasized. Strengthening referrals between district laboratories and regional labs providing PCR tests for infants will also be supported in FY05.

| Emphasis Areas | % Of Effort |
|---|---|
| Infrastructure | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 3 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 150 | ☐ |

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** TASO USAID
**Prime Partner:** The AIDS Support Organization
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 3972
**Planned Funds:**
**Activity Narrative:** This activity relates to 3975-Palliative Care, 3974-OVC, 3976-SI, 3973-Other Prevention and ART-Services with CDC. In order to provide good quality basic health care services which is part of palliative care, healthcare workers need a well functioning laboratory to help in the diagnosis of ailments. Therefore, strengthening laboratory infrastructure and capacity is a key component of palliative care. Each of the 11 TASO centers has a laboratory that is able to carry the minimum set of tests required to support an HIV/AIDS clinic. The tests include HIV testing, TB diagnostics, syphilis testing and lymphocyte count. TASO laboratories at the 11 centers will continue to be strengthened to support the delivery of basic healthcare and prophylaxis for opportunistic infections and ARVs. In 2006, funding will be used to strengthen and support laboratory services including procurement of laboratory reagents, and laboratory equipment necessary for the proper functioning of the laboratory. Currently each laboratory has two staff and TASO plans to recruit a third Laboratory Technologist on a part time basis. This will boost the capacity of the laboratories to carry out all investigations that are requested for during the clinics. Laboratory services will be provided to all clients who need them based on the requests from the TASO clinicians and this service will be provided at both 11 TASO centers, and the 34 outreach clinics. Out of the 40,000 HIV positive clients that TASO will serve, approximately 75% (30,000) of them will benefit from the laboratory services at one point or other in the course of the year. Other target groups are the 33 laboratory staff who will receive refresher training and support supervision.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 11 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 33 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 30,000 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 30,000 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 30,000 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

**Coverage Areas**

Bugiri

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

Adjumani

Apac

Arua

Bundibugyo

Hoima

Kabale

Kabarole

Kaberamaido

Kalangala

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kyenjojo

Luwero

Masindi

Moyo

Mubende

Nakasongola

Nebbi

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** African Medical and Research Foundation
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** \Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4012
**Planned Funds:**
**Activity Narrative:** This activity also relates to activity numbered: 4015 TB/HIV
In FY06, AMREF will support a national laboratory program by strengthening physical infrastructure and improving the skills of laboratory staff at Health III and above, nationwide. This will improve the capacity of the laboratories to offer HIV testing to support VCT, TB screening, and other key tests related to opportunistic infections diagnosis, that is of reliable quality and is available without interruption.This will involve improving the physical laboratory infrastructure and equipment; 20 laboratories will be renovated and equipped based on Ministry of Health standards. In addition, health care workers will have their skills strengthened; 100 laboratory staff in essential new technologies for testing HIV and related conditions, and, planning for laboratories; 125 Clinicians on appropriate utilization of and planning for laboratories; 150 counselors on new initiatives in counseling and the role of the laboratory in counseling. This will be achieved by conducting structured in-service training for these health service providers. Two scholarships will be provided to each of 12 districts to provide basic training of technicians in country.

The national laboratory quality control system in support of HIV/AIDS will be strengthened. The Central public Health Laboratory (CPHL) of the Ministry of Health (MoH) will be provided with equipment and materials for HIV/AIDS quality control. CPHL will be supported to strengthen the referral system of samples from lower to higher level laboratories. 40 District Laboratory Focal Persons in 40 districts will each be provided with a motorcycle and mobile laboratory kit for monitoring performance of laboratories by carrying out three support supervision visits in the district and retesting selected specimens from the laboratories. 70 laboratories in 18 districts will receive 3 text books each to provide wider laboratory technical reference in support of testing for HIV and related conditions.

The currently employed non professional low level staff at health centre III will have their skills strengthened to enable them upgrade to Laboratory Assistants and eventually to Laboratory Technicians through sponsorship in-country. This will enable them to provide HIV testing to support VCT, TB screening, and other key tests related to opportunistic infections diagnosis, that is of reliable quality and is available without interruption. This is in support of the laboratory staffing plan of MoH., and 50 staff will benefit in this financial year. The training capacity of the Laboratory Assistants training schools will be strengthened through sponsoring trainers in country to undergo a tutors course in country. By providing logistical support to the National TB Reference Laboratory for strengthening the National External Quality Assurance for Tuberculosis diagnosis, the NTRL will be provided with essential logistics to ensure that TB patients have access to HIV counseling and testing.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Training | 51 - 100 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests* | 70 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 375 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| *Number of Districts receiving HIV test Kits every two months* | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| *Number of TB diagnostic laboratory tests* | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Makerere University Institute of Public Health |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Laboratory Infrastructure |
| **Budget Code:** | HLAB |
| **Program Area Code:** | 12 |
| **Activity ID:** | 4026 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities-4021 ART services, 4020-ART drugs, 4024-Counseling and Testing and 4017-Other/Policy Analysis. The Rakai Health Sciences Program (RHSP), formerly named the Rakai Project, has been conducting community and home-based HIV prevention and care in rural Rakai District since 1988. Originally initiated as a population-based cohort study to monitor the HIV epidemic and assess risk factors in 21 communities, the RHSP has expanded to cover all consenting adults in households in over 50 communities (over 95% of households participate) and to include multiple research and preventive components. Services provided include VCT, PMTCT, and provision of HIV/AIDS clinical care including ART at 16 rural Suubi ("Hope") clinics twice monthly in RHSP communities, health education, condoms, family planning services, an adolescent clinic and prevention of cervical cancer. Currently, HIV prevalence in Rakai Community Cohort Survey (RCCS) communities is 15%, with an annual incidence of 1.4-1.6 per 100 person years.<br><br>The RHSP has developed a full capacity lab to handle HIV-related tests using funding from other sources. FY06 funding will be used primarily to purchase consumables to carry out HIV testing (Double ELIZA with western blot confirmation where indicated), immunological monitoring using CD4 cell counts, Liver function/Renal function tests (LFT/RFT) to monitor drug toxicity and hematology to supplement clinical evaluation and progress. Additional, non-routine tests will be done as required by the clinicians including, but not limited to, Viral loads for failing patients, TB diagnostic laboratory tests, malaria smears, urinalysis and microbiology for special samples (blood cultures, urine cultures, pus swabs, vaginal, urethral and stool samples). The target group for the tests is adults and children for HIV diagnosis and people living with HIV/AIDS for the additional tests as may apply. A total of 1,100 HIV tests will be done using this funding. In addition, 2,300 CD4 tests, 1,100 LFT/RFT, 1,100 hematology tests, 25 viral loads, 300 sputum exams and 300 syphilis tests will be processed and 32 technicians will be trained.<br><br>Additional staff training will be done from other laboratories (suggested - Makerere University John Hopkins collaboration [MUJU]-core lab, Makerere Univeristy Walter Reed Project laboratory and Medical Research Council lab) in the form of placements as continuous laboratory training and quality control will be sought from these laboratories. Some of the funds will be used for personnel support (2 lab techs) and to support logistics in the laboratory. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Logistics | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 2 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 32 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | 2,300 | ☐ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | 25 | ☐ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 1,100 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 300 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 300 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 2,200 | ☐ |

**Target Populations:**

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

**Coverage Areas**

Rakai

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** National Medical Stores
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4027
**Planned Funds:**
**Activity Narrative:** This activity also complements activity 4030-CT, Supply Chain Management [TBD] and the follow-on DELIVER project.
In September 2004, National Medical Stores (NMS) was awarded funding by the United States Government through CDC to purchase, distribute and track HIV/AIDS-related laboratory supplies and reagents for all Health Center III facilities and above to Regional Hospitals level. The FBO, NGO and private-not-for-profit health facilities are provided these same commodities through a partnership with the Joint Medical Stores (JMS). National Medical Stores is a para-statal company responsible for the management of the national distribution-chain management of essential medicine kits, antiretroviral medicines, TB medicines, contraceptives and other basic medical and laboratory supplies.

In FY05 the demand-based "National Laboratory Logistics System" for HIV/AIDS-related laboratory commodities was developed and will be fully functional by end of 2005 with the initial commodities to arrive in-country November 2005. Because the national system has not previously provided HIV/AIDS-related laboratory supplies, to initiate the supply NMS will prepare an 'essential packages' of reagents and supplies according to the laboratory functioning at each Health Facility level and 'push' these packages through three-cycles in order to create demand. Following this phase of 'push' distribution, health facility laboratory managers who have been trained in logistics management, will prepare orders for a predetermined range of HIV/AIDS-related laboratory reagents and supplies up to the limit of credit as determined by the Ministry of Health and in respect to funds available. As with the existing essential drug supply 'pull-system', health facilities will use a standard order form to place orders for a range of HIV/AID-related laboratory supplies every two months. These orders are to be packed per facility and delivered together with the essential drugs.

The National Medical Stores delivers packed and palletized orders to the District Drug warehouse from where the commodities are collected by the Health Facility. Using the Navision 3.7 commodity tracking software, NMS has the ability to generate shipment and consumption reports of HIV/AIDS-related laboratory supplies tracked directly to each health facility. In addition, this logistics system allows for the integration of donated stocks of laboratory reagents and supplies from other sources, such as the Global Fund into the routine supply system for health commodities, thus providing a comprehensive mechanism to track current stock and forecast procurement. With the USG funding assistance, NMS capacity to ensure the country's health commodity distribution system has been strengthened to adequately handle the HIV/AIDS-related commodities and their timely delivery countrywide by equipping National Medical Stores with one additional transport vehicles, warehouse equipment, and central and district cold-chain boxes. In addition an electrical mobile cargo side loader of appropriate specification will be installed at the Dispatch Bay to enable faster dispatch of palletized district orders of HIV/AIDS related commodities.

In FY06 USG funding to National Medical Stores will support sustaining a supply channel for HIV/AIDS-related laboratory reagents and supplies as well as HIV test kits and associated materials. Following the systems designed in FY05, this activity will involve the purchase, distribution and tracking of all supplies and commodities. Support for the national logistics management mechanisms will ensure HIV/AIDS-related laboratory reagents/supplies and test kits continue to be available at all public health center-III, health center-IV and hospitals across the country. As a result of this program, health facility laboratory services which are nearest to clients are widened with expanded access thus increasing the capacity of rural facilities to

meet the demand for HIV tests and AIDS-related laboratory services to be carried out, and generally improve the quality of clinical care of people living with HIV/AIDS.

To ensure that the number of stock-out days for any HIV/AIDS-related laboratory commodities is less than 6 weeks, NMS will maintain a minimum service level of 80%, a stock difference level for HIV/AIDS-related laboratory commodities below 0.1% of stock value, and 90% compliance to order delivery-date.

*Finally the USG FY06 funding will contribute to mitigate any potential laboratory* supplies stock-outs resulting from the Global Fund delays. Funds provided will support [redacted] for the purchase, distribution and tracking of HIV test kits and associated materials; [redacted] for the purchase, distribution and tracking of HIV/AIDS-related laboratory reagents and supplies; [redacted] for strengthening the distribution and stock handling capacity of the National Medical Stores.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Logistics | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | | ☑ |
| Number of individuals trained in the provision of lab-related activities | | ☑ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test kits every two months | 73 | ☐ |
| Number of Districts receiving HIV-related lab reagents every two months | 73 | ☐ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Laboratory workers (Parent: Private health care workers)

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** Mulago-Mbarara Teaching Hospitals - MJAP
**Prime Partner:** Makerere University Faculty of Medicine
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4037
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4032-Basic Health Care&Support, 4034-TB/HIV, 4372-OVC, 4033-CT, 4035-ARV drugs, 4036-ARV services, JCRC activities in ARV services, drugs and laboratory services.

Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda". The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara). MJAP implements a comprehensive HIV/AIDS program which includes identification of patients with HIV, provision of basic care and psychosocial support, and antiretroviral therapy (ART). The program collaborates closely with the national programs run by the Ministry of Health (MOH), as well as with the national tuberculosis and leprosy program, and leverages resources from the Global fund. The MJAP programs include routine HIV counseling and testing (RTC), HIV basic care, TB diagnosis and treatment, ART and laboratory strengthening at the two hospitals. Also, within the cooperative agreement, the program provides services to hospital and clinic staff. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained. About one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 inpatients and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor (majority of these are urban but the hospitals also provide care for rural populations since they are national referral hospitals). These hospitals have a high HIV/AIDS burden. Approximately 60% of medical admissions in Mulago and Mbarara hospitals are due to HIV infection and related complications. The program recently expanded its clinical activities by partnering with other institutions to establish satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The satellite clinics include a new HIV clinic in Mulago hospital (Mulago ISS clinic), Kawempe health center (under Kampala City Council – KCC), Mbarara municipality (under the Mbarara municipal council) and Bwizibwera health center (under Ministry of Health). MJAP also supports a new clinic in Mulago, which provides care for TB-HIV co-infected patients. Another HIV/AIDS satellite clinic will be established in Naguru Health Center in collaboration with KCC, Baylor-PIDC, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic.MJAP HIV/AIDS activities are implemented at various outlets including Mbarara ISS clinic, AIDC, Mulago and Mbarara hospital wards, Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Bwizibwera and Mbarara municipality health centers. The AIDC has registered over 10,000 HIV infected patients since March 2002. Currently the clinic attends to over 300 patients daily and registers more than 400 new patients monthly. The AIDS (ISS) clinic in Mbarara currently provides care to more than 7,000 patients. The number of HIV patients in both clinics is rapidly increasing with the expansion of Routine HIV Counselling and Testing in the hospitals; the satellite clinics listed above were established to decongest these clinics Majority (70%) of HIV positive patients identified through the RTC program need ARVs (stage 3 and 4). Currently in both Mulago and Mbarara AIDS clinics, we estimate that only 30% of clinically eligible patients are receiving ART. Laboratory activities for HIV/AIDS currently are available at 2 labs. CD4 counts for Mulago are done in a private laboratory while those from Mbarara are done at the CDC laboratory in Entebbe. In 2006, JCRC will provide FACS calibur for Mbarara Hospital. HIV testing is done mainly using rapid test kits. Through the initial funding, the program purchased a FACS Calibur flow cytometer to support CD4 monitoring, 2 Elisa machines for HIV diagnosis and three microscopes to support TB diagnosis in Mulago

and Mbarara hospitals. The program has also recruited and trained 25 laboratory technicians in HIV testing, TB microscopy, and CD4 testing. However, there is need for additional laboratory personnel, staff training, and purchase of hematology and chemistry equipment and supplies. The target is to have a fully functional laboratory infrastructure for HIV care. In FY06, MJAP will maintain the existing 2,100 patients who will be receiving ARVs from the program by March 2006. MJAP will also provide support to patients in the 8 clinics who will access ARVs from other sources including Global Fund and Ministry of Health by additional staffing, training and support for laboratory monitoring including CD4 counts. Our aim is to have 8 units with capacity to provide HIV testing, and improve capacity of the two main hospital laboratories (Mulago and Mbarara) in CD4 and lymphocyte counts. The program will train new and existing staff to support the laboratories – 30 people will be trained in the coming year. This program will strengthen the laboratory infrastructure in Mulago and Mbarara teaching hospitals in order to provide quality ART services at the two hospitals, and the satellite clinics including adults and children. The laboratory funding will cover these areas, and will enhance laboratory quality assurance systems.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Human Resources | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Infrastructure | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 8 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 30 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 73,000 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 13,000 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 20,000 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 61,000 | ☐ |

**Target Populations:**

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Public health care workers

Private health care workers

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** TASO CDC
**Prime Partner:** The AIDS Support Organization
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4052
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4058-Palliative Care:TB/HIV, 4411-C&T, 4056-ARV Drugs, 4054-Palliative Care: Basic Health Care & Support, 4412-OVC, 4057-ARV services and 3972-lab. USAID's support focuses on lab capacity within facilities and service delivery. The AIDS Support Organisation (TASO) is an indigenous organization operating in Uganda since 1987, with 11 clinics and 34 outreach clinics throughout the country. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for its 50,000 active clients (which represents a 25% increase since 2004). 66% of TASO clients are female. The larger proportion ofTASO clients live in rural areas and most are poor and cannot afford even the transport costs to come to the facility on a regular basis. This is why most of TASO services are also offered in the home including home based delivery of ARVs. TASO is a free membership organization for individuals with HIV and their families; the members have significant input into its operation. TASO provides a wide range of services, including counseling and testing, clinical care, spiritual and emotional support, aromatherapy, ART, local and national advocacy, and extensive training in all of these areas. TASO has an innovative home-based ART program that is serving as a model for the region as a way to ensure drug adherence. The TASO drama groups play an important role in advocacy, community sensitization and mobilization as well as peer educators and care supporters for HIV+ people. A significant proportion of TASO staff are also HIV+ and this is very important in motivating HIV + people to come forward to be tested, receive care and reduce stigma. All of TASO's activities are linked to its training and capacity building function that has one international training center and 4 national training centers that in combination train over 1,000 health workers annually. This enables TASO to leverage its experience into scaled up HIV activities for the whole of Uganda.

