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President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP)
for Uganda

Plan Period: FY2004

	Name	Title	E-mail
U.S. Embassy Contact	William Fitzgerald	Deputy Chief of Mission	FitzgeraldWE@State.gov
HHS In-Country Contact	Jonathan Mermin	Director, CDC-Uganda	jmermin@cdc.gov
USAID In-Country Contact	Rob Cunnane	Chief, Health, Education and HIV/AIDS	rcunnane@usaid.gov

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Table of Contents

Executive Summary
U.S. Government Uganda
Country Operational Plan for the President's Emergency Plan for AIDS Relief

Rates of HIV in Uganda declined from highs of 30% in some antenatal care populations 12-14 years ago to an estimated national prevalence of around 4.8% in 2003. "ABC" (delays in initiating sex, a reduction in sexual partners and condom use) behaviors were the basis for this decline.

While Uganda has made great strides in fighting the epidemic, declines in HIV prevalence rates have stagnated since 1999. Most of the one million HIV infected individuals do not know their HIV status and many are living in discordant relationships. In addition, the one million HIV positive people, their families and orphans need basic care and support services to live healthier and productive lives, and ARV treatment must be made more accessible across the nation for those people in need. The President's Emergency Plan provides an opportunity to reach families and communities with these life saving services, to improve national service delivery systems and to strengthen national leadership for HIV/AIDS.

USG Uganda Emergency Plan Goals and Strategy

The five-year goals of the Emergency Plan in Uganda (more ambitious than the targets given us by the GAC) are to provide ARV treatment to 70,000 people; avert 165,000 new HIV infections; and provide care and support to 325,000 HIV infected individuals and orphans. Uganda's multisectoral response already engages a host of partners including the government, civil society, faith based groups, people living with HIV/AIDS, private sector and others.

Family and Community Response
PEPFAR in Uganda will focus on families and communities, where changes in behavior take place and are supported. Key elements of the family and community response include:

- *Provision of the **basic preventive care package** for people with HIV --* psychosocial support, nutrition and nutritional counseling, insecticide treated nets, cotrimoxazole prophylaxis and safe water.
- Expanding access to home and family **palliative care**;
- Increased **access to HIV counseling and testing**, including routine CT in hospitals and 100% coverage of two districts;
- Support to **orphans and their families**; and
- Access to **ARV therapy**.

Service Delivery and Systems
The success of the Emergency Plan depends upon sustainable, indigenous delivery systems, including a strong laboratory network, efficient logistics and supply systems for

key HIV/AIDS commodities; adequate human resources to meet the national needs and monitoring and evaluation systems. Linkages across services will be addressed by making connections across delivery systems to contribute to Uganda's 'network' model for prevention, care and treatment. In 2004, we will:

- Support **ARV delivery** at least 28 public, non-governmental, private sector and faith based health facilities throughout Uganda, reaching 24,000 people.
- Expand quality HIV **counseling and testing** services through public and private sectors and link VCT to care and treatment networks at two new AIDS Information Center (AIC) branches and 30 new indirect sites.
- Expand delivery systems for **PMTCT** over 130 sites in Uganda
- Expand **behavior change communications** for prevention, care and treatment, including the school-based President's Initiative for AIDS Strategy Communication for Youth (PIASCY).
- Strengthen the Uganda national response for addressing the needs of **orphans and vulnerable children,** provide grants to faith-based and non-governmental groups and help Uganda plan and administer the $58 million for OVC from the Global Fund.
- Establish a functional national **laboratory** network, improving the National HIV Reference and Quality Assurance Lab in Entebbe, support 'regional centers of excellence' in three underserved regions, and improve laboratories at lower level health centers for HIV related services including provision of supplies and equipment, training and establishing quality assurance.
- Support a massive **logistics** training effort for VCT, PMTCT, laboratory and ART commodities, including training key personnel in all districts in the essential drug "pull" system.
- Assess **human resource needs** to effectively deliver the 14 key elements under the Plan.
- **Measure impact** through support to national surveys and sentinel surveillance and targeted evaluations; strengthen the quality of data collection within districts and partners

LIST OF ABBREVIATIONS AND ACRONYMS

AB	:	Abstinence and Behavior Faithful
ABC	:	Abstinence, Be Faithful & Condom Use
ACDI	:	Agricultural Cooperative Development International
ACP	:	STD/AIDS Control Programme
AFXB	:	Association Francois-Xavier Bageound
AIC	:	AIDS Information Centre
AIDS	:	Acquired Immune Deficiency Syndrome
AIM	:	AIDS/HIV Integrated Model District Program
AMP-RT	:	Amplification-reverse transcriptase; a test for detecting and differentiating among HIV-like retroviruses
ANC	:	Anti-Natal Care
ART	:	Anti-Retroviral Therapy
ARV	:	Anti-Retroviral Drugs
AVSI	:	International Service Volunteers Association (an NGO)
BCC	:	Behavior Change Communication
BED	:	A specific HIV subtype
BEPS	:	Basic Education and Policy Support
BPCP	:	Basic Prevention Care Package
BSS	:	Behavior Surveillance Survey
CB	:	Community Based
CBO	:	Community Based Organization
CCP	:	Central Contraceptive Procurement
CDA	:	Community Development Assistants
CDC	:	Centers for Disease Control and Prevention
CDFU	:	Communication Development Foundation Uganda
CDO	:	Community Development Officers
CEDPA	:	Center for Development and Population Activities
CHAI	:	Community HIV/AIDS Initiative
CHW	:	Community Health Workers
COP	:	Country Operational Plan
CRD	:	Community Resilience Dialogue
CRS	:	Catholic Relief Services
CRSC	:	Catholic Relief Services Consortium
CT	:	Counseling & Testing
DANIDA	:	Danish International Development Agency
DAT	:	District AIDS Taskforce
DBS	:	Dried Blood Spot
DDHS	:	District Director of Health Services
DFID	:	Department for International Development
DHACs	:	District HIV/AIDS Committees
DHS	:	Demographic Health Survey
DOD	:	Department of Defense
DOS	:	Department of State

DOTS	:	Directly Observed Therapy – Short Course
EDF	:	European Development Fund
EGPAF	:	Elizabeth Glaser Pediatric AIDS Foundation
EU	:	European Union
FBO	:	Faith Based Organization
FIDA	:	Association of Uganda Women Lawyers
FSN	:	Foreign Service National
FUE	:	Federation of Uganda Employers
GAO	:	Government Accounting Office
GAP	:	Global AIDS Program
GDP	:	Gross Domestic Product
GF	:	Global Fund
GFTAM	:	Global Fund for AIDS, TB, and Malaria
GOU	:	Government of Uganda
GTZ	:	German Technical Cooperation
HACI	:	Hope for African Child Initiative
HBAC	:	Home-based AIDS Care Project, Tororo
HBC	:	Home-based Care
HBV	:	Hepatitis B Virus
HC IV	:	Health Center Level IV
HC	:	Health Center
HCV	:	Hepatitis C Virus
HCW	:	Health Care Workers
HHS	:	Health and Human Services
HIV	:	Human Immunodeficiency Virus
		HIV/AIDS
HMIS	:	Health Management Information System
HR	:	Human Resource
IDC	:	Infectious Disease Clinic
IDP	:	Internally Displaced People
IEC	:	Information Education and Communication
IMAU	:	Islamic Medical Association of Uganda
IPH	:	Institute of Public Health
IRC	:	International Rescue Committee
IRCU	:	Inter-Religious Council of Uganda
ISP	:	Integrated Strategic Plan
JCRC	:	Joint Clinical Research Centre
JHPIEGO	:	a not-for-profit international public health organization affiliated with Johns Hopkins University in Baltimore, Md
JSI	:	John Snow Inc.
KAP	:	Knowledge Attitude and Practice
KASO	:	Kumi AIDS Support Organization
KfW	:	Bank for Reconstruction
M&E	:	Monitoring and Evaluation
M&L	:	Management and Leadership
MAP	:	Multicountry AIDS Program

MCH	:	Maternal Child Health
MEMS	:	Monitoring and Evaluation Management Services
MIS	:	Management Information System
MOGLSD	:	Ministry of Gender, Labour and Social Development
MOH	:	Ministry of Health
MOES	:	Ministry of Education and Sports
MOU	:	Memorandum of Understanding
MSH	:	Management Science for Health
MTT	:	Mobile Task Team
NACWOLA	:	National Community of Women Living with HIV/AIDS
NCC	:	National Coordinating Committee
NGEN+	:	National Guidance and Empowerment Network of People Living with HIV/AIDS
NGO	:	Non-Governmental Organization
NMS	:	National Medical Stores
NORAD	:	Norwegian Technical Assistance
NTLP	:	National Tuberculosis and Leprosy Program
NVP	:	Nevirapine
OD	:	Organizational Development
OI	:	Opportunistic Infections
OVC	:	Orphans and Vulnerable Children
PEPFAR	:	President Bush's Emergency Plan for AIDS Relief
PHAs	:	People Living with HIV/AIDS
PIASCY	:	Presidential Initiative on AIDS Strategy for Communication to Youth
PMTCT	:	Prevention of Mother-to-Child Transmission
PREFA	:	Protecting Families from AIDS
PSC	:	Personal Services Contract
PSI	:	Population Services International
PTA	:	Parent Teacher Association
PTC	:	Post Test Club
PTC	:	Primary Teacher College
PWP	:	Prevention with Positives
PWPC	:	Prevention with Positives Counseling
QA	:	Quality Assurance
QC	:	Quality Control
RCT	:	Routine Counseling and Testing
RFA	:	Request for Applications
RNA-PCR	:	antibody test for hepatitis C
RNE	:	Royal Netherlands Embassy
RTI	:	Research Triangle Institute
SI	:	Strategic Information
SIDA	:	Swedish International Development Agency
SOP	:	Standard Operating Procedures
STD	:	Sexually Transmitted Diseases
STF	:	Straight Talk Foundation

STI	:	Sexually Transmitted Infections
TA	:	Technical Assistance
TASO	:	The AIDS Support Organization
TB	:	Tuberculosis
TBA	:	Traditional Birth Attendants
TBD	:	To Be Determined
TOT	:	Trainer of Trainers
TSO	:	Technical Service Organizations
TV	:	Television
UAC	:	Uganda AIDS Commission
UACP	:	Uganda AIDS Control Project
UBTS	:	Uganda Blood Transfusion Service
UCSF	:	University of California San Francisco
UHFS	:	Uganda Health Facility Survey
UN	:	United Nations
UNAIDS	:	United Nations Program on HIV/AIDS
UNEPI	:	Uganda National Expanded Programme on Immunization
UNICEF	:	United Nations Children Education Fund
UNISTAF	:	Uganda National Injection Safety Task Force
UNSBS	:	Uganda National Sero-Behavioral Survey
UPDF	:	Uganda Peoples Defense Force
UPHOLD	:	Uganda Program for Human and Holistic Development
URCS	:	Uganda Red Cross Society
USAID	:	United States Agency for International Development
USG	:	United States Government
UTV	:	Uganda Television
UWESO	:	Ugandan Women's Efforts to Save Orphans
VCT	:	Voluntary Counseling and Testing
VOCA	:	Volunteers in Overseas Cooperative Association
VP	:	Virtual Private Network
VSAT	:	Very Small Aperture Terminal
WAN	:	Wide Area Network
WBS	:	Wava Broadcasting Service
WFP	:	World Food Program
WHO	:	World Health Organization

Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile
a. Population (millions): **24,748,977; 12,124,761 males; 12,624,216 females,** [Uganda Population Housing Census, 2002]
b. Area (sq mi): **241,039 sq km** [Uganda Population Housing Census, 2002]
c. Per Capita GDP (US$): **$250** [World Development Report 2004]
d. Adult Literacy Rate (%): **63%** [Uganda Poverty Status Report, 2003]
e. Per Capita Expenditure on Health (US$): **$15 per person per year vs. the required $28 per person year** [World Development Report, World Bank, 2004]
f. Life Expectancy (years): **43** [Uganda Poverty Status Report, 2003]
g. Infant Mortality (per 1,000 births): **88** [Uganda Poverty Status Report, 2003]
h. Under 5 Mortality (per 1,000 births): **156.5** [Demographic and Health Survey, 2000/2001]

1.2 HIV/AIDS Statistics
a. HIV prevalence in pregnant women: **6.2%** [HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003]
b. Estimated number of HIV-infected people: **Est. 1,000,000** [Not reported in 2003 Surveillance Report, data provide by MOH]
c. Estimated number of individuals on anti-retroviral therapy: **between 10,000 and 15,000**
d. Estimated number of AIDS orphans: **app. 2,000,000**

1.3 Characteristics of the HIV/AIDS Epidemic

a. Populations at comparative high risk: **Commercial sex workers, youth, mobile populations [uniformed personnel, fishermen, plantation workers], discordant couples, refugees, internally displaced populations**

b. Risk factors related to comparative high risk: **Unprotected sex, lack of testing and/or knowledge of partners' sero-status, discordant couples, rape and defilement, multiple sexual partners**

c. HIV/AIDS prevalence by gender: **4.5% – male; 5.5% – female [[HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003]**

d. HIV/AIDS prevalence by age groups (0–14 yrs; 15–24 yrs; 25–49 yrs): **0–12yrs – 0.7%; 15–24yrs – 4.9%; 25–49yrs – NA, [HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003e.] Note that programmatic VCT data as well as population–based studies show much higher prevalence in older age groups.**

HIV/AIDS prevalence by urban versus rural: *7.9% for urban; 5.1% for rural,* [HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003]

f. ANC surveillance trends (specify years compared): **2000 – 6.1%; 2001 – 6.5%; 2002 – 6.2%** ,[HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003]

g. BSS surveys trends (specify years compared): **Trends analysis not available**

h. DHS surveys trends (specify years compared): **Median age at first sex: 16.7 years in 1995 & 17.3 years in 2000 [women] and 17.6 years in 1995 & 18.3 years in 2000 [men]**

Extramarital sex: **14% men reported sex with someone other than their spouse in 1995 while 12% reported so in 2000 compared to 12% in 1995 and 14% in 2000 for women.**

Abstinence: **25% men abstained in 1995 compared to 26% in 2000; 23% women abstained in 1995 and 2000.** [HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, 2003]

i. HIV/AIDS epidemic projections: **NA**

j. STI statistics: The HIV prevalence at the National Referral STD Clinic in Mulago declined from 44.2% in 1989 to 19.0% in 2002. This represents a 50% decline in HIV prevalence among STD patients. According to the Uganda Demographic Health Survey [2000–2001], 8% of women and 3% of men self reported having had an STI in the 12 months preceding the survey. This rate was higher than the corresponding rate for 1995 among women, which was 4%, but lower than the rate for men in 1995 which was 6%. The same survey revealed that among females, STIs were more frequently reported in urban areas [11.2%] than rural areas [6.2%]; among males, STIs were reported more in urban areas [4.2%] than rural areas [2.8%].