TASO operates within or close to Ministry of Health (MOH) facilities in order to support the MOH as well as to have access to referral services for its clients e.g. inpatient services. In addition TASO has close links to the Uganda AIDS Commission and the district leadership in the districts where it operates in order to ensure it continues to serve the neediest in collaboration with the public health system. TASO provides its services using a combined facility based approach is and a community based approach with particular focus and emphasis on a family-centered approach. The facility-based approach centered at 11 stand-alone clinical facilities strategically located throughout Uganda. These facilities provide multidisciplinary services for HIV including prevention services, psychosocial care services, clinical management of HIV/AIDS and impact mitigation services. The home based services include home based palliative care, home based counseling and home based delivery of ART. In both approaches the entire family is encouraged to participate in services especially HIV testing and subsequent clinical management. Families are linked to support structures within the community and/or peer HIV+ groups. In addition all our activities have active and meaningful involvement of PLWHA especially in the areas of drama activities for community sensitization and education.

TASO maintains laboratories at all its 11 centers that are staffed by qualified laboratory technicians. These labs are capable of carrying out most routine screening tests for malaria, TB, cryptococcal infection as well as full blood counts, rapid HIV testing, urinalysis, stool examination, sputum microscopy and some limited chemistry. These labs are linked to more sophisticated laboratories that carry out CD4 counts, LFTs, Renal function tests and microbiology labs. At TASO headquarters there is a consultant who periodically visits the 11 labs for support supervision, quality assurance and training. In addition the CDC-Uganda lab assists in quality control and training. Currently there is a process ongoing of developing a computerized lab system that will link laboratory services to the TASO computerized patient management system.

TASO now provides a home-based HIV testing service for the family members of clients starting on ART. Trained field officers carry this out with quality control offered by CDC. To date over 4,000 family members have been tested, with an acceptance rate greater than 90%. This is much higher than facility based approaches. Since this is carried out by trained laypersons there is need to invest in ongoing training of a wide variety of TASO staff to ensure quality and reliable HIV testing. Activities funded under this mechanism leverage resources received from other sources supporting facility based lab services and our 34 mobile clinics in converted vehicles. Quality laboratory diagnosis is a key element in providing palliative care, TB care as well as initiation and monitoring of antiretroviral therapy and so all these other areas benefit from the investments put into laboratory infrastructure.

| Emphasis Areas | % Of Effort |
|---|---|
| Training | 10 - 50 |
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 11 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 113 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 16,650 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 2,880 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 0 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 13,850 | ☐ |

**Target Populations:**

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDSRelief |
| **Prime Partner:** | Catholic Relief Services |
| **USG Agency:** | HHS/Health Resources Services Administration |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Laboratory Infrastructure |
| ***Budget Code:*** | *HLAB* |
| **Program Area Code:** | 12 |
| **Activity ID:** | 4390 |
| ***Planned Funds:*** | |
| **Activity Narrative:** | This activity also relates to activities 4386-HIV/AIDS Treatment/ARV Services, 4377-HIV/AIDS Treatment/ARV Drugs, 4393-Prevention Abstinence and Being faithful, 4395- Palliative Care – Basic Health care & support, 4396-Palliative care-TB/HIV, 4397-Orphans and Vulnerable Children, and 4398-Counseling & Testing.<br><br>AIDSRelief is a comprehensive HIV Care program, providing ARVs, preventive, curative, palliative and social and ARV services to HIV positive people & their families. AIDSRelief is a consortium of organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Futures Group leads the project's Strategic Information systems which provides essential clinical and programmatic information for high quality care; Institute of Human *Virology guides and informs the establishment of treatment, adherence and care* protocols.Based on its successes and lessons learned, the AIDSRelief program in Uganda will continue to expand laboratory infrastructure at the points of service. These services will be accessed by 9,650 patients on ART, and 28,821 patients receiving care through 15 Points of Service (POS) distributed throughout Uganda. In years 1 and 2 of the program, POS have been provided with a variety of laboratory equipment, and laboratory staff have been trained in their use and various *methods such as manual CD4 Counting (Cytospheres), Cryptococcal Agglutination* Assay, Reagent Forecasting and Reagent Procurement.<br><br>In FY06 of the program, AIDSRelief will continue to strengthen the laboratory capacity of the AIDSRelief points of service so that they can effectively monitor parameters (CD4 count, hematocrit, liver function tests and renal function) related to the care of patients on ART and those waiting to initiate therapy. AIDSRelief plans *to build the capacity of the 15 points of service in good laboratory practices through* on-site training of laboratory personnel and other related personnel. This will ensure and provide a safe working environment, personal safety and will maintain the integrity of clinical samples and patient data. IHV will also provide assistance for an ongoing Quality Assurance/Quality Improvement process, which will assist in improving clinical outcomes. The total number of personnel that will be trained is 430.<br><br>AIDSRelief will continue to offer assistance to the 15 points of service laboratories by procuring and shipping the necessary reagents for the tests to support the treatment of HIV infected patients such as CD4 supply tests, viral load and genotype and other laboratory and clinical supplies. It will also provide the tools and reference materials needed to monitor the HIV status, OIs, and ARV drug toxicity. The program will work with the MOH and UGS team to ensure that all procurement of *equipment and reagents as well as training is in accordance with national guidelines.* PEPFAR resources will be leveraged with other available resources from Uganda government, private and other PEPFAR funded partners e.g. CRD to carry out HIV, syphilis and TB diagnostic tests.<br><br>AIDSRelief is also working to provide access to viral load testing at certain of the POS that participate in our program for QA. This will be done mostly with existing *resources and instruments at the points of service.* |

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 15 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 75 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 37,620 | ☐ |

**Target Populations:**

People living with HIV/AIDS

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Laboratory workers (Parent: Private health care workers)

**Coverage Areas**

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4408
**Planned Funds:**
**Activity Narrative:** This activity complements activities 4402 PMTCT, 4401 Abstinence, 4405 Injection Safety, 4404 Basic Health, 4403 CT, 4407 ARV Services, 4503 OVC, 4406 SI and 4502-Other/Policy and system strengthening, 4012 and 4441-lab.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

Strengthening Laboratory capacity to support quality HIV testing is key to effective HIV prevention and control programs. Ministry of Health continues to promote quality HIV testing services as part of the network model for a continuum of services for HIV prevention to HIV care, treatment and support services. Ministry of Health and its stakeholders have adopted standardized testing protocols for HIV diagnosis based on rapid HIV tests that have been validated in the country. In fiscal year 2005, this activity supported adaptation of WHO/CDC training guidelines for rapid HIV testing, put in place a training team drawn from various institutions and conducted an assessment of laboratory capacity nationwide. In addition, it provided support for human resource capacity building for the STD/AIDS Control Program to coordinate the training and support supervision activities of this project. The laboratory assessment identified major weaknesses in the health facility's capacity for HIV testing countrywide including weak human resource base and low skill and knowledge base for HIV testing. In addition, central support supervision and quality assurance of peripheral laboratories was found to be weak and inconsistent arising from weak central capacity for this undertaking.

In FY06, this activity will support several different components. The first component will be rolling out training for HIV rapid testing in the country through training of all cadres of health care workers that are involved in HIV rapid testing including laboratory technicians, nurses, midwives and counselors where appropriate based on the standard training guidelines. It is expected that 600 health staff will be trained over a period of twelve months, through twenty training workshops thereby contributing to building laboratory capacity by providing a skilled workforce to perform HIV rapid testing in support of HIV/AIDS programs such as PMTCT, VCT and ART. The second component will be strengthening the capacity to coordinate the training, quality assurance and support supervision. The activity will fund a position of a laboratory specialist at the level of a microbiologist or virologist at the Ministry of Health; support the national laboratory training team to conduct support supervision and quality assurance activities. This activity will utilize the opportunities brought about by closer collaboration with various stakeholders and partners, drawn from various laboratories, including AIDS Information Centre (AIC), Centres for Disease Control and Prevention (CDC), Makerere University Microbiology Department, Uganda Virus Research Institute and Joint Clinical Research Centre (JCRC) in addition to the Ministry of Health who will provide the required policies and program oversight.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | | ☑ |
| *Number of individuals trained in the provision of lab-related activities* | 600 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| *Number of Districts receiving HIV test Kits every two months* | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| *Laboratory testing to monitor immunological progress using CD4 counts/toxicity* | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| *Number of individuals trained in HIV rapid testing according to national and international standards* | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: *Syphilis testing* | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

*Private health care workers*

Laboratory workers (Parent: *Private health care workers*)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** HIV/AIDS Project
**Prime Partner:** Mildmay International
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4416
**Planned Funds:**
**Activity Narrative:** This activity also complements activities 4419-Basic Health Care & Support, 4417-OVC, 4418-CT, 4414-ARV services, and 4415-ARV drugs.

The Mildmay Centre (TMC) is a faith-based organisation in Uganda operating under the aegis of Ministry of Health since 1998. It is internationally recognised as a centre of excellence for comprehensive HIV/AIDS care and training, particularly in relation to children, who constitute 61% of patients. TMC has had a cooperative agreement with CDC since 2001 to support training in many aspects of HIV/AIDS care, and from April 2004 this was supplemented to support the provision of ART and basic care. Training under the CDC collaborative agreement has resulted in more than 1000 Ugandans receiving training in HIV/AIDS in the period April 2004 to March 2005. In addition, in the same year TMC provided ART to about 2,070 individuals through PEPFAR and other means. Furthermore, in the same period under PEPFAR, more than 2950 individuals (out of a target of 3,000) had been counselled and tested for HIV in family groups. Reach Out Mbuya is a sub-partner with TMC in the provision of comprehensive HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and operates out of Our Lady of Africa Church serving mainly a poor urban neighbourhood through a community-based approach using volunteers and people living with HIV/AIDS and currently has over 1750 patients in basic care with 724 on antiretroviral therapy. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are given an opportunity to be tested and receive care within the context of available resources. In FY05, TMC partnered with two rural clinics, a faith-based clinic at Naggalama in Mukono District and a government Health Centre IV in Mpigi District to provide family-centred comprehensive HIV/AIDS care to the rural population in those two districts. All four sites of TMC are targeting poor patients who cannot afford services on their own.

Training at TMC is a key component of the programme which targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers and nurses, and carers of patients. TMC is a centre of excellence taking care and training as complementary in the process of offering HIV/AIDS services. The training component of this programme will cover participants from all over the country on a diploma programme, through Mobile Training Teams, clinical placements at the three sites and short courses run at TMC. The courses run include short courses on multidisciplinary courses on Use of ART in children, Use of ART in adults, Communication with children, Palliative care in the context of HIV/AIDS, Laboratory skills for laboratory personnel in an HIV/AIDS context, Management of opportunistic infections and others. The training through Mobile Training Teams is yearlong covering the same health workers in select clinics per district covering all relevant areas in HIV/AIDS care. The Mobile Training Teams have so far covered 30 districts out of 56 in 102 health units and currently active in six districts. The diploma programme targets health workers from all over the country from government, faith-based and other NGO facility on a modular programme with 6 staggered residential weeks over an 18-month period. The time in between modules is spent at ones place of work doing assignment and at the same time putting in practice what has been learnt.

This programme activity will be carried out at Reach Out Mbuya, Naggalama in Mukono District, Mpigi Health Centre in Mpigi District and at TMC to perform HIV tests, CD4 tests and other diagnostic tests for opportunistic infections and organ function on samples sent from clinics. The patients will be those recruited through the Counselling and Testing activity, those in palliative care and those accessing ARV services. Major costs will be for the purchase of reagents and test kits, maintaining

lab equipment, remuneration of staff and transporting of samples from rural sites in Mpigi and Mukono. The Mildmay Centre has a well-developed forecasting and procurement system that ensures that there is a constant availability of supplies and drugs required in the care of patients and training activities. All opportunistic infections will be managed including the screening of patients for active TB especially before they start on antiretroviral therapy. Training activities will cover staff at all four sites as well as other districts in running services required through short courses, clinical placement schemes and through Mobile Training Teams. Patients will be managed according to established MOH and CDC protocols and a quality assurance programme will be maintained to ensure quality of services offered. There are linkages to be maintained between these sites in terms of laboratory support and the CDC lab in Entebbe, the National TB lab and the pathology unit at Nsambya Hospital. TMC has its own x-ray facility as well as a lab to ensure that all that needs to be done is properly done.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 51 - 100 |
| Human Resources | 10 - 50 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 4 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 150 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 10,600 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 7,000 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 3,500 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 18,970 | ☐ |

**Target Populations:**

Adults
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
ART providers
Laboratory technicians
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

**Coverage Areas**

Kampala

Kamuli

Kamwenge

Kapchorwa

Kyenjojo

Mpigi

Mukono

Nebbi

Ntungaro

Wakiso

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** CDC Base GAP
**Prime Partner:** US Centers for Disease Control and Prevention
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4429
***Planned Funds:***
***Activity Narrative:*** This activity relates to activities 4431-Basic Health Care & Support, 4432-TB/HIV, 4433-ARVs services, 4434-Lab, 4427,4435,4439,4703-SI, 4430-M&S
Through FY04 and FY05, the CDC-Uganda laboratory provided high-quality HIV-related testing services, including serologic CD4, viral load testing and technical assistance and training opportunities for USG Implementing Partners and MOH facilities to enhance the national laboratory services capacity. In addition, the CDC lab processed laboratory tests for ART eligibility screening and monitoring of patients for partners who had no established laboratory capacity of their own. As part of this assistance, a primary focus was to establish a transfer of the laboratory skills and enhancement of infrastructures to implementing partners.

In FY06, CDC will continue to support partners who provide HIV-related testing including serologic screening, CD4+ counting, hematology, serum chemistries, OI diagnosis, viral load and early infant molecular diagnosis in support of HIV prevention, care and treatment programs. These services and technical assistance will involve close interaction through the MOH Laboratory Technical Committee (LTC) with all levels of the health laboratory services sector including the Ministry of Health for policy development, the Ministry of Education and Sport for laboratory technician training schools, the Central Public Health Laboratory (CPHL), the National TB/Leprosy Laboratory (NTLP) and the HIV Reference Laboratory (HRL) for coordination of infrastructure development, commodities management, human resource management, laboratory management systems, information management systems, support supervision and quality assurance at all health facility laboratories in the country as well as the National Medical Stores (NMS) for commodities procurement.

For those partners who have no access to HIV-related laboratory testing, CDC will continue to provide the high-end diagnostic services required for eligibility screening and monitoring of patients on ART, training and quality assurance as capacity is being built in partner organizations, as well as developing, validating and monitoring new, appropriate approaches to diagnostic testing. Direct provision of laboratory services to partners by CDC will be coordinated by the LTC with similar services being offered by JCRC through their 'centers of excellence' and by other implementing partners, such as TASO, AIC, IDI, UVRI and Mildmay; and, additional laboratories with high-end diagnostic services will be encouraged to make their services available to other care and treatment programs to ensure equitable access to laboratory services across the country. These developed laboratories will also be supported to assist in the provision of hands-on training, QA and laboratory management to lower-level health facility laboratories as directed and coordinated by the LTC.

Under HSSP II, MOH demonstrates a commitment to the rehabilitation of national health laboratory services and has recently approved the establishment of a Central Public Health Laboratory Division at the Assistant Commissioner level. To fully implement this, the Ministry has also requested that CDC support a consultancy to develop national public health laboratory policy and a 5-year work-plan to include the roles of CPHL and other reference facilities. Funding for this support will be sought from potential 'plus-up' funding.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 25 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 85 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 65,000 | ☐ |

**Target Populations:**

People living with HIV/AIDS

Laboratory technicians

**Coverage Areas:**

National

Table 3.3.12: Activities by Funding M

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**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 2 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 175 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 4,881 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 1,838 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 66 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 14,125 | ☐ |

**Target Populations:**

Laboratory technicians

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

**Coverage Areas**

Busia

Mbale

Tororo

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** Joint Clinical Research Center, Uganda
**Prime Partner:** Joint Clinical Research Center, Uganda
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** *Laboratory Infrastructure*
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4441
**Planned Funds:**
**Activity Narrative:** *This program is closely related to JCRC ART Services (4444), JCRC ARV drugs* (4443),the EGPAF ART Services program, 4012, 4408-lab and DELIVER follow-on program

Joint Clinical Research Center is an indigenous Uganda NGO established in 1992 to undertake AIDS vaccine research and provide treatment to HIV positive individuals. JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment, and an internationally respected training and research institution. Many of the PEPFAR countries have sent delegations to Uganda to learn about how JCRC was able to rapidly expand treatment. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. A cooperative agreement with USAID in 2003 [the Regional Expansion of ART-TREAT] envisioned a much more extensive expansion to introduce and support ART across the country. With funding to date, JCRC has expanded from 4 to 31 ART sites, currently serving a total of 31,000 clients on ARVs, up from 10,000 - well exceeding targets. With FY 2005 funding, JCRC will reach 36,000 people including 7400 orphans and vulnerable children, pregnant women and health care workers, will receive treatment through the TREAT network of health facilities. With funding in FY2006, JCRC will expand services to 10 additional sites bringing the total sites to 43, and will provide HIV care and treatment to 53,000 individuals, including 5000 children and 7500 other vulnerable populations. Laboratory diagnostic and monitoring tests are prohibitively expensive for most patients and yet quality lab tests are absolutely essential for a quality program. Lab tests (PCT/CD4 and CBC as well as essential chemistries and OI diagnostics) will be fully subsidized for all pediatric clients. Those able to pay for tests will contribute to the service, while other poor and vulnerable groups will be subsidized to an average of 50%. During coming months efforts will be made to further reduce the costs of laboratory diagnosis and monitoring tests.

The rapidly evolving demand for HIV treatment with antiretroviral drugs in Uganda poses a challenge with regard to HIV testing, monitoring of patients and drug resistance. With expansion of the "TREAT" program, the demand for laboratory strengthening has increased greatly in Uganda. However, presently the laboratory infrastructure for anti-retroviral support and quality assurance remain weak in Uganda due to lack of equipment and trained manpower. During FY06 JCRC will consolidate the 5 Regional Centers of Excellence (RCEs) to provide regional laboratory referral services. The RCEs will perform CD4 cell count, viral load and OI diagnosis as well as basic chemistries and HIV testing. In addition, JCRC will provide training support on request for the 43 TREAT centers and will establish referral of samples for more complicated tests from ordinary ART sites to the Regional Centers of Excellence. The RCEs will be available for quality control of other labs in the region, to improve the reliability of the laboratory results, and will be referral centers for public and private sites in the regions. Resistance testing will only be available at JCRC Mengo. In FY 06 one additional RCE will be set up in Kakira in response in the region to support surrounding centers and the Kakira Center. JCRC has leveraged over 50% funding from the International AIDS Vaccine Initiative (IAVI) to support construction, some management and equipment costs. These centers provide quality assurance for the TREAT laboratories, capacity building for the public health laboratory network and a fall back to the public health regional hospitals.

In FY06, JCRC will train an estimated 200 laboratory and other personnel, in management and leadership for laboratory services, technical areas of diagnostics ranging from HIV testing, TB, Syphilis and OI diagnostics, HIV patient monitoring and

quality assurance.

JCRC will continue to work and collaborate with the MOH in strengthening the national laboratory network. JCRC regional centers of excellence will provide capacity building for the MOH laboratory personnel; emergency and technical back-stopping for the public health laboratory network and also provide a fall-back to the regional hospitals in cases of emergency reagent stock-outs.

JCRC will maintain linkages to referral networks with other organizations involved in HIV/AIDS services. Some of the organizations include AIC, TASO, faith-based healthcare facilities under IRCU, EGPAF and Mildmay. JCRC will continue to work with EGPAF in the management of pregnant mothers and infants infected with HIV.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 51 - 100 |
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Human Resources | 51 - 100 |
| Infrastructure | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 43 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 200 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 57,000 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 10,200 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 7,000 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 121,000 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Laboratory technicians

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Laboratory workers (Parent: Public health care workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas**

Bushenyi

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

Kampala

Kamuli

Kayunga

Lira

Luwero

Mbale

Mbarara

Rukungiri

Soroti

Tororo

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kiboga

Kisoro

Kotido

Kumi

Masindi

Moyo

Mpigi

Mubende

Mukono

Nebbi

Pallisa

Kitgum

Pader

**Table 3.3.12: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Makerere University Walter Reed Project (MUWRP) |
| **Prime Partner:** | Walter Reed |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Laboratory Infrastructure |
| **Budget Code:** | HLAB |
| **Program Area Code:** | 12 |
| **Activity ID:** | 4514 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4516-SI, 4507-ARV services, 4506-Basic Health Care & Support. |

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Department of Defense (DOD) and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP, a division of the US military's HIV/AIDS research program, has been working in Uganda since 1998 in HIV vaccine clinical trials. Among the goals of MUWRP is to build the infrastructure for an HIV vaccine cohort in the Kayunga District of eastern Uganda.

In FY05 MUWRP received PEPFAR support for the first time and formed a partnership/Memorandum of Understanding with the Kayunga District Ministry of Health. The Kayunga District health authorities assisted MUWRP in identifing HIV+ Kayunga residents and MUWRP was able to successfully meet FY05 goals of providing ART and palliative services to the District. Further, MUWRP assisted Kayunga District/Ministry of Health facilities with laboratory services, materials, training and short-term technical staffing.

This program activity also relates to activities in Counseling & Testing, PMTCT, Palliative Care, and ARV services. MUWRP intends to continue to develop infrastructure within the Kayunga District where they are establishing an HIV vaccine cohort. This includes assisting with some essential laboratory supplies such as HIV test kits, blood vacutainers, pipettes, and gloves. Furthermore, one of MUWRP's goals is to support existing staff in the development of standard operating procedures for the Kayunga Hospital Laboratory as well as to continue to provide backup QA experiments. This activity will support the Laboratory Infrastructure in the Kayunga district. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving treatment to help develop strategies to reach equal number of men and women. This activity is targeting HIV positive men, women, children and infants inclusive of family members. Additionally, it will also target public health care workers including doctors, nurses, laboratory workers and pharmacist. This activity will support Laboratory services in 1 service outlet, the Kayunga District Hospital laboratory. This funding will principally address the emphasis area of infrastructure. This activity will support remodeling activities to create space for additional equipment, develop infrastructure such as electricity, water and dust-free that are necessary for sensitive laboratory equipment. Additionally, this activity will provide training for 3 individuals in provision of laboratory-related activities.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Commodity Procurement | 10 - 50 |
| Information, Education and Communication | 10 - 50 |
| Infrastructure | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 3 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | 0 | ☐ |
| Number of TB diagnostic laboratory tests | | ☑ |
| *Number of individuals trained in HIV rapid testing according to* national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 200 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 0 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 1,420 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 2,390 | ☐ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

Kayunga

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4706
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Strategic Information (4711), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: Increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAS; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

With limited health infrastructure, lab services have suffered significantly. Activities will include strengthening lab facilities in existing health structures, with a focus on supporting health centers closest to the camps. Strengthening will include rehabilitation, training of staff, equipment and outreach services. Activities will complement other lab expansion and strengthening initiatives supported through USG.

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 15 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 50 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 0 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | 0 | ☐ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 0 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | 0 | ☐ |

**Target Populations:**

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Laboratory workers (Parent: Public health care workers)

Private health care workers

Laboratory workers (Parent: Private health care workers)

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** Laboratory Quality Assurance-Cooperative Agreement
**Prime Partner:** To Be Determined
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4709
**Planned Funds:**
**Activity Narrative:** Recently the Ministry of Health has placed increased attention to enhance it's capacity to coordinate national public health laboratory services. The designation of a Central Public Health Laboratory at the Assistant Commissioner position demonstrates the importance MOH places on ensuring comprehensive high quality lab services throughout the system. Included in this is the recognition for for high-quality quality assurance programs to be established.

Over the past three years, the USG program has supported the Uganda Virus Research Institute HIV Reference Laboratory to establish a national laboratory quality assurance (QA) program focused specifically on HIV-related testing. To continue the development and strengthening of these systems to monitor the quality of HIV testing performed in government, private and non-government organizations' health facilities funding to continue and expand the services will be competed in FY06.Specific activities will include the conduct of an inventory of which health facilities have full capacity to perform HIV testing, and record the the methods procedures and tests used. Working closely with the Ministry of Health's Quality Assurance Unit, AIDS Control Program and the Central Public Health Laboratory, the successful grantee will have the responsibility of providing technical assistance, quality assurance and quality control to the national blood bank, national HIV surveys, VCT and PMTCT programs in both the private and public health sector. Support will be provided for the procurement of equipment to ensure safe-practice and to support an expanded range of laboratory assays; development of a laboratory management plan; design of a specimen repository policy.

In addition, the QA scheme will be implemented through evaluation of the performance characteristics of HIV assays and testing algorithms. QA activities will be developed in consultation with participating laboratories including training needs assessments and implementation of appropriate training programs, tools to evaluate laboratory performance, proficiency testing panels, schedule of QA site visits and reporting mechanisms.
Finally, the CDC/WHO Training Manual developed for labs performing HIV/AIDS testing in Africa Region will be adapted to train laboratory staff at the points of service,[both private and public and supporting technical support supervision activities .

| Emphasis Areas | % Of Effort |
|---|---|
| Commodity Procurement | 10 - 50 |
| Quality Assurance and Supportive Supervision | 51 - 100 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 32 | ☐ |
| Number of individuals trained in the provision of lab-related activities | 130 | ☐ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| *Number of Districts receiving HIV test kits every two months* | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| *Number of individuals trained in HIV rapid testing according to* national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | 79,346 | ☐ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | 62,208 | ☐ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

**Coverage Areas:**

National

**Table 3.3.12: *Activities by Funding Mechanism***

**Mechanism:** Logistics Technical Support
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Laboratory Infrastructure
**Budget Code:** HLAB
**Program Area Code:** 12
**Activity ID:** 4829
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4357), Palliative Care: Basic Health Care (4356), Palliative Care: TB/HIV (4955), counseling and testing (4355) and ARV drugs (4355).

In the last year, Uganda has made incredible advances in improving laboratory services. Training is being done, quality controls are being put in place, equipment is coming and products for laboratory reagents and consumables will triple the number of tests possible. The DELIVER project has assisted in the design of this new pull system, helped raise funds, provided coordination among donors and has helped raise the visibility of logistic services. The first supplies for this new lab logistics systems will start to flow in September 2005, but a great deal of logistics technical assistance will be necessary to consolidate this new system.The DELIVER Project will continue to provide this logistics technical support, but it needs to be maintained in the FYCOP and beyond, as this system is just in its infancy. Adjustments to orders, coordination across four or five donors, unknown real demand (because of very low services before), ordering by local laboratory agents who never chose supplies before and the need to provide information to all donors will require greater logistics oversight than now. Logistics technical support should also work to build capacity within the Central Public Health Laboratory to be able to forecast and solicit products for the new national system. Nurturing this new laboratory logistics system will require the following support; tracking adjustments in quantities needed at the national level; tracking national orders to ensure availability; tracking orders to be sure of correct ordering; overseeing mixing of the right quantities of pre-mixed reagents; supervision of labs to ensure correct ordering; pricing information to ensure efficient procurement; coordination among TB, malaria and HIV/AIDS lab requirements; response to emergency product shortfall; and information collection for reporting to donors. In addition to the MOH lab system, logistics activities have been asked to improve logistics systems for a set of JCRC high quality laboratories that are being set up now. Also the new MOH lab system, which was designed for 920 MOH and NGO labs, will be expanded to cover CD4 tests and other HIV/AIDS specialized tests that will require an entirely different laboratory supply system. With laboratory tests for HIV, TB and malaria among other tests needed for accurate clinical treatment, the laboratory supply system now has to work efficiently to accept its medical responsibilities. Logistics support is necessary to get the right tests to the right places at the right time.

| Emphasis Areas | % Of Effort |
|---|---|
| Local Organization Capacity Development | 10 - 50 |
| Logistics | 51 - 100 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | | ☑ |
| Number of individuals trained in the provision of lab-related activities | | ☑ |
| Percentage of Client orders delivered on time | | ☑ |
| Degree of integration of the supply chain of essential medicines and lab commodities | | ☑ |
| Number of Districts receiving HIV test Kits every two months | | ☑ |
| Number of Districts receiving HIV-related lab reagents every two months | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts | | ☑ |
| Laboratory testing to monitor immunological progress using CD4 counts/toxicity | | ☑ |
| Number of viral loads done | | ☑ |
| Number of TB diagnostic laboratory tests | | ☑ |
| Number of individuals trained in HIV rapid testing according to national and international standards | | ☑ |
| Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring | | ☑ |
| Number of tests performed at USG supported laboratories: HIV testing | | ☑ |
| Number of tests performed at USG supported laboratories: TB diagnostics | | ☑ |
| Number of tests performed at USG supported laboratories: Syphilis testing | | ☑ |
| Number of tests performed at USG supported laboratories: HIV disease monitoring | | ☑ |

**Target Populations:**

Adults

Orphans and vulnerable children

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

**Coverage Areas:**

National

**Table 3.3.13: Program Planning Overview**

**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13

**Total Planned Funding for Program Area:**

**Program Area Context:**

The USG team supports Strategic Information activities ranging from surveys, routine data systems, capacity building for M&E and targeted evaluations.

To date, Uganda has employed population based surveys and antenatal surveillance to estimate HIV prevalence. The Uganda HIV/AIDS Sero-behavioral Survey completed in 2005 shows HIV prevalence is 7%. The USG will support the Ministry of Health (MOH) to conduct secondary analyses and disseminate final results to inform PEPFAR and national programming. In collaboration with WHO and UNAIDS technical advisors, the USG will also support the Uganda Bureau of Statistics to implement the 2006 Uganda Demographic and Health Survey (DHS) and prepare a preliminary report for the Health Sector Strategic Reform Meeting in October 2006. The HIV Facility Survey began in FY05 and will be finalized and disseminated in FY06. The USG will continue to work with the MOH to improve existing antenatal surveillance systems, conduct program reviews and establish linkages across sectors.

The Health Management Information System in Uganda has had several reviews and changes, yet data collection and dissemination remains untimely and incomplete. In 2005, linkages between HIV technical programs and the Resource Center were strengthened. The Logistics Management Information System was completed. Key HIV indicators were integrated into the HMIS and rolled out in 5 districts. In 2006, the USG will continue to support this roll out to 20 additional districts. The USG will also continue to provide technical assistance in the development of standardized information systems supporting SI for laboratory services and pharmacies. All information systems in Uganda are in full compliance with the USG Emergency Plan, MOH and WHO monitoring and evaluation requirements.

In 2005, the Monitoring and Evaluation of the Emergency Plan Program (MEEPP) Project, implemented by Social and Scientific Systems, was launched to work with implementing partners to design and implement a comprehensive performance management, monitoring and reporting system for the PEPFAR program. MEEPP worked closely with the USG team and implementing partners to improve data gathering tools and reporting systems and to standardize data reporting across all partners in accordance with OGAC guidance. In 2006, MEEPP will continue data quality and validation assessments of EP implementing partners and will train partners in data quality assessment and in the use of data for performance improvement. MEEPP and other USG programs will collaborate to strengthen the capacity of the Ugandan AIDS Commission to direct and institutionalize standardized data reporting and portfolio management systems across HIV/AIDS stakeholders. MEEPP will also contribute to the AIDS Development Partners plan to harmonize system into one Monitoring and Evaluation Framework in Uganda. In addition to MEEPP, the USG team provides extensive technical assistance for the development and implementation of strategic information systems for implementing partners.

The USG is also conducting several major targeted evaluations. The Tororo Home-based AIDS Care Project (HBAC) is evaluating the efficacy of different ART monitoring systems in rural Uganda together with the impact of ART on morbidity, mortality, sexual behavior and social and economic outcomes. The Jinja (MRC/TASO) evaluation compares facility and home-based models of ART delivery. A new evaluation initiated in FY05 will assess different strategies for integrating behavioral interventions to improve adherence and reduce HIV transmission into pediatric and adult ART programs.

USG will support the development and implementation of a national system to monitor OVC that is linked to the Education Management Information System (EMIS) system and the overall HIV/AIDS M&E system. USG will support the development of the next National Strategic Framework and accompanying M&E Framework in 2006.