Source: National TB/Leprosy Program; STD/HIV/AIDS Surveillance Report June 2003, STD/AIDS Control Program, MOH; Report on the Global HIV/AIDS epidemic, UNAIDS, 2002; Uganda Demographic and Health Survey, 2000–2001

k. TB statistics: Actual TB cases countrywide are estimated between 60,000–70,000 annually. A total of 41,831 cases of TB were reported to the National TB and Leprosy Program in 2002. Overall 38,712 cases were pulmonary and 3,119 extra-pulmonary. Of the pulmonary TB cases, 19,088 were new sputum smear positive, 10,461 were new smear negative, and no smear was done in 6,256 cases. 1,771 were smear positive relapses and 727 (2.0%) were smear negative relapses. The incidence of newly registered smear positive cases was 77.1 per 100,000 population. Of the 17,291 new smear positive patients registered in 2001, 55.1% were successfully treated, 6.1% died, 0.5% treatment failures, 17.3% defaulters, 5% were transferred out, and 16% were not evaluated.

Source: National TB/Leprosy Program; STD/HIV/AIDS Surveillance Report June 2003, STD/AIDS Control Program, MOH; Report on the Global HIV/AIDS epidemic, UNAIDS, 2002; Uganda Demographic and Health Survey, 2000–2001

Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
Uganda AIDS Commission (UAC)	The Uganda AIDS Commission (UAC) was established by an Act of Parliament in 1992 and is located under the *Office of the President. The UAC is charged with planning, coordination, resource mobilization, advocacy and monitoring and evaluation in support of a strong multi-sectoral response to HIV/AIDS.* The UAC established an HIV/AIDS Partnership Committee in 2002 as a formal coordination and information-sharing body for all actors in Uganda's HIV/AIDS response. Ten constituencies, called "Self Coordinating Entities" (SCE), meet at least monthly and represent issues, concerns and leadership in their constituencies. The SCE's include line ministries (including Ministry of Health, Education, Gender and Defense); development partners represented by Development Cooperation Ireland as the current elected chair; faith-based groups represented by the Inter-Religious Council of Uganda: People Living with HIV/AIDS through the PHA Network, NGEN+ and the National Organization of Women with AIDS; NGOs represented by Uganda National Association of AIDS Service Organizations and GOAL (for international NGOs); decentralized response through the Uganda Local Government Association and including the World Bank MAP program, USAID's AIM and UPHOLD; private sector; academia; media/communications and youth. The Partnership Committee meets monthly to support coordination of the national response. Bilateral and multilateral development partners feed into the Partnership Committee and coordinate through the UN/Bilateral HIV/AIDS Group. USAID has been elected to represent the group in 2005.

There are 13 active HIV/AIDS control programs in government ministries. The Ministry of Health (MOH)-STD/AIDS Control Program (STD/ACP) has been in existence since 1986 and was the first AIDS control program in Africa. Other key line ministries with established and active HIV/AIDS programs include the Ministries of Education and *Sports; Defense; Gender, Labor and Social Development; Agriculture; Information; Local Government; and Internal Affairs.* All line ministries are mandated to address HIV/AIDS. |

At the District level, District HIV/AIDS Committees (DHACs) have been established to coordinate multi-sectoral efforts at that level, but are currently only assisted in AIM and MAP-supported districts.

2.2 Time Period Covered in National HIV Strategic Plan(s) or documents)	Title of National HIV Strategic Plan(s), or documents) that outline priorities and objectives
From: 2003/04 To: 2005/06	The UAC held a mid-term review of the National Strategic Framework in late 2003 and produced a Revised National Strategic Framework for HIV/AIDS Activities in Uganda: 2003/04 - 2005/06 **National Goals:** 1. To reduce HIV prevalence by 25% by the year 2005/6. 2a To mitigate the health effects of HIV/AIDS and improve the quality of life of PHAs. 2b To mitigate the psychosocial and socioeconomic effects of HIV/AIDS. 2c To mitigate the impact of HIV/AIDS on the development of Uganda. 3. To strengthen national capacity to coordinate and manage the multi-sectoral response to the HIV/AIDS.

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to PEPFAR goals	Estimated 2004 Budget
Bill and Melinda Gates Foundation	Supports a five-year, $56 million regional program covering Uganda, Tanzania, Botswana and Ghana to prevent HIV/AIDS and mitigate its impact among young people. It is the primary supporter of the Hope for the African Child Initiative [HACI], which addresses the needs of children affected by HIV/AIDS.	

Centers of Disease Control and Prevention [CDC]	CDC–Uganda provides technical and financial support for VCT; PMTCT; surveillance, STI prevention and treatment; management of OIs; counselling and social support to PHAs; *Infrastructure*; TB prevention and care, training and capacity building for HIV/AIDS service providers countrywide; technical assistance for MIS, M & E and laboratory support, management development for HIV/AIDS programs. *In addition*, CDC–Uganda conducts operational and epidemiological evaluations and studies on use of ARVs, OI prevention and management, and behavioral interventions.	$33,055,014
Danish International Development Agency [DANIDA]	DANIDA provides budget support to the central government, NGOs and districts for HIV/ AIDS care and prevention activities. DANIDA is one of the major donors of The AIDS Support Organization [TASO].	$500,000
Department of Defense [DOD]	Based on the premise that HIV prevalence in military and uniformed personnel typically exceeds that of civilian populations, DOD, through the Naval Health Research Center, has supported militaries around the world since 2000 to mitigate the impact and spread of HIV/AIDS among troops and supporting populations. In Uganda, DOD has been providing financial and technical support to the Uganda Peoples Defense Force [UPDF] AIDS Control Program since 2002. The focus of DOD support has been on capacity–building for HIV/AIDS service providers, increasing accessibility to VCT, strengthening Post Test Clubs, treatment of OIs and STIs and supporting laboratory infrastructure.	$350,481
Department for International Development [DFID]	DFID provides budget support to the central government, NGOs and districts for HIV/AIDS care and prevention activities. DFID is a significant donor of TASO. DFID also supports other key players in the HIV/AIDS field including the Straight Talk Foundation, Mildmay and AIDS Information Center.	$4,500,000

Development Cooperation of Ireland	Development Cooperation of Ireland provides budget support to the central government, NCOs and districts for HIV/AIDS care and prevention activities. Currently it is building the capacity of Ministry of Education and Sports to integrate HIV/AIDS into the secondary education sub-sector. It is also providing assistance to specific civil society organizations including TASO, Straight Talk Foundation, NACWOLA and NGEN. It has supported resource tracking and organizational development work to strengthen the Uganda AIDS Commission along with USAID. Development Cooperation of Ireland is currently representing all UN and bilateral donors under the UN/Bilateral HIV/AIDS Groups.	Euro 2.15 million
Elizabeth Glaser Pediatric AIDS Foundation [EGPAF]	EGPAF, funded by USAID and private foundation resources, supports service delivery for PMTCT in more than 15 districts through grants to districts and NGOs. EGPAF also provides financial and technical assistance to the national PMTCT program at the Ministry of Health.	
European Union [EU]	Through its Sexual and Reproductive Health Program, the EU funds HIV/AIDS prevention, care and support. The key implementers of this program are TASO, AIC and Straight Talk Foundation. The supported activities focus on districts affected by conflict in northern Uganda. It finances VCT in selected districts and training of health workers.	
French Cooperation	Supports the Ministry of Health's sector program.	
German Technical Cooperation [GTZ]	GTZ finances condom promotion and PMTCT implementation at three sites in two districts. It is financing a three-year [2003-2005] PMTCT plus program in one district.	