**Program Area Target:**

| | |
|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 3,178 |
| Number of local organizations provided with technical assistance for strategic information activities | 229 |

**Table 3.3.13: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | AIDS Integrated Model District Program (AIM) |
| **Prime Partner:** | John Snow, Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 3941 |
| **Planned Funds:** | |
| **Activity Narrative:** | AIM is moving into its final year of implementation and will be completed by May 2006. All service delivery grants will be completed by December of 2005 and technical assistance will continue through the second quarter of FY06.<br><br>In FY06 AIM will focus on supporting the MOH to roll-out the revised HMIS at the district and subfacility level and further strengthening district and grantee capacity to use data for planning. |

| *Emphasis Areas* | *% Of Effort* |
|---|---|
| Health Management Information Systems (HMIS) | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 2,016 | ☐ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** UPHOLD
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 3955
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3953), AB (3956), Other Prevention (3951), Palliative Care: Basic Health Care (4954), Palliative Care: TB/HIV (3950), OVC (3957) counseling and testing (3952).
The UPHOLD program will use a combination of grants and targeted technical assistance to unleash productive partnerships between twelve district governments and 29 faith-based and other CSOs to speed up and increase the delivery of quality HIV/AIDS services to vulnerable and underserved populations. This approach allows district governments to concentrate on what they do best (the delivery of quality technical services) and CSOs to concentrate on what they also do best (mobilizing and educating communities to use services). To achieve cooperation and a strong results focus, UPHOLD utilizes data from low cost household surveys, which have helped to customize program interventions on a district by district basis. This program area will include activities that will ensure that Emergency Plan goals are achieved. *This will include activities to measure program performance and progress as* well as the provision of feedback to UPHOLD supported local governments, non-governmental organizations and civil society organizations in 12 districts.

Additionally, technical assistance will be provided to eligible partners in order to ensure that their implementation activities are in line with stated goals and targets. Programmatic surveys will also be supported in order to capture HIV/AIDS related outputs and outcomes in the 12 UPHOLD supported districts. This will be done by support to the annual Lot Quality Assurance Sampling (LQAS) survey. Additionally, special studies aimed at answering specific questions regarding the PEPFAR implementation process will be commissioned as part of targeted evaluation. Under the provision of technical assistance activity line, continued support will be given to AIC and TASO in order to improve their monitoring and evaluation capacity. Twenty-nine (29) civil society organizations will also be provided with monitoring and evaluation support as required. HMIS strengthening will continue to be performed in 12 of the districts which UPHOLD supports. Implementing partners will be informed about the importance of disaggregating data by key parameters such as gender in order to show the numbers of women and men accessing services. The aim of this will be to support equity in program implementation.Close collaboration will be maintained with other strategic partners such as the Ministry of Health, MEMS, MEEPP and other donor funded partners such as UNICEF and the Belgium Technical co-operation with whom we share implementation districts in order to leverage resources.

| Emphasis Areas | % Of Effort |
|---|---|
| Facility survey | 10 - 50 |
| Health Management Information Systems (HMIS) | 10 - 50 |
| Information Technology (IT) and Communications Infrastructure | 10 - 50 |
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |
| Targeted evaluation | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 100 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 26 | ☐ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Implementing organizations (not listed above)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

**Coverage Areas**

Arua

Bugiri

Bundibugyo

Bushenyi

Gulu

Kamuli

Katakwi

Kitgum

Kyenjojo

Lira

Luwero

Mayuge

Mbarara

Mubende

Nakapiripirit

Pallisa

Rakai

Rukungiri

Wakiso

Yumbe

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** US Department of Defense
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 3969
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4551-PMTCT, 3967-Other Preventions, 3970-CT, 4552-ARV services, 3968-Basic Health Care & Support.
The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As Commander in Chief of the Armed Forces, the president mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs throughout the forces.

USG will work closely with the UPDF to develop appropriate MIS systems for HIV/AIDS care and prevention activities to support on-going M&E for the Emergency Plan. Collection of accurate routine data has been a significant challenge, especially at the service point level. In FY05, focus was on capacity building in terms of skills and training. In FY06 the focus will be put on systems. USG has also been significantly involved in supporting the UPDF to undertake a sero-prevalence survey for the forces.

| Emphasis Areas | % Of Effort |
|---|---|
| HIV Surveillance Systems | 10 - 50 |
| Information Technology (IT) and Communications Infrastructure | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |
| Other SI Activities | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for strategic information activities | 1 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Military personnel (Parent: Most at risk populations)

USG in-country staff

**Coverage Areas**

Kampala

Luwero

**Table 3.3.13: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | TASO USAID |
| **Prime Partner:** | The AIDS Support Organization |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 3976 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity is linked to other TASO activities in the areas of AB (4420), other prevention (3973), Palliative Care: Basic Health Care (3975), OVC (3974), and Lab (3972).TASO is keenly aware of the role of information in program management. Therefore, TASO undertakes several activities aimed at ensuring that it captures up-to-date information that is relevant to the program needs. Emphasis is placed on ensuring that TASO staff and staff of mini-TASOs appreciate data and utilize it in routine program management. Proper management of information will be used in:1. Improving the quality of services provided to clients by constantly monitoring their impact on the life of the clients, 2. Improving overall program management by providing information that is essential for decision making on the quality and progress of activities, 3. Facilitating reporting to various stake holders including the TASO management and governance structures, the clients, Uganda AIDS Commission, Ministry of Health, Donors, and other partners, 4. Advocacy and resource mobilization. The target population for this intervention is primarily the heath care providers, i.e. TASO staff and staff of the various mini TASOs and CBOs that TASO works with. It is therefore estimated that a total of 300 people from 15 organizations will be reached through this intervention. These individuals will be trained in various aspects of strategic information, ranging from data collection (filling out of the forms), data entry, cleaning and analysis (for the data management staff), data use and report writing for all staff. In addition to skills building, the training will also aim to change staff behavior that underscores the use of evidence-based information for strategic decision making.The targeted populations will be reached through special workshops and seminars that are focused on strategic information discussions. For TASO centers, workshops will be conducted at the respective service centers in addition to national events that will be organized. Staff of the Mini TASOs and CBOs will be reached through workshops in their respective places of work. Regional workshops will also be held to facilitate sharing of experiences among the Mini TASOs/CBOs at Regional level.In addition to the above, TASO will continue maintaining its strategic information systems at all centers and headquarters. This will include reviewing and updating data collection tools, procedures, software, analysis and reporting. This will generate better information and so improve knowledge-based decision making for TASO service providers and managers. It will also be necessary to acquire new computers to cater for new staff and to replace those that have come to the end of their productive life.While there may be no legislative key issues directly addressed by this intervention, strategic information is crucial in demonstrating progress in all other program areas. It is only by use of data and information that progress on gender, stigma, discrimination and other areas of interest can be tracked. Therefore, TASO is conscious of this and ensures maximum dis-aggregation of data based on age, gender, economic status and other considerations. |

| Emphasis Areas | % Of Effort |
|---|---|
| Information Technology (IT) and Communications Infrastructure | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 300 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 15 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations

Non-governmental organizations/private voluntary organizations

Public health care workers

**Coverage Areas**

Tororo

Adjumani

Apac

Arua

Bugiri

Bundibugyo

Bushenyi

Busia

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

Kaberamaido

Kalangala

Kampala

Kamuli

Kamwenge

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kumi

Kyenjojo

Lira

Luwero

Masaka

Masindi

Mayuge

Mbale

Mbarara

Moroto

Moyo

Mpigi

Mubende

Mukono

Nakapiripirit

Nakasongola

Nebbi

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Wakiso

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Community Resilience and Dialogue
**Prime Partner:** International Rescue Committee
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 3984
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), and counseling and testing (3984).

This component provides data on the type of services provided and numbers of clients served. One of the objectives of CRD is to strengthen districts' capacity in HIV/AIDS data capture and utilization in planning and the budgeting required for prevention, care and support services. In past, efforts have been made to create capacity in this line and IRC wants to consolidate it in Karamoja region. In all the health centers supported data will be collected on routine basis and managed centrally. To motivate service providers in data collection on clients served, user-friendly data collection forms will be developed and distributed to HIV services providers in the region. Where MOH has standard forms, these will be used. Training of staff on data collection forms will take place in all the health centers. Periodically data collected will be analyzed and shared with all stakeholders including health service providers to know more on characteristics of clients served and to compare data between times and different locations. Strategic Information component will aim at establishing and also strengthening data collection, reporting and use for program planning. This will be achieved through training clinic and district staff, hiring of data clerks, procurement of computers and accessories, development of data entry screens and reporting formats.

| Emphasis Areas | % Of Effort |
|---|---|
| Information Technology (IT) and Communications Infrastructure | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 20 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 3 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Policy makers (Parent: Host country government workers)

**Key Legislative Issues**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

***Coverage Areas***

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Ministry of Health, Uganda
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4406
**Planned Funds:** [redacted]
**Activity Narrative:** This activity also relates activities 4402-PMTCT, 4401-AB, 4405-Injection Safety, 4404-Basic Health Care&Support, 4503-OVC, 4403-CT, 4407-ARV services, 4408-Lab, 4502-Other/Policy and system strengthening.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

During the last fiscal year this activity completed the following achievements. The protocol for antenatal HIV surveillance was updated and antenatal HIV surveillance was conducted at selected sites to provide data for continuing the trend analysis and comparsion with results from the national HIV sero-behavioral survey. In addition, STI/AIDS sentinel surveillance was strengthened. HIV/AIDS program monitoring and evaluation activities at district level within the context of the Health Management Information system (HMIS) were conducted quarterly. Support to monitoring and evaluation of health sector interventions included training of district-level M&E officers, population and health facility surveys for national and sub-national program evaluation, development and piloting of reporting forms for PMTCT, and development of a strategic plan for ART QA. In addition, support was provided for to enhance MoH report-writing skills and further analysis of the findings of the Uganda AIDS Indicator Survey was conducted.

In fiscal year 2006, funding levels will remain constant across activities with [redacted] for surveillance, [redacted] for monitoring and evaluation, [redacted] for selected program area evaluations. This strategic information program will support several components. Continued support for HIV ANC surveillance in the 25 sentinel sites and strengthening sentinel and integrated STI/AIDS case surveillance in the National Health Management Information System will significantly contribute to improved quality data for strategic planning and national program implementation and evaluation. These funds will specifically support the procurement of test kits for HIV surveillance, central testing for HIV surveillance, and training of sentinel site staff, district and health sub-district officers. In addition, support for supervision of surveillance activities, data management, analysis, report writing, collection of data from other ancillary sources to complement data from the surveillance systems, and dissemination of surveillance and monitoring and evaluation results will continue. The second component of support is for the monitoring and evaluation of the health sector HIV interventions including central supervision of districts, capacity building for output monitoring at district level, and outcome and impact evaluation surveys of the decentralized interventions. These will be based on standard program indicators of sexual behavior, quality of care in health facilities, and integration of AIDS program data into the HMIS. Additional support will go to updating standard AIDS program indicators for the health sector, training of district monitoring and evaluation officers, and conducting facility and population surveys. In addition, targetted evaluations for guiding program implementation will be supported. Furthermore, support will be provided to improve dissemination and utilization of AIDS, STI and HIV surveillance and monitoring data. The final component of this activity is quality assurance of ART services which supports integrated ART program through training and supervision of ART centres to meet the need for providing quality ART services. The funding of [redacted] will go to supporting activities needed to support quality ART services scale up and to pilot a quality assurance program in 12 selected sites in collaboration with the HIVQUAL team at HHS/HRSA.

| Emphasis Areas | % Of Effort |
|---|---|
| AIS, DHS, BSS or other population survey | 10 - 50 |
| Facility survey | 10 - 50 |
| Health Management Information Systems (HMIS) | 10 - 50 |
| HIV Surveillance Systems | 51 - 100 |
| Information Technology (IT) and Communications Infrastructure | 10 - 50 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 300 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 56 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | 25 | ☐ |
| Number of sites conducting STD sentinel surveillance | 20 | ☐ |
| No of ART centres piloting QA activities | 12 | ☐ |

**Target Populations:**

Adults

Family planning clients

Infants

Pregnant women

Children and youth (non-OVC)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

***Key Legislative Issues***

Increasing gender equity in HIV/AIDS programs

*Addressing male norms and behaviors*

Reducing violence and coercion

*Stigma and discrimination*

Gender

Increasing women's access to income and productive resources

Increasing women's legal rights

*Twinning*

Volunteers

*Wrap Arounds*

Food

*Microfinance/Microcredit*

Education

*Democracy & Government*

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | University of California San Francisco - UTAP |
| **Prime Partner:** | University of California at San Francisco |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 4424 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also complements activities 4422-PMTCT, 4423-ARV services, 4421-Other/Policy analysis and system strengthening.<br><br>The University of California San Francisco (UCSF) is one of several U.S. universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for service providers and program managers on inventive strategies for the care and treatment services.<br><br>Beginning in FY04, UCSF provided CDC-Uganda Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY06, UCSF will support the Physician Consultant to provide day-to-day oversight for the Tororo HBAC targeted evaluation program. Activities to be implemented include the management of the study procedures, supervision of all study staff including clinic physicians, counselors, and field and community workers, and conduct of training sessions in basic AIDS care and full ARV treatment and adherence.<br><br>UCSF will also provide consultative support to HBAC to ensure full adherence to IRB scientific research protocols through quarterly travel to Uganda. In addition, UCSF will support an epidemiologist and biostatistician to assist with data cleaning and analysis of HBAC results. A team of UCSF faculty and staff will assist CDC-Uganda staff and partners to prepare a full analysis of project data through long-distance support and two in-country three-week workshops to review analysis results and support presentation and dissemination to inform nation and international HIV policies.<br><br>In addition, to implement the approved ART and adherence behavior targeted evaluation in adults and adherence for children, UCSF will provide technical assistance to finalize the study design, develop the protocol, complete IRB approval and assist with study instruments and implementation at the Mildmay Center. |

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |
| Targeted evaluation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 20 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 3 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

USG implementing partners

**Coverage Areas**

Busia

Mbale

Tororo

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** CDC Base GAP
**Prime Partner:** US Centers for Disease Control and Prevention
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4427
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4432-TB, 4435,4439,4403-SI, 4431-Basic Health Care & Support, 4429,4434-Lab, 4433-ARV services, 4430-M&S.

The Home-Based AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavorial, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also used HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination. Currently, HBAC is providing technical assistance to TASO-Tororo as they begin their ARV program. In FY05, the project completed enrollment of the first 1000 participants and eligible children of index clients. Additional clients were enrolled to replace those lost through deaths or voluntary withdrawals. Operations funding helps to support staff salaries, commodities (other than ART), and general running costs for the project. In brief, 32 field officers are involved in conducting weekly visits to each client to provide antiretroviral therapy and collect data. Additional visits by 16 research counselors to collect data on household economics, sexual behavior also occurred at regular intervals. Five medical doctors and two nurses also provided medical care for clients with acute medical problems. Laboratory and informatics staff in Tororo and Entebbe conduct laboratory testing and data entry and management. In FY06 additional clients will be recruited only to replace losses due to death or voluntary withdrawal. Operations continue as per the study protocol and key findings from routine data analysis disseminated to inform the USG portfolio of ART interventions.

| Emphasis Areas | % Of Effort |
|---|---|
| Targeted evaluation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 24 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 6 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Adults

Discordant couples (Parent: Most at risk populations)

Program managers

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas**

Busia

Tororo

Mbale

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** CDC Base GAP
**Prime Partner:** US Centers for Disease Control and Prevention
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4435
**Planned Funds:**
**Activity Narrative:** This activity relates to activities 4432-TB, 4427,4439,4703-SI, 4431-Basic Health Care & Support, 4434-Lab,4433-ARV services, 4430-M&S.
The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-based approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also uses HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination.