Donor	Description	Amount
Global Fund for TB, AIDS/HIV and Malaria [GFTAM]	The Global Fund has approved $170,444,124 for three years to support TB, malaria and HIV/AIDS prevention, care, treatment and mitigation in Uganda. Under Round 1, Uganda was approved to receive $56 million for HIV/AIDS; $9.06 million for TB and $35 million for malaria. In Round 3, Uganda was approved for $119 million for HIV/AIDS including $62 million for ARV and $56 million for orphans and vulnerable children. Other interventions include infrastructure, drugs and supplies. Implementation of these activities will be undertaken through government institutions, NGOs, FBOs, CBOs and the private-for-profit sector. Funds for start up of HIV/AIDS activities ($286,000) were transferred in 2003. The next disbursement for all Round 1 activities is slated to arrive March 2004.	219,000,000 for three years
Italian Cooperation [AVSI]	Support to the Global Fund and observer on the NCC. Supports an Italian NGO, AVSI, which provides financial and technical assistance for HIV/AIDS care and PMTCT support to selected hospitals	$4,000,000
KfW	KfW supports Social Marketing of Life Guard Condoms mainly through Marie Stopes Uganda. KfW is not resident in Uganda.	
Norwegian Technical Assistance [NORAD]	NORAD supports Ugandan Women's Efforts to Save Orphans (UWESO) in skills building for orphaned children and building the capacity of foster families to address the needs of orphans in a sustainable manner. NORAD also supports the work place HIV/AIDS education program implemented by the Federation of Uganda Employers (FUE).	$500,000+

Peace Corps	Peace Corps Volunteers are assigned through the MOH to assist in the capacity development of community groups, health clinics and hospitals to provide HIV/AIDS-focused outreach education and deliver key HIV/AIDS oriented services to their communities. Also volunteers are assigned through the Ministry of Education and Sports to rural coordinating centers where they assist primary teacher colleges to prepare and support teachers as school and community resources in HIV/AIDS.	$219,800
Royal Netherlands Embassy	Has recently received resources for HIV/AIDS and is working with DFID and the UN/Bilaterals to program HIV resources. The embassy also supports the national program plan on OVC.	
Swedish International Development Agency [SIDA]	*SIDA supports activities focusing on adolescent sexual and reproductive health and capacity-building for HIV/AIDS service providers. Currently it supports HIV/AIDS control initiatives targeting adolescents through TASO and Straight Talk Foundation.*	
UNAIDS	UNAIDS provides advocacy for action against HIV/AIDS. In addition, it provides technical assistance to UAC for coordination activities. UNAIDS has had input in UN workplace policy on HIV/AIDS; support for advocacy, publicity and resource mobilization efforts; support of the Drug Access Initiative; the development of a country strategy for PMTCT; reduction of the cost of ARVs and strengthening the capacity of UAC.	
UNICEF	UNICEF provides financial and technical support to prevent HIV infection in young people, expand the national PMTCT program, and strengthen the capacities of communities to care for OVC. UNICEF supports national-level policy and technical decision-making and implementation in 31 districts.	$3,778,462

USAID	USAID is the largest bilateral donor in HIV/AIDS in Uganda. Since the late 1980's, USAID has provided more than $130 million, with major increases in the last two years. Historical support has gone to AIC, TASO, and other indigenous organizations to implement VCT, behavior-change programs, and care and support. USAID's strategic focus is to support national leadership in public and private sectors for decision-making and implementation of programs. This includes support to UAC, Parliament, MOH, MOES, MOCLSD, NGO, CBO and FBO networks and the private sector. USAID also works to improve national, and district systems including commodity and logistics, training/human resource, monitoring and evaluation, school-based communications strategies for behavior change; and ART delivery for improved delivery of key HIV/AIDS services. Direct support is provided to NGOs, CBO and FBOs to deliver services in prevention, care and, beginning in December 2003, treatment. USAID is current chair of the Health Development Partners and will serve as Chair of the UN/Bilateral HIV/AIDS development partner group in 2005. USAID provides significant technical assistance to the development of Global Fund proposals, workplans and implementation mechanism, with a particular focus on ensuring civil society access to GF resources. USAID supports strong public and private partnerships for increased access and improved quality of services working with private businesses, private providers, insurance schemes, and broadening the role of civil society participation in health, education and HIV/AIDS at the district and national level.	$53,273,025
World Bank	The World Bank funds the 5-year, $47million Uganda AIDS Control Project (UACP – Multicountry AIDS Program), which is managed by the UAC and is a follow-up program to the STI Program. This program supports the NSF by providing financial assistance to national-level initiatives, all districts (currently 30) with grants to implement HIV/AIDS activities including support for infrastructure, equipment, and drugs, as well as support for community-based initiatives (CHAI). $20 million is earmarked for procurement of health sector commodities including test kits, ARVs, condoms and drugs for STIs and TB.	$47 million over 5 years

World Food Programme	WFP supports 75 community-based organizations in 5 districts to support 10,000 orphans and street children with scholastic materials and vocational training. WFP supports an additional 17 community-based organizations in 6 districts, mostly in regions of conflict, to provide nutritional support to PHAs and families participating in PMTCT programs.	$8,000,000
WHO	WHO provides technical and financial support to the Ministry of Health (MOH) for HIV/AIDS, TB and laboratory support.	
Other UN Agencies	Other UN agencies provide assistance in STI prevention and treatment, promotion of condom use, psychosocial support and life skills for youth, and training and capacity-building of HIV/AIDS service providers.	

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Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 President's Emergency Plan In-Country Coordination

Within USG: The USG PEPFAR team comprises Peace Corps, National Institutes of Health, Department of Defense, USAID, CDC and the US Embassy, led by Ambassador Jimmy Kolker. The Deputy Chief of Mission is charged with calling and chairing meetings, information sharing and direct communication with the Global AIDS Coordinator Office. The core USG PEPFAR team meets regularly, including other appropriate members of USG agencies as required. The team has been meeting since mid–2003 with the sole purpose of preparing and planning for PEPFAR. In January 2003, the USG PEPFAR team held a formal retreat with all agencies. A joint USG vision statement was developed, agency core competencies discussed and Track 2.0 submission prepared in the context of the overall USG/Uganda PEPFAR strategy.

Between USG and other international partners: USAID and CDC are members of the UN/Bilateral HIV/AIDS donor group, which meets monthly under the current leadership of the Development Cooperation Ireland. The objectives of the group are to support a broad multisectoral response under the leadership of the Government of Uganda, ensure coordination and collaboration between development partners and provide a consultation mechanism with development partners for the Government of Uganda. All major bilateral and multilateral development partners participate in the group and have agreed to a jointly developed Terms of Reference. USAID will take up the leadership and representation of the group in 2005. The group interfaces most frequently with the Uganda AIDS Commission (UAC) under the President's Office and is part of the Partnership Committee, which is a coordination mechanism under the UAC comprising representatives from development partners, line ministries, Parliament, networks of People Living with AIDS, international and local non-governmental organizations, the media, academia and others.

USAID participates actively in the Health Development Partners Group, which addresses issues within the Ministry of Health and sits on the National Coordinating Committee for the Global Fund. USAID is the current Chair of the group. The objectives of the group are to ensure coordination, communication and commitment across development partners working in the health sector. Uganda has a mature sector wide approach within the health sector. The majority of development partners working in Uganda support MOH through direct budget support to the Ministry of Finance. While the USG finances predominantly through a project support mode, we support the health sector directly in some areas at national and district level, with technical assistance and through public-private partnerships.