A number of CDC-Uganda technical staff from the program, behavioral , laboratory, and informatic units contribute a significant level of effort to provide technical assistance to the HBAC program. Using these funds the informatics unit staff level of effort will focus on data collection, data entry and cleaning, and data analysis for the Tororo field HBAC site. High level informatics staff will continue to support data entry systems and data management. Several application systems have been developed for HBAC, including the pharmacy information management system, laboratory information management system, medical information management system, data management system, patient tracking system, photo ID system, and operations management systems. In addition the Informatics Unit will assist HBAC with the development of program presentations at national and international settings. The Informatics Unit staff will also provide training in strategic information including applications design and development and software training.

| *Emphasis Areas* | *% Of Effort* |
|---|---|
| Proposed staff for SI | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 24 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 6 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

**Coverage Areas**

Busia

Mbale

Tororo

***Table 3.3.13: Activities by Funding Mechanism***

| | |
|---|---|
| **Mechanism:** | CDC Base GAP |
| **Prime Partner:** | US Centers for Disease Control and Prevention |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | Base (GAP account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 4439 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relatest to activities 4431-Basic Health Care & Support, 4432-TB, 4433-ARV services, 4434,4429-Lab, 4427,4435,4703-SI, 4430-M&S. CDC will continue to work with Health Strategies International, a U.S. health economics consulting firm, to conduct a cost and cost-effectiveness evaluation of antiretroviral therapy (ART) using a home-based model for ART delivery (HBAC) in Tororo. The project will also evaluate the impact of ART on household economics in rural Uganda. These evaluations will be based on HBAC data as well as previous evaluation data from CDC-Uganda for cotrimoxazole and the safe water vessel. When applicable, impact on family members will also be assessed. A sub-component of the evaluation will involve conducting time and motion studies of various service providers within ART programs, including field officers, counselors, laboratory technicians and medical officers. Results will be shared initially with the primary partners in the project, MOH and The AIDS Support Organisation (TASO), and then will be disseminated broadly. Project implementation will involve training more than 40 Ugandans in data collection, eight in data analysis and two in writing. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |

***Targets***

| **Target** | **Target Value** | **Not Applicable** |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 50 | ☐ |

**Target Populations:**

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

**Coverage Areas:**

National

***Table 3.3.13: Activities by Funding Mechanism***

| | |
|---|---|
| **Mechanism:** | Makerere University Walter Reed Project (MUWRP) |
| **Prime Partner:** | Walter Reed |
| **USG Agency:** | Department of Defense |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 4516 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4514-Lab, 4507-ARV services, 4506-Basic Health Care & Support.<br>The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Department of Defense (DOD) and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP, a division of the US military's HIV/AIDS research program, has been working in Uganda since 1998 in HIV vaccine clinical trials. Among the goals of MUWRP is to build the infrastructure for an HIV vaccine cohort in the Kayunga District of eastern Uganda.<br><br>In FY05 MUWRP received PEPFAR support for the first time and formed a partnership/Memorandum of Understanding with the Kayunga District Ministry of Health. The Kayunga District health authorities assisted MUWRP in identifing HIV+ Kayunga residents and MUWRP was able to successfully meet FY05 goals of providing ART and palliative services to the District. Further, MUWRP assisted Kayunga District/Ministry of Health facilities with laboratory services, materials, training and short-term technical staffing.<br>This program activity is related and will support MUWRP activities and reporting of our ARV service, palliative care and laboratory infrastructure program in the Kayunga District of Uganda. A portion of this activity will be used to conduct an evaluation exercise for each of the MUWRP program areas. By providing this level of on-going monitoring, MUWRP can provide high quality direction to our Kayunga District health care partners overseeing the administration of ART, palliative services and the laboratory infrastructure program. Furthermore, the program will allow MUWRP to more adequately identify program problems and needs as they arise. The specific program activities will include the design, development and implementation of improved systems for clinical service delivery and monitoring of patients, as well as system indicators for forecasting, procurement, storage, distribution, and performance monitoring of ART drugs, commodities and supplies. |

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for strategic information activities | 6 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

**Coverage Areas**

Kayunga

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Measure
**Prime Partner:** Macro International
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4522
**Planned Funds:** [redacted]
**Activity Narrative:** This activity includes the finalizaton of the 2006 Uganda Demographic and Health Survey (UDHS) and will undertake the Service Provision Assessment Survey (SPA). It is estimated that [redacted] is needed to address the funding gap for the UDHS and [redacted] for the SPA.

The 2006 UDHS addresses the monitoring and evaluation needs of health, family planning and HIV/AIDS programmes and provide policymakers involved in these programmes with information to effectively plan future interventions. The 2006 UDHS is a follow-up to the 1988-89, 1995, and 2000-01 UDHS surveys, as well as to the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey. As such, the findings will provide information about trends in many HIV/AIDS and health indicators over time.Due to the subject matter of the survey, women of reproductive age (15-49) and children under 5 are the focus of the survey; however the survey will also cover a subsample of men aged 15-49. The main indicators produced from the survey include: Total fertility rate; Contraceptive prevalence rate: Infant and child mortality rate; Knowledge of HIV/AIDS and its transmission; Rejection of misconceptions about HIV/AIDS; Childhood immunization coverage; Prevalence and use of mosquito nets; Prevalence and treatment of childhood diseases; Age at first sex; Prevalence of higher-risk sex and condom use and Nutritional status of children under five and women. The survey will also measure anemia among women, men, and children under five and vitamin A among women and children under five. The survey will produce data at the national level, for urban and rural areas, and also for 9 regions (groups of districts).The survey will be implemented by the Uganda Bureau of Statistics with technical assistance from ORC Macro. An as yet unnamed laboratory in Uganda will implement the vitamin A testing of dried blood spots. Field work is scheduled for May-August 2006, with preparatory activities such as finalization, translation, and pretesting of the the questionnaires, sampling design and selection, and training of the fieldworkers. A preliminary report will be prepared in time for the Health Sector Strategic Reform meeting in October 2006. In addition to a detailed final report and national seminar, other dissemination activities will be implemented.

The Uganda Service Provision Assessment Survey (USPA) will address the monitoring and evaluation needs of HIV/AIDS and maternal and child health programmes by evaluating the services provided at a sample of health facilities throughout Uganda. The survey will cover both government, non-government, and private health facilities. It will entail a listing of personnel working at each facility, an inventory of equipment, supplies, and medicines, observation of client-provider interactions, and possibly exit interviews with clients. Assessment of the facility's ability to provide such services as VCT, PMTCT, and anti-retroviral therapy will be covered. SPA fieldwork is scheduled to begin in June and a preliminary report should be available in December.

| Emphasis Areas | % Of Effort |
|---|---|
| AIS, DHS, BSS or other population survey | 51 - 100 |
| Facility survey | 10 - 50 |
| HIV Surveillance Systems | 10 - 50 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 150 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 2 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Stigma and discrimination

*Wrap Arounds*

Education

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4531
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: Basic (4525), Palliative Care: TB/HIV (4528), OVC (4529), Counseling and Testing (4523), ART Services (4530), and Other policy Strengthening (4532).

Under PEPFAR, the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.

Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda. This activity has several different components. One component is to build the capacity of the Ugandan AIDS Commission, the Ministry of Health Resource Center and the Inter-religious Council of Uganda and its network of faith based organizations to institutionalize and manage quality monitoring and evaluation information systems, strengthen analysis and reporting capacity and support UAC to institutionalize and coordinate one national monitoring and evaluation framework for HIV/AIDS in Uganda. This activity will also incorporate specific support to the Ministry of Health's Resource Center to continue to roll out the computerization of the HMIS system to 20 more districts and disseminate and institutionalize the expanded HMIS forms which now include specific HIV/AIDS indicators. This activity will coordinate closely with MEEPP and the AIDS Development Partners in order to maximize synergies and avoid duplication of efforts.

This activity works closely with CDC's Informatics Unit, HBAC and CDC's initiative to support the MOH 's surveillance system to maximize synergies and avoid duplication.

| Emphasis Areas | % Of Effort |
|---|---|
| Health Management Information Systems (HMIS) | 51 - 100 |
| HIV Surveillance Systems | 10 - 50 |
| Information Technology (IT) and Communications Infrastructure | 10 - 50 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 100 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 40 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Implementing organizations (not listed above)

**Key Legislative Issues**

Gender

Stigma and discrimination

Wrap Arounds

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Medical Research Council of Uganda |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Strategic Information |
| **Budget Code:** | HVSI |
| **Program Area Code:** | 13 |
| **Activity ID:** | 4691 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also complements activity 4692-ARV drugs. |

As ART is scaled up in Africa, policy makers will need to know how home-based and facility-based delivery systems are associated with treatment outcomes and the cost-effectiveness of each service delivery model. In late FY04 a partnership between MRC, CDC and TASO was established to conduct an evaluation to compare facility and home-based ART service delivery systems. The study participants is compromised of 1000 current TASO clients at the TASO Jinja District branch. In early FY05, the study protocol was developed and approved, and systems to begin data collection were designed.

Other FY05 activities focused on training TASO health care providers in delivering ART services to clients using both the facility-based and home-based service delivery models; the enrollment of clients for the evaluation; initial client registration data collection; and, an analysis of the existing TASO services and data for the clients enrolled.

In FY06, MRC will work with TASO to continue data collection and analysis according to the approved protocol. Clients will be interviewed and specimens collected at baseline and thereafter at 6-month follow-up visits throughout the timeframe of the targeted evaluation. With all 1000 ART clients enrolled data collection on the service delivery models effectiveness and costs, client behavior and adherence and, family counseling and testing will continue to be collected and reviewed. Behavioral data on adherence will also be collected through a survey among the trial population. In addition MRC will provide support and technical assistance to TASO's HMIS unit and assist TASO with the conduct of population-based client survey on behavioral aspects of treatment and adherence to the drug regime. The activity will strengthen TASO's capacity in the collection and interpretation of client and service delivery data to inform clinical services and program management. MRC will also conduct the evaluation analysis activities to compare the cost effectiveness of both strategies.

The primary outcome indicator for this evaluation is the number of clients who experience treatment failure as measured by a viral load of >500 copies/microlitre after initial successful viral suppression. Other outcomes include treatment adherence and uptake of VCT services by clients' family members. Evaluation findings will be shared to inform the national program and other providers on the most effective approaches for clients to access HIV care and treatment in resource-limited settings.

| Emphasis Areas | % Of Effort |
|---|---|
| AIS, DHS, BSS or other population survey | 10 - 50 |
| Health Management Information Systems (HMIS) | 51 - 100 |
| Targeted evaluation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 10 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 1 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

**Coverage Areas**

Jinja

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** CDC Base GAP
**Prime Partner:** US Centers for Disease Control and Prevention
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** Base (GAP account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4703
**Planned Funds:**
**Activity Narrative:** This activity also relates to activities 4431-Basic Health Care & Support, 4432-TB, 4433-ARV services, 4434,4429-Lab, 4427,4435,4439-SI, 4430-M&S.
The CDC Informatics Unit provides technical assistance for the development and implementation of strategic information systems to both the country office and national prevention, care and treatment implementing partners. These service providers, who are key recipients of PEPFAR funds, are given direct, hands-on support by the informatics team to design strategic information systems tailored to meet the specific needs of the programs and to build institutional capacity across the organization. The team actively engages partner management and clinic staff at all levels to build consensus and develop applicably standards for effective information system development. Strategic information program interventions range from the design of patient care records, clinic management and logistics system to the integration of monitoring and evaluation of national indicators between the MOH HMIS and the PEPFAR program.

In following activities initiated in FY05, the Informatics Unit will focus on the following key areas in FY06: operationalizing the MOH resource center capacity for national data collection and reporting; connectivity and computer infrastructure from internet access to specific network topology design and implementation; applications development for the creation of standard information systems and tools for management and clinic facilities; development and design of SI collection instruments; data entry and management; analysis and reporting of SI; and, information and infrastructure security and maintenance.

Training in each of these areas will also be developed and supported either directly by the CDC Informatics team or through utilization of outside resources and partners. The goal of training and technical support provided will be to build capacity in partners to implement and maintain their own HMIS with limited on-going technical support from CDC. Technical assistance will also be provided in the interconnectivity of MIS for all partners into the national HMIS and USG systems where required or relevant.

Finally, the CDC Informatics Unit will conduct on-going SI needs assessments of partners to ensure informatics resource growth to match needs necessitated by increasing care and prevention activities.

This activity works closely with MEEPP to maximize synergies and avoid duplication.

| Emphasis Areas | % Of Effort |
|---|---|
| Health Management Information Systems (HMIS) | 51 - 100 |
| Information Technology (IT) and Communications Infrastructure | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |
| Other SI Activities | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 100 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 15 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

USG implementing partners

***Coverage Areas:***

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4711
**Planned Funds:**
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), and Other Policy (4712).

Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

USG/Uganda has had a number of programs supporting the delivery of HIV/AIDS services, including prevention, care and treatment, over the past several years. However, many of these services are limited in geographical scope: by district, historically safer areas and closer to town. Several of the USG programs are also ending, including AIM (2006) and CRD (2007), which have been two of the larger, more comprehensive projects in the North. ART is currently expanding through USG support to CRS, TASO and JCRC as well as MOH supported sites reaching all five northern districts.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting, as needed to achieve project goals, district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery

of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

This activity will support the development of innovative and simple approaches to monitoring the delivery of all supported services within camps, and to ensure that these systems are linked to the district monitoring and reporting systems.

| Emphasis Areas | % Of Effort |
|---|---|
| AIS, DHS, BSS or other population survey | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for strategic information activities | | ☑ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

Refugees/internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** HIVQUAL
**Prime Partner:** New York AIDS Institute
**USG Agency:** HHS/Health Resources Services Administration
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4718
**Planned Funds:**
**Activity Narrative:** The HIVQUAL program in Uganda will be executed under the leadership of the Ministry of Health (MoH) and in close collaboration with CDC-Uganda for program management and technical support. This activity complements other quality assurance activities supported by the USG and by the World Health Organization in Uganda, focusing on facility-level data collection and data management, feeding directly into these other activities for monitoring and evaluation and quality assurance, under the stewardship of the MoH.

The HIVQUAL philosophy is based on the concept that quality management programs should reflect a balance between quality improvement and performance measurement and be built upon a foundation of programmatic support and infrastructure. This organizational approach to quality management emphasizes the development of systems and processes to support quality improvement activities involving clinic staff and consumers with support from agency leadership. These structural features are designed to be sustainable even when staff turnover is high or organizational affiliations change.

Four principles guide the methodology of the HIVQUAL Project: 1) ongoing quality improvement activities improve patient care; 2) performance measurement lays the foundation for quality improvement; 3) infrastructure supports systematic implementation of quality improvement activities; 4) indicators to measure performance are based on clinical guidelines or formal group decision-making methods.

The program will be piloted late 2005 at 6-8 strategically located facilities providing antiretroviral therapy (ART), encompassing a diversity of care models and patient load sizes. Capacity-building will involve building skills for a) data management focusing on clinical information; b) chart abstraction; and c) use of simple electronic databases to enter clinical data. Activities will result in strengthening systems for documentation of clinical care. In FY06 this activity will be continued and expanded to more geographic areas, leveraging other resources for monitoring and evaluation, quality assurance, and information technology (e.g. USG-supported work on the national Heath Management Information System) though the MoH, the USG and other partners.

| Emphasis Areas | % Of Effort |
|---|---|
| Health Management Information Systems (HMIS) | 10 - 50 |
| Information Technology (IT) and Communications' Infrastructure | 10 - 50 |
| *Monitoring, evaluation, or reporting (or program level data collection)* | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| *Number of individuals trained in strategic information (includes* M&E, surveillance, and/or HMIS) | 50 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 8 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

National AIDS control program staff (Parent: Host country government workers)

*Policy makers (Parent: Host country government workers)*

Program managers

Host country government workers

*Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government* workers)

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Peace Corps
**Prime Partner:** US Peace Corps
**USG Agency:** Peace Corps
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4746
**Planned Funds:** [redacted]
**Activity Narrative:** This activities relates to Peace Corps other activities in the areas of AB (3999), *other prevention* (3993), OVC ( 3992), and Palliative Care: Basic Health Care (3991).

The SI activities will support the collection, analysis and reporting of the program areas undertaken by Peace Corps. This will cut across all of the above program areas to ensure that the planned target is reached and monitor whether planned activities are going well. Community-based organizations – faith based and other – will receive training in monitoring and evaluation as part of the capacity building efforts. Resources will be directed towards developing systems for program reporting and tracking, surveys or targeted monitoring, and evaluations. It is estimated that 15 outlets will be reached to gather strategic information and 60 individuals will be trained in monitoring and reporting and evaluations related to HIV/AIDS.

| Emphasis Areas | % Of Effort |
|---|---|
| Monitoring, evaluation, or reporting (or program level data collection) | 51 - 100 |
| Other SI Activities | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 60 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 15 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Volunteers

Private health care workers

**Key Legislative Issues**

Volunteers

**Coverage Areas**

Bugiri

Bushenyi

Holma

Iganga

Kabarole

Kamwenge

Kumi

Luwero

Masaka

Masindi

Mpigi

Mubende

Mukono

Nakasongola

Ntungaro

Pallisa

Rukungiri

Tororo

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Monitoring and Evaluation of the Emergency Plan Program
**Prime Partner:** Social and Scientific Systems
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4766
**Planned Funds:**
**Activity Narrative:** This activity is closely coordinated with the Capacity Building of Indigenous Institutions, particularly the component related to building the capacity of the MOH Resource Center to manage the HMIS and Databank and of the Ugandan AIDS Commission to coordinate one Monitoring and Evaluation system in support of the three ones.