USAID also plays an active role in the Education Sector Donor Group, and plays an active role in working with the Ministry of Education and Sports in support of the education sector response to HIV/AIDS.

- Global Fund: USG coordinates closely with the Global Fund through the National Coordinating Committee (NCC) and with the two development partners groups. USG has provided extensive technical assistance for establishing the Program Implementation Unit, implementation arrangements, consultations with civil society, procurement planning and forecasting, work plan and monitoring plan development.

- World Bank--MAP: USG has close relationships with the World Bank and coordinates activities through both the UN/Bilateral HIV/AIDS Group and directly. The World Bank supports the Uganda HIV/AIDS Control Project under the Office of the President. USAID and WB/MAP have complementary and linked programs and coordinate closely on logistics and procurement (e.g. MAP has purchased HIV test kits and USAID provides logistics and procurement planning expertise), development of ARV programs, ARV drug procurement, and support to public sector and civil society at the district level.

Between USG and host government: USG works closely with the Government of Uganda and coordinates activities and technical inputs through different policy and technical groups under the *President's Office*, the *Ministry of Health, Ministry of Education and Sports and Ministry of Gender, Labor and Social Development* as well as Parliament and the Parliamentarian HIV/AIDS subcommittee. USG participates in the Uganda AIDS Commission monthly Partnership Committee meetings, annual Partnership Fora and annual reviews. USG is a member of the national communications committee for BOC and the national M&E subcommittee under the UAC. Under the Ministry of Health, USG works with the national ART committee, and working committees on laboratory, drug procurement, counseling and testing, prevention of mother to child transmission and others. USAID participates in the national steering committee and technical resource committee under the Ministry of Gender to support expansion of orphan and vulnerable children programs.

Between USG and other in-country organizations (specify): The newly developed USG PEPFAR Country team has held numerous consultations in planning and developing the PEPFAR Track 1.5 and Track 2 plan. These included meetings with President Yoweri Museveni, the First Lady, Parliament, the Uganda AIDS Commission and President's Office, civil society groups and two high-level policy meetings with representatives from all sectors. A stakeholder's meeting with 150 participants was held in February 2003 to engage a host of partners in technical and policy related discussions. The USG team (through CDC and USAID) is meeting with the Ministry of Health and their technical committees to gain agreement on Track 2 areas of focus. The Office of the President has established a "PEPFAR Advisory Committee" with 20 members representing key line ministries, Parliament, representatives of civil society, faith based groups, military, PHA networks and development partners. The group will provide overall guidance to the USG for implementation of PEPFAR.

USG participates in donor groups for TASO, AIC and Straight Talk comprising all key donors to these non-governmental organizations. TASO is funded by Dfid, DANIDA, NORAD, SIDA, MOH, Development Cooperation Ireland, USAID and CDC. USG is the major donor for TASO. AIC is funded by MOH, Dfid, EU, UNICEF, USAID, CDC. USG provides over 90% of the operating and program costs for AIC.

3.2 President's Emergency Plan Targets for 2004 - 2008

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	TBD–See information	On persons reached with	Prevention below.				
# Infections averted: PMTCT							
# Infections averted: Other (not PMTCT)							
Total # receiving Care and Support	225,000	250,000	275,000	300,000	325,000		
# OVC receiving Care and Support	70,000	82,500	90,750	100,000	107,250	N/A	
# receiving Palliative Care	37,600	42,500	46,750	50,000	55,250		
# receiving ART	24,410	36,000	46,000	57,000	70,000		

Information on Persons Reached with Prevention Activities to Support the Calculation of Infections Inverted in 2004:

VCT

576,400 tested through VCT

2,020,000 reached with communications/mobilization/marketing

Safe Injections

1,000 reached with safer injections

This will increase with new Track 1.0 activity

Other Prevention

2,899,000 reached with other prevention (STI, condom, high risk)

Abstinence/Be Faithful

13,250,000 with mass media

1,921,370 reached directly

PMTCT

169,806 tested through PMTCT Program for 2004

12,398 mothers receive Nevirapine

4,884,500 adults receive BCC/IEC/Interpersonal for PMTCT

119,995 tested through PMTCT under the IP

10,595 mothers receive Nevirapine under the IP

Blood Safety

1 20,000 units screened

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4-1: Current status of program in country	Prevention of Mother-to-Child Transmission (PMTCT)
	Uganda was among the first countries in sub-Saharan Africa to initiate clinical PMTCT programs and PMTCT educational activities. A pilot program in 2000 was initiated in Mulago Hospital through a Makerere University/Johns Hopkins University collaboration, which aimed to reduce mother to child transmission of HIV under a comprehensive package of care. The pilot has been expanded to many parts of the country with MOH plans to scale up to all district hospitals and health center IVs by 2005. The major program components include coordinated PMTCT activities; voluntary counseling and testing services; national and community mobilization for PMTCT; comprehensive care package provided to pregnant mothers; and established monitoring and evaluation systems. The national PMTCT program has been supported by the USG since its inception.
	There is a national policy for PMTCT, national implementation guidelines, guidelines for infant feeding and standardized training materials for PMTCT counseling, PMTCT orientation, PMTCT laboratory and logistics and infant feeding counseling. A National Task Force, constituted by stakeholders and interested parties, meets biannually and several technical committees (training and communication) work on specific issues.
	Despite strong policy guidelines and leadership from MOH, uptake of PMTCT services has been low in Uganda. In 2003 the Ministry of Health reported that 160,697 new antenatal care (ANC) clients utilized facilities offering PMTCT. Of these, 126,000 women were counseled and 69,475 tested (43% of the total ANC attendees). Over 10%, or 7,187 were HIV positive; 4,296 mothers received nevirapine and 2,622 babies received nevirapine. Cumulatively, 225,000 women have used PMTCT services in Uganda since 2000.

13

USG is employing several approaches to address averting infections through mother to child transmission including support to national leadership and coordination, development of PMTCT logistics system, delivery of PMTCT national and community level demand creation and behavior change communication, delivery of training, and service delivery at facilities. The primary goal is to assure delivery of comprehensive PMTCT services in all districts in Uganda. USG support will markedly increase the availability of services by trained competent providers, increase the number of women and couples who know their status, increase number of negative women who have prevention information, link HIV positive women into clinical and preventive care services and ultimately link them to ARV service delivery.

As first priority, PMTCT services are rolled out to district hospitals and all Health Center IVs within a district. Lower level centers will be reached through outreach. USG supports service delivery through MOH, IMAU, UPHOLD, AIM, CRD, PSI and EGPAF. USG support will bring PMTCT services to several districts not currently receiving any services; and will begin intra-district expansion to lower level centers. Forty-seven sites will be supported in FY04: 32 sites in 16 districts under AIDS Integrated Model District Program (AIM); 4 sites in 2 districts under the UPHOLD program; 4 sites in 3 conflict districts through the Community Resilience and Dialogue Program. 40 private sector sites in 6 districts with Population Services International; and 56 sites in 14 districts under the Elizabeth Glazer Pediatric AIDS Program. In USG supported sites in 2003, roughly 40,000 received counseling and 30,000 tested and received results. Of the approximately 2400 HIV positive women (11%), 1700 women and 1050 babies received NVP. USG support under the Implementation Plan for PMTCT allowed for a major expansion to the program in 2003/04.

The USG will strengthen the PMTCT commodity and logistics system – ensuring that the logistics are integrated into the National Medical Stores system and providing training in use of the VCT kits and NVP and in PMTCT logistics. Through operations research, and implementation, USG will explore more effective methods to increase PMTCT uptake and links into behavior change for prevention and care. USG will also promote inclusion of Family Planning into PMTCT services. The PREFA NGO will support MOH training and quality assurance efforts including development of appropriate job aids and support materials.

14
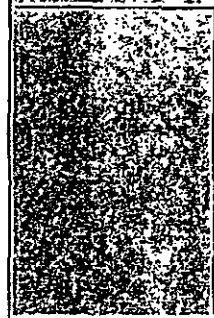
USG will continue to support national communications campaigns with the Ministry of Health, PSI and private sector partners targeting couples, men and women to raise awareness about the PMTCT program and the need to visit providers, a video on PMTCT for use in counseling and community education and for antenatal attendees. The campaign will be delivered in partnership with UPHOLD, AIM, CRD and EGPAF, which will transfer materials, messages and approaches to community organizations and deliver campaign elements at the grassroots level.

15

treatment |

4.1.3 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/CAC)	Track ((1.1.5.2)

Ministry of Health FBO? No	Support the development of human resource capacity for PMTCT implementation and scale up	HHS/CD C	PMTCT/IP	FY03/04
	Reach: –53,402 women counseled –5,340 tested –534 receiving NVP	• Conduct sensitization workshops for 5 districts and facility management committees • Train 150 participants at 9 orientation trainings on PMTCT • Train 25 counselors on PMTCT at 3 counseling workshops • Train 25 participants on infant feeding at 3 workshops • Hold 1 national level coordination meeting, 12 regional meetings, and 4 technical committee meetings, and 2 stakeholders meetings • Produce data collection registers for PMTCT monitoring • Train 50 health workers & 5 data clerks data collection and management • Conduct 5 targeted monitoring visits for PMTCT • Train 30 health workers on PMTCT performance improvement for M&E • Recruitment of staff to support the national program			

18

MOH [cont'd]		• Training of 71 laboratory staff from 38 districts • Scale up PMTCT activities at Health Centre IV level	HHS/CD		S/GAC	PMTCT/IP	FY03/04	1.5
	Support National PMTCT program implementation Link with PMTCT+ program	• Provide technical assistance to identify existing gaps in the national program. • Conduct training and follow-up support for providers to selected sites [40 in infant feeding, 40 in PMTCT counseling, 60 community leaders, 60 MCH workers orientation, 40 in TOT] • Develop 2 PMTCT sites as demonstration sites for training and service delivery. • Implement practical training at the demonstration sites.	C				
PREFA FBO? No JHPIEGO FBO? No	Provide technical assistance for PMTCT training and Implementation	• Develop and produce reference manuals for PMTCT providers. • Provide technical assistance for the implementation of PMTCT activities to PREFA.	HHS/CD C		S/GAC		Track 2.

University of California at San Francisco FBO? No	Provide technical assistance to PEPFAR (Track 1.5) funded prevention programs	• Design, implement and evaluate PMTCT programs • Conduct training activities for 30 HCW on PMTCT • Support cost-effective analysis of different care and treatment programs	HHS–CDC	S/GAC	Track 1.5
				PMTCT/IP	FY03/04

AIDSMark		USAID		PMTCT	2.0

AIDSMark

New partner? No

12 existing grantees including 1 FBO

Deliver a national multimedia communications campaign for the Ministry of Health to reach 4,000,000 adults to increase awareness of PMTCT and create demand for pregnant women and their partners;

Deliver comprehensive PMTCT services through 40 private sector sites operated by nurse/midwives in 6 districts reaching 9000 ANC clients- and male partners.

- Intensify communication campaign with 7,500 radio spots for 12 months.
- Develop and deliver campaign materials: fact sheets, posters, local resource lists, directional signs and promotional items
- Finalize, produce and disseminate advocacy and community mobilization tool kits
- Deliver radio dramas, mobile video, community drama
- Provide PMTCT and counseling training, materials and job aides to 20 new private health care providers : update 20 existing providers
- Procure and provide kits and NVP
- Monthly monitoring and technical supervision of all franchised sites;
- Pretest new model of referral to VCT centers at 5 sites

			USAID		PMTCT	1.5
AIM	Provide PMTCT to 24, 192 ANC clients and provide Nevirapine to 847 women through 32 sites in 16 district	• Training of health workers: a) 120 midwives and nurses trained in PMTCT counseling b) 450 doctors, nurses, midwives, clinical officers and nursing assistants oriented to PMTCT c) 240 midwives and nurses trained in infant feeding counseling				
New Partner? No						
10 existing grantees 30 new grantees		• Support supervision to PMTCT sites and community-based providers on quarterly and monthly basis.				
		• Development of infrastructure at 32 sites, to ensure adequate space for PMTCT services				
FBO? No	Connect HIV+ women to care provision, support services and ART sites	• Grants for training and PMTCT start-up activities • Assist districts to procure HIV test kits and other related supplies. • Translate IEC materials to local languages, print and distribute				

CRD (AVSI; CRS)		USAID		PMTCT	2.0

CRD (AVSI; CRS)

2 existing grantees
2 new grantees

FBO? CRS yes
AVSI No

Deliver PMTCT services to 6,800 plus women in 4 facilities in 3 conflict affected districts

Connect HIV+ women to care provision, support services and ART services

- **Training:**
  - ➢ refresher course for 40 laboratory attendants, counseling assistants, and TBAs
  - ➢ community health workers on counseling and home-based care (HBC)
- Community mobilization/sensitization
- Medical assistance
- Provision of essential equipment for PMTCT activities
- Follow-up of PMTCT mothers and babies (home-based care)
- Testing for children
- Outreach by day care clinic
- Support Supervision

23

UNCLASSIFIED

			USAID		PMTCT	2.0
Elizabeth Glazer Pediatric AIDS Foundation 7 existing grantees 7 new grantees *including 1 FBO*	Expand PMTCT services to 7 existing and 7 new districts reaching all district hospitals, Health Center (HC) IVs and HC IIs in each district. • 69,000 women tested • 7,385 women expected HIV+ • 4727 women receiving NVP • 3,027 infants receiving NVP Connect HIV+ women to care provision, support services and ART services	• Training of 100 health care workers (lab staff, counselors, CHWs, unit staff) in identified PMTCT areas; • Technical assistance and monitoring and evaluation: visits 4X per year to each site; • Development of infrastructure to create rooms for PMTCT where needed; • Grants to 7 new districts and 7 continuing districts for renovation, service delivery, additional counselors, staff, demand creation, community mobilization, outreach, follow-up, and training. • Assisting districts to procure HIV test kits and supplies through the national system; • PMTCT information and demand creation - Disseminating materials produced by PSI and MOH to all EGPAF sites in districts. -				

UNCLASSIFIED

Islamic Medical Association of Uganda (IMAU) FBO? Yes	To mobilize and sensitize communities on PMTCT in Wakiso and Kampala districts ~15,738 home visits	• Update the training curriculum for training community educators. • Conduct training workshops for 25 trainers of community educators. • Conduct community education through existing FBO activities in churches & mosques. • Distribute PMTCT videos, brochures, and flip charts to at least 150 communities. • Support service delivery in one PMTCT site in Kampala district. • Support training and logistics to develop 2 PMTCT sites in Wakiso District.	HHS/CD C	S/GAC PMTCT/IP FY03/04	1.5