The Monitoring and Evaluation of the Emergency Plan Program (MEEPP) was launched in January 2005. The purpose of this program is to design and implement a comprehensive performance management, monitoring and reporting system for the USG PEPFAR Team and its implementing partners (including collection, reporting and validation of data) in accordance with OGAC strategic information requirements.

To date, MEEPP staff have been busy working with the Emergency Plan Team and its implementing partners to improve existing Emergency Plan (EP) data gathering tools and reporting systems and to establish effective communication and networking channels for standardized data reporting across all 65 EP partners in accordance with OGAC guidance. MEEPP has played a critical role in preparing the EP Semi-Annual Report and since has been working with select implementing partners to conduct data quality assessments and validations. In support of COP planning meetings, MEEPP has prepared a series of data analyses providing important insight regarding progress against set targets and coverage of EP supported interventions and has identified opportunities for improved collaboration. MEEPP has also developed a web-based database to facilitate future EP data reporting, aggregation, analysis and use. The database is currently being tested by implementing partners and will be fully operational for the development of the 2005 Annual Report. In addition, MEEPP has coordinated two special studies to support programming of ART resources: a mapping of all ART sites in Uganda and a USG-funded ART program review which is ongoing.

In its first nine months of operation, MEEPP has been extremely productive and has gained the trust and respect of the full USG EPT. The USG EPT team has recognized the potential of MEEPP to play an instrumental role in continued performance improvement across the entire USG HIV/AIDS effort in Uganda and believes that this organization should hire additional staff to meet the increased demand from the EPT and EP implementing partners to examine and improve HIV/AIDS programming. Specifically, the EPT would like to increase its support to MEEPP to enable the hiring of an M&E specialist, a data manager and an additional program assistant. This will allow MEEPP to further the implementation of its comprehensive performance management, monitoring and reporting system and upgrade the functionality of the online database more quickly and comprehensively.

In FY 06, MEEPP will continue to work with all EP implementing partners to build capacity in Monitoring and Evaluation and to ensure quality data collection and reporting systems are in place. At a minimum, 52 program managers and one M&E focal person from 26 implementing partners will be trained in data quality assessment, reporting readiness and in use of data for performance improvement; six special studies examining specific performance improvement questions across the EP will be conducted; the EPT will be supported to identify best practices across its program and to disseminate these amongst implementing partners, host country counterparts and development partners through a variety of dissemination modalities including technical meetings, seminars, trainings and a series of communication products including a quarterly newsletter. In addition, MEEPP will develop a master listing and map of key service outlets and coverage data of all development partner and GOU HIV/AIDS interventions to support the coordination and planning functions of both

the EPT and the UAC in support of further institutionalization of the "three ones". This additional funding will also allow MEEPP to work more closely with UAC to advocate for standardized data reporting and portfolio management systems across donors and other key HIV/AIDS stakeholders such as the World Bank and Global Fund.

MEEPP supports the analytical agenda of the EPT for gender related issues. MEEPP's on-line data collection and reporting systems facilitates examination of gender issues across prevention, care and treatment programming within the USG EP response in Uganda.

This activity works closely with CDC's Informatics Unit and CDC's initiative to support the MOH 's surveillance system to maximize synergies and avoid duplication.

| Emphasis Areas | % Of Effort |
|---|---|
| Information Technology (IT) and Communications Infrastructure | 51 - 100 |
| Monitoring, evaluation, or reporting (or program level data collection) | 10 - 50 |
| Other SI Activities | 10 - 50 |
| Targeted evaluation | 10 - 50 |
| USG database and reporting system | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 78 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 65 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff
Host country government workers
Implementing organizations (not listed above)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** US Centers for Disease Control and Prevention
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Strategic Information
**Budget Code:** HVSI
**Program Area Code:** 13
**Activity ID:** 4821
**Planned Funds:** [redacted]
**Activity Narrative:** This activity complements activity 4823-M&S.

Using GHAI funding CDC Uganda will support strategic information activites as follows:

[redacted]s to provide technical assistance to the Ministry of Health for their surveillance activities. As a result of key program initiatives Ministry of Health (MOH) was among the first countries in sub-Saharan Africa to report a drop in HIV prevalence, with HIV/AIDS surveillance providing the most critical data needed to detect this trend. CDC has a long-history as an established partner to MOH in providing support and technical assistance for HIV/AIDS-related surveillance activities. This support facilitates training, developing guideline, routine surveillance activities and introducing new techniques, such as using non-traditional data sources (VCT) for surveillance and new HIV assays to measure HIV incidence.

In FY05, CDC provided technical assistance to MOH during the Uganda Sero-Behavioral Survey and AIDS Indicator Survey. In addition, logistics support for the provision of HIV test kits to MOH programs and general laboratory management for quality assurance activities was provided at central, regional and district level facilities. Other support included policy guidance for national antenatal clinic based surveillance and systems support for HIV prevalence data collected on pregnant women. CDC also conducted a joint assessment with the Ministry of Health investigating the potential effects of PMTCT services on sampling in the antenatal clinic based surveillance system.

In FY06 CDC will continue to actively support the national HIV/AIDS-related surveillance activities implemented by MOH's AIDS Control Program. The routine antenatal clinic based surveillance system will be supported through protocol development, training of site staff, data and specimen collection, supervision, and testing and analysis. Surveillance of sexually transmitted infections among HIV positive individuals will receive similar support, albeit on a smaller scale. In addition, MOH has requested assistance to conduct a high-risk group HIV survey among fisherman and commercial sex workers. Finally, a health facility survey is planned to update information on the available HIV/AIDS related health infrastructure in the country. For these surveillance activities, CDC will assist the MOH with development of final reports and national dissemination of results. A writing workshop for MOH is planned, which will ensure proper dissemination of collected survey data, including from the recently completed AIDS Indicator Survey.

[redacted]s to support a portion of the Home-Based AIDS Care (HBAC) activities. The Home-Base AIDS Care project is a targeted evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also uses HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination.

In FY05, the study completed recruitment of the first 1000 HBAC study subjects, as well as 50 children of index clients with clinical indications for ART. An additional 100 adult subjects were also recruited to replace losses from the study due to death or

voluntary withdrawal. Preliminary analyses of some of the study data have been conducted and key findings are being disseminated locally and through scientific publications.
In FY06 project activities will continue with key findings from routine data analysis disseminated to inform the USG portfolio of ART interventions. In addition, research operating manuals and procedures will be translated into programmatic tool kits that can be used by program partners.

| Emphasis Areas | % Of Effort |
|---|---|
| AIS, DHS, BSS or other population survey | 10 - 50 |
| HIV Surveillance Systems | 10 - 50 |
| Targeted evaluation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 75 | ☐ |
| Number of local organizations provided with technical assistance for strategic information activities | 7 | ☐ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Discordant couples (Parent: Most at risk populations)
National AIDS control program staff (Parent: Host country government workers)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Program managers

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Targeted evaluations
**Prime Partner:** *To Be Determined*
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** *Strategic Information*
**Budget Code:** *HVSI*
**Program Area Code:** 13
**Activity ID:** 4887
**Planned Funds:**
**Activity Narrative:** Four targeted evaluations were approved in FY05 and are currently being designed in conjuction with OGAC'sTargeted Evaluation Sub-committee. These Targeted Evaluations will be begun in December and will examine the following areas:

1. Network System: to identify best practices in networks and to pinpoint where these networks can be strengthened with relatively little additional investment.

2. AB messaging and behavior change: to examine best practices in AB campaigns with specific attention to behavior change in youth.

3. OVC: to identify cost-effective interventions and components of quality interventions to support OVC, with focus on vocational training and income generating activities

4. TB: to examine the feasibility of scaling up INH profilaxis for HIV positivie individuals and to identify best practicies in adherence support.

| Emphasis Areas | % Of Effort |
|---|---|
| Targeted evaluation | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for strategic information activities | | ☑ |
| Number of Sites conducting antenatal HIV surveillance | | ☑ |
| Number of sites conducting STD sentinel surveillance | | ☑ |
| No of ART centres piloting QA activities | | ☑ |

**Target Populations:**

Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
*People living with HIV/AIDS*

**Coverage Areas:**

National

**Table 3.3.14: Program Planning Overview**

**Program Area:** Other/policy analysis and system strengthening
**Budget Code:** OHPS
**Program Area Code:** 14

**Total Planned Funding for Program Area:**

**Program Area Context:**

The USG, working collaboratively with other donors and stakeholders through the coordination of the Uganda AIDS Commission and key line ministries, has continued to support effective HIV/AIDS programming by addressing current Ugandan policy and systems gaps and weaknesses. Shared interests in key areas with other donors have leveraged funding to improve broader health and HIV systems. For example, USG provides support for drug and health commodities logistics, while DANIDA has extensively supported the Essential Drugs Supply system. To date, USG has had positive consultation with GFATM on coordination around ensuring adequate HIV commodities, and supporting laboratory services. However, the recent suspension of GFATM in Uganda may be a setback. Systems and structural gaps, identified in the National Strategic Framework, various sectoral strategic plans and through several stakeholder consultations, may be divided into two categories: first, the need to decentralize HIV/AIDS programming capacity; and second, the various specific program areas which require supportive attention. Regarding decentralization, efforts to expand planning, management and implementation skills for HIV/AIDS activities continue, including capacity building for lower level sub-grantees, data collection and monitoring and evaluation. These decentralized skill-building activities address such groups and individuals as district officials, health workers, community leaders, PHA, Parliament, community-based and faith-based organizations, and tertiary educational institutions, among others. Support to decentralization is considered important not only in developing these skills, but also in insuring that benefits in the HIV/AIDS sector reach underserved populations, thus improving equity in service provision and the best possibility for success in reducing stigma and discrimination, by actively engaging individuals and families affected by HIV/AIDS. Many specific program areas require ongoing attention in order to create the systems and policy environments necessary for effective HIV/AIDS activities and outcomes. The Uganda AIDS Commission will undertake Joint Reviews for AIDS beginning in 2007 and will develop a new national guiding document in 2006. These will be supported by the USG. Several supportive programs to improve the laboratory systems will ensure that HIV/AIDS services are of the highest possible quality. Plans to increase HIV/AIDS services for internally displaced persons in conflict districts will address major equity gaps for vulnerable populations. A national program for Quality assurance for ART and effective monitoring for ART clients was launched in 2005 and will be in each district by the end of 2006. This will assist the Ministry of Health to more effectively monitor the delivery of ART in the public and private sectors. The need to improve the overall recruitment, hiring, training, retention and management of HIV/AIDS related health staff is enormous, with clear gaps in staffing at primary service delivery sites, as well as in training institutions, laboratory services, counseling facilities, etc. A human resources management activity will address these issues and help the Ministry of Health improve its ability to fill these gaps. Long term sustainability and financing for ART is a critical issue; USG has been exploring civil servant insurance schemes and has had success in 2005 with establishing private sector insurance coverage of ART for employees and dependents. A new workplace program for Ministry of Education and Sports was launched in 2005 and will be expanded – this could be a model for other line ministries in coming years. All these policy and systems gaps will continue to be addressed in FY 06 by USG and other stakeholders.

**Program Area Target:**

| | |
|---|---|
| Number of local organizations provided with technical assistance for HIV-related policy development | 61 |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 48 |
| Number of individuals trained in HIV-related policy development | 295 |
| Number of individuals trained in HIV-related institutional capacity building | 400 |
| Number of individuals trained in HIV-related stigma and discrimination reduction | 242 |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 480 |

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** AIDS Integrated Model District Program (AIM)
**Prime Partner:** John Snow, Inc.
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other/policy analysis and system strengthening
**Budget Code:** OHPS
**Program Area Code:** 14
**Activity ID:** 3938
**Planned Funds:**
**Activity Narrative:** AIM is moving into its final year of implementation, completion May 2006, and all service delivery grants will be completed by December of 2005, technical assistance will continue through the second quarter of FY06.

This program area activity has focused primarily on strengthening the capacity of several key players in the delivery of HIV/AIDS services across AIM districts: 1. District Officials to effectively lead, manage and coordinate the HIV/AIDS response 2. National NGOs and FBOs and e. community based civil society and faith-based organizations. Skill and capacity building has emphasized organizational development and management skills, with a focus on financial management, accountability, monitoring and evaluation and alignment with service delivery as well as building technical competencies through dissemination of tool kits (policy, guidelines, job aids, monitoring and evaluation tools), trainings and support supervision.

District level capacity building has been geared toward the District HIV/AIDS Committee (DHACs),.HIV/AIDS Task Forces and Planning Units with a focus on analysis and assessment, strategic planning, budgeting, monitoring and evaluation.

In FY06, AIM will focus on supporting districts to review their strategic plans and related HIV/aIDS workplans, strengthening referral networks at the district and health subdistrict level and continued technical support to national and community level NGOs.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Target Populations:**

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS

***Key Legislative Issues***

Gender

**Coverage Areas**

Apac

Arua

Bushenyi

Katakwi

Kibale

Kumi

Lira

Mubende

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Soroti

Tororo

Yumbe

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** Makerere University Institute of Public Health
**USG Agency:** HHS/Centers for Disease Control & Prevention
**Funding Source:** GAC (GHAI account)
**Program Area:** Other/policy analysis and system strengthening
**Budget Code:** OHPS
**Program Area Code:** 14
**Activity ID:** 4017
***Planned Funds:***
**Activity Narrative:** This activity relates to activities-4021 ART services, 4020-ART drugs, 4024-Counseling and Testing, 4022-PMTCT, 4019-Abstinence, 4023-Basic Health Care, 4018-Palliative Care: TB/HIV, and 4026-Laboratory Infrastructure

This activity has three different components, which aim to build capacity for high quality HIV/AIDS prevention, care, treatment and support services in Uganda. This will be achieved through providing training focused on increasing the number of professionals trained in management, monitoring, evaluation and communication needed to spearhead new HIV/AIDS programs as well as strengthen and/or replicate successful programs. The first component is the 2 year fulltime Fellowship program. Ten new Fellows who are holders of postgraduate degrees in Public Health, Medicine, Statistics, Journalism, Social Sciences or any other health related field will be recruited in FY06. Continued support will be provided to the 11 Fellows recruited in FY05 to enable them to complete their 2 year Fellowship. Fellows will undertake didactic short courses at the Makerere University Institute of Public Health for 25% of the duration of the Fellowship in order to enhance knowledge, skills and competences in HIV/AIDS program management.

The second component will involve hands-on training to the 21 Fellows through apprenticeship attachment at organizations in both rural and urban Uganda involved in providing HIV/AIDS services, information dissemination, policy development and implementation. The HIV/AIDS organizations will include CBOs, FBO, NGOs, national and international organizations whose beneficiaries and stakeholders include people living with or affected by HIV/AIDS as well as special populations such as military personnel and refugees. The Fellows will spend 75% of their Fellowship period in the selected organizations performing and learning from key organizational HIV/AIDS activities involving strategic information, health management information systems, monitoring, evaluation, development and dissemination of policies and guidelines as well as IEC materials. Through the Fellows apprenticeship attachments, the 21 Host institutions will benefit from strengthening human resource capacity, capacity building activities and technical assistance.

The third component will involve offering targeted management training opportunities to 200 mid-level program managers in HIV/AIDS programs. Various cadre of mid-level program managers will be provided an opportunity to attend short courses offered at the Makerere University Institute of Public Health. In addition, training needs assessments will be conducted and training organized at selected organizations.

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Training | 51 - 100 |
| Information, Education and Communication | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Policy and Guidelines | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | 50 | ☐ |
| Number of local organizations provided with technical assistance for HIV-related policy development | 10 | ☐ |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 21 | ☐ |
| Number of individuals trained in HIV-related policy development | | ☑ |
| Number of individuals trained in HIV-related institutional capacity building | 250 | ☐ |
| Number of individuals trained in HIV-related stigma and discrimination reduction | | ☑ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | | ☑ |

**Target Populations:**

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

Military personnel (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

*Orphans and vulnerable children*

People living with HIV/AIDS

Program managers

Caregivers (of OVC and PLWHAs)

Widows/widowers

Implementing organizations (not listed above)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

**Coverage Areas**

Arua

Bugiri

Bundibugyo

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Luwero

Wakiso

Yumbe

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** The Capacity Project
**Prime Partner:** IntraHealth International, Inc
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other/policy analysis and system strengthening
**Budget Code:** OHPS
**Program Area Code:** 14
**Activity ID:** 4376
**Planned Funds:**
**Activity Narrative:** As with many other sub-Saharan African countries, Uganda is experiencing shortages of healthcare workers. The Mid-Term Review of the Health Sector Strategic Plan identifies the lack of trained health personnel, staffing imbalances and the HRM infrastructure as critical constraints to scaling up services. The most fundamental constraint seems to be inadequate capacity in all sectors and levels to perform the necessary Human Resource Management (HRM) functions.