			USAID	PMTCT	Track 2.0
UPHOLD/ *John Snow International* FBO? No 3 existing grantees 6 new grantees including 1 FBO	*Provide PMTCT services to 7,000 women in 11 sites in 5 districts* Reach 375,000 adults, with a focus on pregnant women and their social support networks, with IEC/BCC resulting in increased demand and uptake of PMTCT and VCT services	• Grants to NCOs and districts for service delivery in new sites and to strengthen existing sites and community mobilization • Support for training and supervision for counselors and laboratory staff • Provide technical assistance to districts to effectively utilize the Pull logistics system for essential commodities • Renovate counseling rooms and laboratories as needed to ensure quality service delivery • Strengthen district monitoring and support supervision • Support MOH/PSI national communications campaign with Interpersonal communications through home visits and peer/couples counseling • Link HIV+ women and their families to care, support and ART services			

26

Tororo Hospital	Implement a comprehensive family-focused PMTCT program in one district	• Implement family and home-based PMTCT services to 200 households in Tororo community.	HHS/CD		S/CAC	1.5
FBO? No		• Complete renovations of PMTCT space at Tororo Hospital.	C			
	Support to family and home-based community services has been identified as a need among communities. This activity is providing innovative means to address this issue. [3,600 women receiving VCT; 360 receiving PMTCT; 100 receiving PMTCT+]	• Provide training to 17 hospital staff (midwives and counselors) and 5 community health workers.			PMTCT	FY03/04
		• Evaluate uptake of PMTCT services using a family-focused model.				
		• Train and orient all hospital staff on PMTCT implementation protocols.				
		• Support the training of community support groups for mobilization and follow-up of mothers in Tororo.				

27

TASO FBO? No	Reduce pregnancies within HIV positive clients and their partners	• Develop counseling and behavioral interventions for HIV infected women on family planning and risk–reduction and provide referrals to PMTCT when necessary. • Train TASO staff in new interventions	HHS/CD C		S/GAC PMTCT/IP	1.5 FY03/04

28

UPHOLD	FBO? No		USAID	FY03	IP
	Support 4 districts to implement PMTCT services	• Training at district hospitals and HC IVs (5 sites per district)			
	Reach 9,000 women with counseling and testing services	• Ensure that all pregnant women attending ANC get information & counseling on PMTCT			
		• Improve obstetric practice, such as infection control measures, post partum follow up and avoidance of invasive procedures			
		• Community sensitization to provide a supportive environment for PMTCT			
		• Strengthen referrals from lower level health units to testing centres, for PMTCT services and for ARV therapy			
		• Assist districts to work with FBOs, CBOs, NGOs to develop a network approach for PMTCT related organizations/groups.			
		• Provide equipment for ANC, deliveries and laboratory investigations			
		• Monitoring of PMTCT service data, provide ongoing TA to support record keeping			
		• Develop district-wide forums for review, feedback and lesson sharing.			

29

AIM			USAID	FY03	IP
FBO? No	Assist district to *provide PMTCT services to 6,000 women in 32 sites in* 16 districts	• Collaborate with national level on [ ] PMTCT district strategy and finalize training manuals through the following: ∨ Support finalization of PMTCT infant feeding training manual ∨ Support field test of PMTCT training manual ∨ Printing and dissemination of 400 training manuals ∨ Support launch of training manual, i.e. publicity and ceremonies • Trainings ∨ 1300 trained HCWs ∨ Training for 100 TOTs • Assist districts to work with FBOs, CBOs, NGOs to develop a network approach for PMTCT related organizations/groups. Develop district-wide forums for review, feedback and lesson sharing. • Provide on–going TA and QA to [ ] rantees and support M and E record keeping			

30

EGPAF FBO? No	Increase access to quality PMTCT services reaching 75,000 pregnant women; 8,000 women and children to receive ARV prophylaxis	• Train or retrain at least 75 health workers in the provision of PMTCT services • Expand services into 5 new districts • Maintain services in 7 sites in 7 districts at 20 new sites • Community mobilization implemented and outreach conducted in 100 communities near level III health units in 12 districts • Assess 4 existing PMTCT service sites for PMTCT plus services	USAID	FY03	IP
CRD (AVSI) FBO? AVSI No	Provide PMTCT services to 7,000 women; 220 to receive ARV prophylaxis in 2 conflict districts	• Training of 25 HCWs • Provide financial and technical support to 3 sites in 2 districts • Strengthen linkages to community initiatives to increase demand and uptake	USAID	FY03	IP

31

DELIVER					
FBO? No	*Provide technical support to the National PMTCT logistics system*	• Finalize PMTCT logistics system design • Set up an interim HIV Test Kit distribution and tracking system • Establish a permanent HIV Test Kit distribution and tracking system through NMS • Provide TA and refine as needed ARV logistics system, lab supply logistics • Develop 12 month PMTCT procurement plan • Stakeholders workshop held for implementers and partners to identify logistics and reporting needs • Assist and develop logistics training module for PMTCT orientation workshops for counselors	USAID		FY03	IP
MEASURE					
FBO? No	Provide support to the national development of M & E system for MOH	To be determined in consultation with MOH	USAID		FY03	IP

32

PSI/AIDSMARK			USAID	FY03	IP
FBO? No	Increase knowledge about and demand for PMTCT services	• Produce and print 150,000 PMTCT posters; 500,000 brochures; 200 advocacy toolkits; and PMTCT billboards • Develop and perform community PMTCT dramas • Develop radio spots and dramas • Produce 1000 community mobilization toolkits			
	Increased access to quality PMTCT services through 20 new and 20 existing private sector providers to reach 8,500 new clients; 375 mothers and babies to receive ARV prophylaxis	• Strengthen advocacy and community mobilization in new districts • Pre-test new model of referral to VCT centers at 5 sites • Train 40 new providers in PMTCT; update training for 20 existing providers • Provide ongoing supervision and training for all providers at all 40 sites • Procure and provide NVP and Rapid Test Kits for 40 sites			

33

4.1.4 Proposed new activities in FY 04

Partner	Agency	Budget
JHPIEGO FBO? No	Develop user friendly version of PMTCT orientation training and PMTCT counseling training • TBD	USAID / FY03 / IP / PMTCT / FY03 / IP

FY04 Objective

- Facilitate expansion of PMTCT services to three new sites in conflict affected districts reaching 1,612 women
- Connect HIV+ women and partners to care, support and ART services

New partner? No
FBO? No

Activities for each objective

- Refresher course for 100 laboratory attendants, counseling assistants, and TBAs in PMTCT transmission, community health workers on counseling and home-based care (HBC)
- Community mobilization/sensitization
- Medical assistance
- Provision of essential equipment for PMTCT activities
- Follow-up of PMTCT mothers and babies (home-based care)
- Testing for children
- Outreach by day care clinic support
- Supervision

Agency: PMTCT
Budget: Track 2.0

Total partners	New partners	FBOs	Total budget
14 direct 79 sub	45	4	Excluding IP/FY03/04 Funds

34

Table 4.2	
4.2.1 Current status of program in country	Abstinence and Faithfulness Programs

Uganda is the only country in the region to experience significant declines in HIV prevalence and incidence during the 1990s. Reasons offered for these successes include changes in sexual behavior, especially delaying sexual debut, reducing the number of partners, and using condoms. Together, they form the prevention approach known as the "ABC" model of HIV/AIDS behavior change.

As early as 1986, the first Ugandan communication campaign educated people about how HIV is transmitted, and promoted safer sexual behavior, encouraging people to 'love carefully.' Religious leaders embraced the 'love faithfully' message. A second national campaign stressed faithfulness in marriage and limiting partners – 'zero grazing'. In 1995, the Government launched a national campaign targeting adolescents and young adults promoting abstinence, partner reduction and condom use for sexually active people. More recently President Museveni launched PIASCY, a program through which teachers of primary schools are encouraged to communicate to their students about HIV/AIDS, including promotion of abstinence among this age group. The Straight Talk Foundation (STF) is another innovative and low-cost, high-yield Ugandan-grown initiative that has been communicating to youth about HIV/AIDS for the past 10 years. Since the early epidemic, faith-based organizations have joined the battle against HIV through existing programs and networks of churches and mosques. They have been critical in the promotion of prevention and care. USG resources have supported all components of the Ugandan response.