There have been several assessments that have been done recently, and there has been dedicated HRH improvement work going on in Uganda for the past 7-8 years. Key stakeholders in this effort include the Ministry of Health, the Ministry of Education and Sports, District Service Commissions, the PNFP Medical Bureaus, and so on. In terms of donors, Development Cooperation Ireland, the European Union, DANIDA, the US Government and various cooperating agencies are collaborating to build capacity in HRM for Health. Keeping this context in mind, the aim of the Capacity project strategy is identify gaps not being addressed by others and to develop a proposed work plan based on these gaps. This work plan includes objectives and activities that "fit in" and make critical contributions given the other HRH projects underway.

Overall, the goal is to support the health sector in strengthening of strategic, data-based HR management, leadership, and decision-making at the MOH central and district levels. This will help to enable Uganda to meet its health care needs and respond to health challenges such as HIV/AIDS and TB. To achieve this overall goal, the Capacity Project will:

1)Strengthen the HRH strategic management and planning capacity through the development of integrated data systems for decision-making, focusing initially on the supply side to ensure there is sufficient workforce for expanded HIV, TB and other basic service packages. Through targeted TA, information systems development with hardware and software, outputs will include computerized data system for tracking workforce supply; and a national joint steering committee for HR data for health professionals
2) Provide support to strengthen the MOH human resources management capacity in selected key areas at the central and district levels. Through targeted TA and training, outputs will include MOH (HRDD) Staff trained in HRM skills; Improved HRM functions in the HRDD; and a Pilot tested district HRM strengthening plan
3)Identify and disseminate strategies and develop specific incentives to improve health workers retention based on collection and analysis of data. Through the development of appropriate tools, targeted TA and baseline research, the outputs will include retention data collection instruments and baseline retention data and analysis leading to the development of critical HR incentive strategies to improve retention.
4) Develop a workplace safety program to protect the health workforce against HIV and other blood-borne related risks. Through staff time dedicated to its development, the output will include source materials for a workplace safety program for use by partners.
5) Develop a health worker/nursing registry. Leveraged resources will come from USAID infectious Disease TB money and pending legislation (SR109-096).

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| *Strategic Information* (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |
| Workplace Programs | 10 - 50 |

**Target Populations:**

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.14: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | University of California San Francisco - UTAP |
| **Prime Partner:** | University of California at San Francisco |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other/policy analysis and system strengthening |
| **Budget Code:** | OHPS |
| **Program Area Code:** | 14 |
| **Activity ID:** | 4421 |
| ***Planned Funds:*** | |
| **Activity Narrative:** | This activity also complements activities 4422-PMTCT, 4423-ARV services, 4424-SI. |

The University of California San Francisco (UCSF) is one of several U.S. universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries benefit from a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff assist with the development of innovative models to address specific program activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for HIV/AIDS service providers and program managers.

Beginning in FY04, UCSF provided CDC-Uganda Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY06, UCSF will support the technical assistance consultant to expand the development of program management systems for CDC-Uganda and implementing partners. To ensure that all Emergency Plan programs adequately contribute to the country targets and national goals, the consultant will establish project tracking systems; design planning tools for project managers and implementing partners; conduct training sessions on effective management systems; develop procedures and guidelines for project monitoring; establish schedules and procedures for timely reporting; and, coordinate program implementation across USG partners and Uganda Implementing partners. Additionally, the consultant will work directly with all implementing partners to review the management of project funds and develop financial monitoring reports to enhance implementation and reporting.

Following the FY05 launching of the revised 'National Policy Guidelines for Cotrimoxazole Prophylaxis for People with HIV/AIDS' and the 'National Guidelines for Voluntary HIV Counseling and Testing', UCSF will continue support to the MOH to expand national capacity and expertise to review and revise policies and protocols to contribute to the implementation of quality HIV prevention, care and treatment programs. In FY06, the Cochran Review on HIV/AIDS basic prevention care policy and guidelines for a package will be completed and a series of consensus workshops conducted in-country to assist the MOH with building national concensus for a comprehensive preventive care program.

| Emphasis Areas | % Of Effort |
|---|---|
| Human Resources | 51 - 100 |
| Local Organization Capacity Development | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related policy development | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 15 | ☐ |
| Number of individuals trained in HIV-related policy development | | ☑ |
| Number of individuals trained in HIV-related institutional capacity building | 20 | ☐ |
| Number of individuals trained in HIV-related stigma and discrimination reduction | | ☑ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | | ☑ |

**Target Populations:**

USG in-country staff

USG implementing partners

**Coverage Areas:**

National

**Table 3.3.14: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | TASO CDC |
| **Prime Partner:** | *The AIDS Support Organization* |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other/policy analysis and system strengthening |
| **Budget Code:** | OHPS |
| **Program Area Code:** | 14 |
| **Activity ID:** | 4426 |
| **Planned Funds:** | |

**Activity Narrative:** *This activity complements activity 4055, Counseling and Testing. The Strengthening* Counselor Training Project (SCOT) is a collaborative project between partners with a stake in counselor training in Uganda which include the Ministry of Health, Ministry of *Education, HIV counselor training institutions, Uganda counseling Association, Forum* for People living with HIV, other line ministries and Development partners. TASO has established a core secretariat to provide day to day co-ordination and management of the project. There are regular stakeholder meetings to guide the development of strategies, work plans and budgets for the project. The California STD/HIV prevention training center (CAPTC) provides technical input into the project as a subcontractor.

The goal of the project is to strengthen and standardize counselor training in Uganda to cater for the growing needs of counselors in dealing with complex and emerging HIV/AIDS issues . The project will develop, update and standardize HIV counselor curricula and materials for training different cadres of counselors throughout Uganda; implement innovative training programs in needed areas; develop evaluation instruments to measure improved knowledge, skills and changes in counseling practices; strengthen quality assurance of HIV/AIDS training and counseling practice; strengthen in-country initiatives that promote coordination of HIV counselors and evolution of a professional code of conduct. To date the project has:

1. established a core secretariat
2. held major stakeholders meetings,
3. begun the process of formation of a national HIV counseling consortium,
4. reviewed the home based counseling and testing curriculum
5. worked with the ministry of health and other stakeholders to review two other curricula
6. trained 40 people from partner organizations in curriculum development skills
7. carried out a comprehensive situational analysis of counselor training and practice in Uganda
8. trained 305 service providers in home based HIV counseling and testing which is a new area.
9. developed audiovisual counselor training materials for the home-based HIV counseling and testing training.
10. supported the launching of the National HIV Counseling and Testing Policy.

During FY06, the project intends to strengthen the institutional capacity of HIV counselor training institutions through regular training of trainers' courses, support supervision visits, and provision of resource materials to their respective resource centers. They will also be assisted to develop a database and tracking system for their trainees. Key staff will be trained in the use and maintenance of the monitoring and evaluation system. Support will also be given to the Ministry of Health to finalize and disseminate the National HIV Counseling and Testing policy throughout Uganda.

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Policy and Guidelines | 10 - 50 |
| Training | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related policy development | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 20 | ☐ |
| Number of individuals trained in HIV-related policy development | | ☑ |
| Number of individuals trained in HIV-related institutional capacity building | 100 | ☐ |
| Number of individuals trained in HIV-related stigma and discrimination reduction | | ☑ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | | ☑ |

**Target Populations:**

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Other health care workders (Parent: Private health care workers)

**Coverage Areas:**

National

**Table 3.3.14: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | Ministry of Health, Uganda |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other/policy analysis and system strengthening |
| **Budget Code:** | OHPS |
| **Program Area Code:** | 14 |
| **Activity ID:** | 4502 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity relates to activities 4402-PMTCT, 4401-AB, 4405-Injection Safety, 4404-Basic Health Care & Support, 4503-OVC, 4403-CT, 4407-ARV services, 4408-Lab, 4406-SI. |

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

The main roles of Ministry of Health are development of policies, technical guidelines, capacity building, support supervision and monitoring of the implementation of the technical policies and guidelines by districts and lower levels. In fiscal year 2005, this activity supported development of technical polices and guidelines to support implementation of some aspects of HIV/AIDS control in the National Minimum Health Care Package of the Health Sector Strategic plan phase II. Examples include; policies and technical guidelines on implementation of components of a "basic care package", revised HIV counselling and testing policy guidelines, home based AIDS care. In addition, guidelines have been developed in the areas of laboratory testing, Antiretroviral therapy, HIV/TB collaborative programs. However some gaps have been identified due to evolving epidemiological data in the different aspects of the HIV epidemic and its control. Therefore, there is need to constantly review and update the existing policies and guidelines to take into considerations new information.

In fiscal year 2006, this activity will support several different components in policy development including; completion of a National Laboratory policy, technical review and implementation of the guidelines for laboratory quality assurance system for rapid HIV testing in the country. Development of operational guidelines for implementation of HCT policy guidelines on HIV testing in children, and the development and printing of the guidelines for monitoring quality of ART services in health facilities in the country. The later policies and guidelines are to be used by district planners and service providers. The second component will support technical assistance on an ongoing basis to the Ministry of Health for policy development through provision of short term technical assistance to finalise technical guidelines as well as supporting a position of a policy specialist at the Ministry of Health who will work on policy related matters, providing evolving evidence base for policy development. The activity will explore innovative ways of engaging the Ministry of Health Policy Advisory Committee (HPAC) to expedite policy development and adoption by the Ministry.

| ***Emphasis Areas*** | ***% Of Effort*** |
|---|---|
| Human Resources | 10 - 50 |
| Policy and Guidelines | 51 - 100 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related policy development | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | | ☑ |
| Number of individuals trained in HIV-related policy development | | ☑ |
| Number of individuals trained in HIV-related institutional capacity building | | ☑ |
| Number of individuals trained in HIV-related stigma and discrimination reduction | | ☑ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | | ☑ |

**Target Populations:**

Business community/private sector

*Community leaders*

Community-based organizations

Country coordinating mechanisms

Disabled populations

Factory workers (Parent: Business community/private sector)

*Faith-based organizations*

Most at risk populations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

*People living with HIV/AIDS*

Policy makers (Parent: Host country government workers)

Program managers

Teachers (Parent: Host country government workers)

USG in-country staff

*Volunteers*

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Implementing organizations (not listed above)

**Coverage Areas:**

National

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** Capacity Building of Indigenous Institutions
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** *Other/policy analysis and system strengthening*
**Budget Code:** OHPS
**Program Area Code:** 14
**Activity ID:** 4532
**Planned Funds:**
**Activity Narrative:** This project links to activities in Palliative Care: Basic (4525), Palliative Care: TB/HIV (4528), OVC (4529), Counseling and Testing (4523), ART Services (4530), and SI (4531).

Under PEPFAR , the USG in partnership with the UAC and the Ugandan National Advisory Committee for PEPFAR has greatly expanded the number of implementing partners and the availability of HIV/AIDS prevention, care and treatment services in Uganda. In addition, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of services is benefiting a number of Ugandans, it brings new challenges to the UAC and its implementing partners in their ability to serve an increasing number of clients, to offer quality services and information and to provide the necessary program management and oversight required. Within this context, there is broad agreement to strengthen the capacity of implementing partners to coordinate their initiatives and support the National Strategic Framework for HIV/AIDS following the leadership of the UAC.

Through this activity, the contractor will facilitate the provision of technical assistance and provide funding and material support to build capacity of targeted Ugandan institutions for improved program outcomes and the sustained capacity to deliver results in regards to HIV/AIDS prevention, care and treatment. The primary focus of this activity will be to build the capacity of the Ugandan AIDS Commission (UAC) and the Ministry of Health's Resource Center (MOHRC) to support the achievement of the "3 Ones" (particularly one monitoring and evaluation framework to inform the coordinated implementation of the National Strategic Framework for HIV/AIDS in Uganda) and to build the capacity of the Inter-Religious Council of Uganda and its network of faith-based organizations as well as other CBOs and NGOs to enhance access to quality HIV/AIDS services. The contractor will also support the USG Team in its effort to plan, coordinate and manage PEPFAR in Uganda.

This activity has several different components. The purpose of this component is to strengthen strategic leadership, policy and strategy communication and coordination and organizational and financial management systems, including procurement systems. It will also focus on and improving the capacity of targeted indigenous institutions to plan and manage highly effective and efficient HIV/AIDS prevention, care and treatment interventions. Specifically, this activity will strengthen the capacity of the UAC to provide strategic leadership to Uganda's HIV/AIDS program, direct the institutionalization of the three ones and coordinate the overall HIV/AIDS response; it will strengthen the institutional capacity of the MOH Resource Center to effectively and efficiently carry out its role to feed data into the national HIV/AIDS monitoring and evaluation framework; and strengthen the capacity of IRCU to govern and provide strategic leadership to its network of faith-based sub-grantees, improve its ability to monitor quality and ensure the application of quality standards and best practices to its sub-grantees.

| Emphasis Areas | % Of Effort |
|---|---|
| Development of Network/Linkages/Referral Systems | 10 - 50 |
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Policy and Guidelines | 10 - 50 |
| Quality Assurance and Supportive Supervision | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | | ☑ |
| *Number of local organizations provided with technical assistance* for HIV-related policy development | 5 | ☐ |
| Number of local organizations provided with technical assistance for *HIV-related institutional capacity building* | 35 | ☐ |
| *Number of individuals trained in HIV-related policy development* | 20 | ☐ |
| Number of individuals trained in HIV-related institutional capacity building | 100 | ☐ |
| Number of individuals trained in HIV-related stigma and *discrimination reduction* | 20 | ☐ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | | ☑ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

*Faith-based organizations*

Non-governmental organizations/private voluntary organizations

Implementing organizations (not listed above)

**Key Legislative Issues**

*Gender*

Stigma and discrimination

*Wrap Arounds*

***Coverage Areas:***

National

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** Conflict Districts
**Prime Partner:** To Be Determined
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Other/policy analysis and system strengthening
***Budget Code:*** OHPS
**Program Area Code:** 14
**Activity ID:** 4712
***Planned Funds:***
**Activity Narrative:** This activity links to activities in PMTCT (4696), AB (4694), Other Prevention (4698), Palliative Care: Basic Health Care (4699), Palliative Care: TB/HIV (4700), OVC (4713), counseling and testing (4702) ARV drugs (4707), ART Services (4705), Lab (4706), and Strategic Information (4711).

This part a larger cross cutting conflict district project. Numerous studies and surveys in the past year now provide a better understanding of the situation in the North. HIV/AIDS is reported to be the second leading cause of death, outweighing death due to conflict. HIV prevalence (9.1%) is higher than national rates (7.0%) and more than double the surrounding regions. District specific sentinel rates are even higher. Prevalence is higher among women (10%) than men (8%). Prevalence among the military, while unkown, was 23% based on a voluntary survey of soldiers in 2001. The situation in the north remains grim and is characterized by poor access, uneven distribution and poorly linked care, treatment and referral services. Services that are provided are limited to municipalities and IDP camps closest to towns. There are over 165 camps in the five Northern districts. Food and basic support are the primary services available to vulnerable populations. ART is currently limited to regional hospitals and private not for profit facilities in the municipalities, limiting access to most of the population.. IDP camps are ravaged by conflict, social disruption, poverty and powerlessness. Sexual and Gender Based Violence (SGBV) and sexual exploitation appear to be widespread and increases the risk of young girls and women to HIV/AIDS and STIs. The number of children estimated to be involved in commercial sex is between 7,000 and 12,000. 31% of unmarried older adolescent girls are involved in less formalized transactional sex and report ever having received money or gifts in exchange for sex.

Given the high rates of prevalence and the extreme number of vulnerable populations living in the North, the USG is planning to design and implement a project focusing on improved utilization of key HIV/AIDS services in the 5 northern districts. With continued progress toward peace and a "captive audience" - concentrated populations living in geographically confined camps, the USG believes that this is an opportune time to rapidly scale up critical HIV/AIDS services. The overall objectives of this activity will be to: increase access to and utilization of prevention, care and treatment services in IDP camps, with a focus on identifying HIV positive individuals and getting them into care and treatment programs; reducing vulnerability of key groups including women, girls, orphans/children and PHAs; and supporting district level coordination and overall response to the epidemic. Strategic interventions will vary according to the districts: Kitgum, Gulu and Pader will focus primarily on service delivery to IDP camps, particularly moving beyond those closest to towns, and reducing vulnerabilities; and, Apac and Lira will also focus on improving service delivery through support to rehabilitation of systems and structures.

It is expected that the recipient(s) will already have an established presence and experience working in conflict affected districts, will be predominately indigenous organizations, and will provide services as well as facilitate the expansion and delivery of services. Under the leadership of the Office of the Prime Minister and the Uganda AIDS Commission, activities will support implementation of the strategic plan for HIV/AIDS in the North, which are currently being developed. USG is an active member of the National Committee in AIDS in Emergency Settings (NACAES), which has been recently established to facilitate and coordinate the response to the North.

This activity will focus primarily on strengthening the capacity of the district teams responsible for the coordination and delivery of HIV/AIDS such as the district health teams, probation and community development officers and district coordinating

mechanisms for HIV/AIDS and District disaster management. Capacity building will also be to facilitate, as feasible, the partnership between public and civil society providers to support a strengthened, comprehensive response.

| Emphasis Areas | % Of Effort |
|---|---|
| Local Organization Capacity Development | 51 - 100 |
| Policy and Guidelines | 10 - 50 |
| Strategic Information (M&E, IT, Reporting) | 10 - 50 |
| Training | 10 - 50 |

**Targets**

| Target | Target Value | Not Applicable |
|---|---|---|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | | ☑ |
| Number of local organizations provided with technical assistance for HIV-related policy development | 5 | ☐ |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 5 | ☐ |
| Number of individuals trained in HIV-related policy development | 25 | ☐ |
| Number of individuals trained in HIV-related institutional capacity building | 25 | ☐ |
| Number of individuals trained in HIV-related stigma and discrimination reduction | | ☑ |
| Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 50 | ☐ |

**Target Populations:**

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Host country government workers

Public health care workers

Implementing organizations (not listed above)

**Key Legislative Issues**

Wrap Arounds

Democracy & Government

**Coverage Areas**

Apac

Gulu

Kitgum

Lira

Pader

**Table 3.3.14: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Legislative Support and Advocacy |
| **Prime Partner:** | Development Associates Inc. |
| **USG Agency:** | U.S. Agency for International Development |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Other/policy analysis and system strengthening |
| **Budget Code:** | OHPS |
| **Program Area Code:** | 14 |
| **Activity ID:** | 4751 |
| **Planned Funds:** | |
| **Activity Narrative:** | Supporting National Leadership for HIV/AIDS in Parliament |

Parliament has played an important role in advocating for increased attention, responsibility and resources for such issues as conflict in the north, education, and also HIV/AIDS. The role that key committees play engages elected leadership in Uganda to improve funding and policy decision making for HIV/AIDS care, prevention and treatment in Uganda, particularly in light of increased resources which require intensive planning and coordination.

This activity will continue to enhance the capacity of the HIV/AIDS Committee, Social Services Committee and various other key Parliamentary Committees to increase visible parliamentary leadership, collaboration and advocacy around HIV/AIDS issues. Further we will facilitate increased constituency dialogue and participation of civil society and other key stakeholders on HIV/AIDS issues. We are able to enhance MPs capacity in its critical role as Executive oversight - where Members are charged with scrutinizing HIV/AIDS policies as well as monitoring effective implementation and evaluation thereof including examination of the budget process as it relates to HIV/AIDS expenditures and allocation. These high level interventions will effect change to enable Ugandan citizens to receive services nationwide, contributing to the USG goals and increasing the numbers of people served - well beyond USG project sites. Activities will include identifying gaps that impact on HIV/AIDS and proposing new and appropriate legislation and/or guidelines to address gaps; improving Parliamentarians understanding of issues in their districts through targeted assessments and continued support to the recently developed HIV/AIDS Resource Centre within the Parliamentary Library; and broader engagement of MPs at district level in ensuring funding, implementation and monitoring of HIV/AIDS programs.

| **Emphasis Areas** | **% Of Effort** |
|---|---|
| Linkages with Other Sectors and Initiatives | 10 - 50 |
| Local Organization Capacity Development | 51 - 100 |
| Policy and Guidelines | 10 - 50 |

**Target Populations:**

Adults

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.15: Program Planning Overview**

**Program Area:** Management and Staffing
**Budget Code:** HVMS
**Program Area Code:** 15

**Total Planned Funding for Program Area:**

**Program Area Context:**

The Emergency Plan in Uganda is managed and staffed by an experienced group of experts in health and development. A small country team of senior level managers and experts from all relevant U.S. government agencies crafts Emergency Plan strategy, coordinates implementation, and determines the annual country budget. The Ambassador leads the country team, providing overall direction for key initiatives and final decision-making authority. The Deputy Chief of Mission and one of the Embassy's political officers facilitate country team weekly meeting, strategic discussion and program partnerships. A country coordinator will soon be hired to oversee the day-to-day management and planning of tasks across agencies.

U.S. government agencies that support the Emergency Plan in Uganda include the State Department. Defense Department, United States Agency for International Development, Department of Health and *Human Services/Centers for Disease Control and National Institutes of Health, and Peace Corps. Each* agency contributes to Emergency Plan strategic planning as well as implements national project activities. The overall costs for management and staffing run at less than 5% of the total Emergency Plan budget.

More than 240 people staff the Emergency Plan in Uganda, including the 103 professional and support staff who implement the Home-Based AIDS Care (HBAC) program in eastern Uganda. A world-renowned program, HBAC has pioneered innovative approaches to HIV/AIDS care and treatment in the developing world. CDC's remaining staff provides program technical support, laboratory services, informatics data management and applications development, and epidemiological/behavioral study design and implementation. The USAID 21-person team manages 27 different PEPFAR prime activities using its wealth of experience that includes experts in health policy development, clinical service provision, behavior change communication, and other disciplines. Other U.S. government agencies employ 1-2 professionals to manage their smaller activities.

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** N/A
**Prime Partner:** US Department of Defense
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHAI account)
**Program Area:** Management and Staffing
**Budget Code:** HVMS
**Program Area Code:** 15
**Activity ID:** 3971
**Planned Funds:**
**Activity Narrative:** The DOD HIV/AIDS Program is currently supervised by a fulltime FSN coordinator supported by DAO American staff; the Defense Attaché and the OPSCO who contribute a combined total of 30% of their time to program activities. In the FY05 COP, DOD proposed a new fulltime position to provide technical expertise (clinical and public health) to program management, that process is underway and in FY06, the focus will be put on supporting the two fulltime positions to include personnel salaries, travel costs and other related costs.

In addition, the ICASS service center recently issued an ICASS code for the program and an invoice, part of the funding will therefore be used to cater for ICASS costs.

**Table 3.3.15: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | CDC Base GAP |
| **Prime Partner:** | US Centers for Disease Control and Prevention |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | Base (GAP account) |
| **Program Area:** | Management and Staffing |
| **Budget Code:** | HVMS |
| **Program Area Code:** | 15 |
| **Activity ID:** | 4430 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity also relates to activities4431-Basic Health Care & Support, 4432-TB, 4433-ARV services, 4434,4429-Lab, 4427,4435,4439,4403-SI, 4430-M&S. In FY06 the CDC/HHS program and implementation staff will remain constant at FY05 levels. The team is compromised of highly trained personnel, including 19 physicians, 4 staff with PhDs, and 14 with Masters, and many with numerous years of program experience. CDC/HHS senior staff includes internationally recognized experts in HIV/AIDS care, treatment and prevention as well as in informatics and laboratory work. Several senior CDC/HHS staff have worked in HIV/AIDS programs in Uganda since the 1980s and have worked with both MOH and NGOs in building Uganda's response. In addition, CDC/HHS staff have years of experience in development, implementation and dissemination of operational evaluations.<br><br>The CDC/HHS-Uganda team is well equipped to manage and support our partner activities as well as to directly implement key components of the USG Emergency Plan strategy. CDC/HHS technical staff work in four major areas: program technical support, laboratory, informatics, and epidemiology/behavioral evaluation. The Program team works closely with PEPFAR partners to provide high-level technical assistance for program implementation as well as to provide management supervision. The Laboratory team provides senior technical support for our laboratory partners, implements over half of high level HIV testing while building capacity for others to conduct testing, and develops less expensive CD4 and viral load testing technologies as well as validations of new HIV testing technologies. The Informatics team works very closely with partners on applications development, data management, data analysis, connectivity, hardware and software needs as well as provides extensive training to partner organizations. The Epidemiology and Behavioral teams conduct scientific targeted evaluations on topics such as the impact of ART on morbidity, mortality, HIV transmission and household economics, evaluation and implementation of a basic preventive care package including cotrimoxazole prophylaxis and a safe water vessel, and ART adherence studies. Finally, the Program team works across all technical teams to ensure that program and evaluation results as well as scientific evidence are used in supporting the MOH to develop evidence-based policy and implementation guidelines for HIV/AIDS programs. All 225 staff positions are full-time equivalents of which forty-six percent implement the Home-Based AIDS Care targetted evaluation activities at the Tororo field station.<br><br>Eighty-four percent of the in-country operations and staffing costs are covered through GAP funding. The balance of GHAI funds is the direct technical assistance level of effort staff provide to the Home-Based AIDS Care targeted evaluation, the MOH of surveillance team, laboratory services support to implementing partners and associated International Cooperative Administration Support Services. |

**Target Populations:**

International counterpart organizations

People living with HIV/AIDS

USG in-country staff

USG headquarters staff

USG implementing partners

**Key Legislative Issues**

Gender

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** USAID Management
**Prime Partner:** US Agency for International Development
**USG Agency:** U.S. Agency for International Development
**Funding Source:** GAC (GHAI account)
**Program Area:** Management and Staffing
**Budget Code:** HVMS
**Program Area Code:** 15
**Activity ID:** 4745
**Planned Funds:** [redacted]
**Activity Narrative:** USAID/Uganda's health, HIV/AIDS and Education funds are programmed to achieve USAID/Uganda's Strategic Objective 8 (SO8), Improved Human Capacity. USAID is one of the largest bilateral donors for HIV/AIDS, reproductive health and primary education in Uganda with an FY05 budget of [redacted] USAID is responsible for management of a large portion of the U.S. Government's HIV/AIDS program funded under the President's Emergency Plan for AIDS Relief. In 2005 USAID programmed almost $74 million under the Emergency Plan (including FY05 carry over).

In FY 2005 three additional HIV/AIDS professional staff joined the team and another FSN HIV/AIDS specialist will join in early FY06 making SO8 a 21-person team. The USAID team brings to the Emergency Plan program refined skills in strategic leadership for HIV and development programs; leadership in HIV/AIDS and health policy development and consultation with senior government and NGO officials; technical leadership in clinical service provision for HIV/AIDS prevention, care and treatment in developing countries; and technical expertise in behavior change communication, monitoring and evaluation, private sector development and health financing. USAID staff have combined over 150 years of experience as development professionals and technical expertise in HIV/AIDS and health programs.

Through FY 2006, USAID staff working 100% on PEPFAR include three USDH HIV/AIDS advisors, four professional Foreign Service Nationals, and two U.S. PSC, including an HIV/AIDS clinical care specialist and the PEPFAR USG Country Team Coordinator. The PEPFAR Coordinator will serve as the technical leader for Emergency Plan activities in Uganda. Direct accountability for this position is to the Deputy Chief of Mission. Other critical USAID staff providing technical leadership and management to the program but that are not full time include three USDH, one U.S. PSC, and three FSN project management specialists. These core staff are responsible for managing 33 different prime activities with 27 of these receiving PEPFAR funding covering prevention, care and treatment within the network model, programs promoting abstinence and faithfulness, palliative care, orphans and vulnerable children, HIV/AIDS in conflict areas, national logistics and laboratory systems, comprehensive HIV/AIDS district programs, PMTCT, donor coordination and strategic information. USAID is complemented by professional staff from other teams at the USAID Mission with skills in democracy and governance, economic growth, food aid, contracting and financial management.

The funding required for management in FY06 has increased as this is the first year the agency will be fully staffed as envisioned under PEPFAR and as a result of the fact that the agency will be covering the costs of the newly hired country coordinator.

**Target Populations:**
USG in-country staff
USG headquarters staff

**Coverage Areas:**

National

**Table 3.3.15: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | Peace Corps |
| **Prime Partner:** | US Peace Corps |
| **USG Agency:** | Peace Corps |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Management and Staffing |
| **Budget Code:** | HVMS |
| **Program Area Code:** | 15 |
| **Activity ID:** | 4747 |
| **Planned Funds:** | |
| **Activity Narrative:** | Program staff will manage EP activities and direct Volunteer Initiated technical assistance. Peace Corps Uganda has one full time local hire, a 25% part time Program Manager who ensures that EP activities are integrated into the entire Peace Corps Uganda health and education programs. The Peace Corps Sub Regional Programming and Training Coordinator based in Nairobi gives support to the program especially in Monitoring and Reporting training. Other existing Peace Corps staff such as the Country Director and Administrative staff also support EP Program. Resources will support travel, salaries and other related expenses, and Peace Corps Headquarters administrative services and overhead. |

**Table 3.3.15: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | State Department |
| **Prime Partner:** | US Department of State |
| **USG Agency:** | Department of State |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Management and Staffing |
| **Budget Code:** | HVMS |
| **Program Area Code:** | 15 |
| **Activity ID:** | 4752 |
| **Planned Funds:** | |
| **Activity Narrative:** | The Public Affairs section will continue to employ a staff person dedicated to publicizing elements of the Emergency Plan.<br><br>The staff person identifies and coordinates media opportunities, manages the Mission's Emergency Plan website, and assumes responsibility for all locally-produced Emergency Plan publications, press releases, success stories, and reports . This dedicated position is a valuable resource for the Mission team, and will be our largest public diplomacy asset over the next several years. |

**Target Populations:**

Community-based organizations
Faith-based organizations
Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
USG in-country staff
USG headquarters staff
USG implementing partners

**Coverage Areas:**

National

**Table 3.3.15: Activities by Funding Mechanism**

| | |
|---|---|
| **Mechanism:** | N/A |
| **Prime Partner:** | US Centers for Disease Control and Prevention |
| **USG Agency:** | HHS/Centers for Disease Control & Prevention |
| **Funding Source:** | GAC (GHAI account) |
| **Program Area:** | Management and Staffing |
| **Budget Code:** | HVMS |
| **Program Area Code:** | 15 |
| **Activity ID:** | 4823 |
| **Planned Funds:** | |
| **Activity Narrative:** | This activity complements activity #3347. Using GHAI funding CDC Uganda will support a portion of the International Cooperative Administration Support Services (ICASS) costs associated with management and staffing operations. |

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** Makerere University Walter Reed Project (MUWRP)
**Prime Partner:** Walter Reed
**USG Agency:** Department of Defense
**Funding Source:** GAC (GHA1 account)
**Program Area:** Management and Staffing
**Budget Code:** HVMS
**Program Area Code:** 15
**Activity ID:** 5356
**Planned Funds:**
**Activity Narrative:** The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Department of Defense (DOD) and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP, a division of the US military's HIV/AIDS research program, has been working in Uganda since 1998 in HIV vaccine clinical trials. Among the goals of MUWRP is to build the infrastructure for an HIV vaccine cohort in the Kayunga District of eastern Uganda.

In FY05 MUWRP received PEPFAR support for the first time and formed a partnership/Memorandum of Understanding with the Kayunga District Ministry of Health. The Kayunga District health authorities assisted MUWRP in identifing HIV+ Kayunga residents and MUWRP was able to successfully meet FY05 goals of providing ART and palliative services to the District. Further, MUWRP assisted Kayunga District/Ministry of Health facilities with laboratory services, materials, training and short-term technical staffing.

This program activity is related and will support MUWRP activities (and reporting) of our ARV service, palliative care, laboratory infrastructure, and stratigic information programs in the Kayunga Distrcit of Uganda. In FY05, the program hired one fulltime staff dedicated to PEPFAR activities in the Kayunga District. The focus for FY06 will be to maintain this position.

**Table 5: Planned Data Collection**

| | | |
|---|---|---|
| **Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?** | ☐ Yes | ☑ No |
| *If yes, Will HIV testing be included?* | ☐ Yes | ☐ No |
| *When will preliminary data be available?* | | |
| **Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?** | ☑ Yes | ☐ No |
| *If yes, Will HIV testing be included?* | ☐ Yes | ☑ No |
| *When will preliminary data be available?* | 10/2/2006 | |
| **Is a Health Facility Survey planned for fiscal year 2006?** | ☑ Yes | ☐ No |
| *When will preliminary data be available?* | 12/1/2006 | |
| **Is an Anc Surveillance Study planned for fiscal year 2006?** | ☑ Yes | ☐ No |
| *If yes, approximately how many service delivery sites will it cover?* | 20 | |
| *When will preliminary data be available?* | 8/1/2006 | |
| **Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2006?** | ☐ Yes | ☑ No |