28

4.2.2 How new activities will contribute to PEPFAR targets; linkages to other activities

Despite the great successes, new infections occur every day and threaten the most vulnerable populations. A new generation of youth is beginning to be sexually active and needs information and support. Uganda's generalized HIV epidemic is rapidly moving toward one with high levels in couples in married or stable relationships, and couples living in discordant relationships are demonstrating the highest rate of new infections. It is important to safeguard gains made to date and to invigorate prevention activities because 95% of the population is HIV negative and needs HIV prevention activities.

In FY 2004, USG support will build on and expand existing programs, both at the national, district and grassroots levels through partners promoting age appropriate and contextually realistic prevention initiatives. The USG strategy emphasizes that large-scale prevention activities be implemented within a Uganda-specific context, targeting youth and couples – groups at increased risk – to further behavioral changes that reduce new infections. Activities will therefore focus on the development, refinement, promotion, and dissemination of messages and skills that encourage abstinence and being faithful within the overall ABC model. Given that more than 50% of incident HIV infections in Uganda today take place within married couples, we will ensure that couples testing is strongly promoted as part of being faithful interventions and messages. The USG strategy emphasis will be phased, reflecting that AB addresses different audiences. There will be an increased focus on A for youth in ongoing and new activities. The USG strategy also recognizes that peer and community-level support is key to enabling individual behavior change, and as a result reaches out to children in schools where they spend much of their time. With USG support, the impact of the PIASCY initiative will be deepened at the primary school level as every school is reached with PIASCY materials and HIV prevention messages. Age appropriate materials and messages will be developed for older school children. USG support will strengthen existing partnerships with the line ministries, the Uganda AIDS Commission, TASO, AIC, Straight Talk Foundation, the Inter-Religious Council of Uganda, and forge new partnerships to achieve greater impact. A new activity will develop a system for delivering AB programs, and new partnerships will fund grants to Ugandan faith-based and non-governmental groups. Up to eight grants will be given this year to groups focused on AB, under the Uganda AIDS Commission. Technical Assistance will be provided by the CORE project under CARE International.

4.2.3 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base: PMTCT: S/GAC)	Track (1, 1.5, 2)
MOH FBO? No	Support ABC media activities nationwide	• Develop ABC messages for all care and prevention programs and guidelines for implementing communication strategy • Strengthen the role of the MOH IEC department to facilitate coordination and communication in the development of national communications campaigns e.g., PMTCT, VCT, condoms with other partners such as UNICEF, AIDSMark • Promote ABC nationwide	HHS-CDC		Base	Track 2

30

AIM			USAID	Base	1.5
FBO? No	Promote AB messages among primary and secondary school students and increase awareness of, access to, and utilization of HIV/AIDS prevention services that also promote AB messages.	• Radio and print AB messages in local languages • Strategies and messages promoting AB will be included in all AIM developed prevention-focused toolkits including VCT (838) toolkits, PMTCT (838) toolkits, Adolescents (866) toolkits and Orphans and other Vulnerable Children (866) toolkits. Toolkits will be disseminated to AIM grantees, districts officials and public service sites, national and district level partners • Strengthen the rollout of PIASCY in 10 districts with focus on school clubs and teacher education and awareness through Youth Alive and Straight Talk school-based activities. • Training workshops for school officials, religious leaders and district officials in Abstinence and Behavior Change • Coordinate messages with national Trusted Partner campaign			
Partners: 37 existing, including 12 FBOs 30 new, including 15 FBO	Reaching: – 300,000 <u>primary students</u> – 20,000 primary school teachers – 12,000 <u>youth</u>				

AIDSMARK/PSI	Reach 3.5 million people with AB messages, particularly among youth		USAID		Base	2.0
Partners: FBO: NO Partners: 2 Existing 7 new FBO		• Design or adapt health education materials promoting AB messages for young people and couples and disseminated through FBO teachers, parents, and youth. • Promote abstinence, testing, and mutual monogamy through the trusted partner mass media campaign. Expand reach of the media with an interpersonal communication campaign with a focus on peer education, drama and debates to reach 15,000. • Continue production and distribution of 300,000 copies of Kikosi, a monthly comic for 600,000 secondary school youth dealing with abstinence, stigma, care and support. • Monitor and evaluate the implemented activities to measure impact and behavior change, including monthly monitoring of activities, focus group discussions, a KAP baseline and follow-up surveys. • Coordinate with USG supported district -based activities e.g., AIM and UPHOLD				

UPHOLD	Deliver AB messages in 4 districts to reach 400,000 people in 200 schools and their catchments of 700 villages	• Complement the PIASCY teacher training activity by enriching the in-school PIASCY program. Linkages will be made between schools, communities and families. Parents, guidance counselors, peer educators and families will be targeted with a focus on music, dance and drama or social support for behavior change.	USAID		Base	2.0
FBO? No						
Partners: 1 existing		• Provide grants to community based organizations, NGOs, FBOs to deliver messages, counseling and peer support to couples with an emphasis on being faithful				
12 New, including 1 FBO	Provide couples counseling and peer support for faithfulness to reach 400 couples in 4 districts	• Provide technical assistance for grants management and technical quality of grantee BCC programs				

33

			USAID		HHS-CDC	
				Base	2.0	Base	2.0
CRD (CRS, IRC, SAVE) FBO? CRS – yes Partners: 3 existing 3 new FBO	Reach 65,491 youth 15–24 years and 123,559 adults with AB prevention messages in 10 conflict affected districts	• Production and broadcasting of 26 radio messages • Development and dissemination of IEC materials • 150 community and adolescent awareness campaigns, including theatre groups • Subgrants to four-six local NGOs and FBOs for sensitization of local community in AB messages	USAID				
Midmay FBO? Yes	Reduce HIV transmission in HIV positive clients	• Develop appropriate AB messages for clients and their families • Train 20 counselors in communication of AB messages				HHS-CDC	

34

The AIDS Support Organization (TASO) FBO? No	Pilot innovative behavior-change Interventions among 6,000 TASO clients at 2 TASO centers	• Support formation of 10 client support groups to promote behavior change among persons on ARVs. • Support 6,000 TASO clients to develop personal sexual behavior change plans to reduce HIV transmission. • Monitor and evaluate client personal sexual behavior plans • Conduct quarterly evaluation of determinants of abstinence and of risky sexual behavior among PHAs participating in HBAC and their household members. • Develop implementation protocols for use in HIV-prevention programs among positives, including PMTCT.	HHS-CDC		S/GAC	Track 1.5

35

Health Communication Partnership FBO? No	Provide assistance in the design, launch and management of a national youth campaign that motivates youth to engage in healthy behaviors, promotes life skills and encourages continued school attendance, particularly among girls. Reach: 8 million young people through mass and interpersonal media	• Mechanism will be used to develop and launch a 'Be Faithful' campaign primarily for men during the five-year plan • Develop multimedia campaign to promote responsible behaviors among youth	USAID	-0-	FY03	-0-

36

Partner	FY04 Objective	Activities for each objective	Agency	Budget
4.2.4 Proposed new activities in FY04				
Basic Education Policy Support (BEPS) FBO? No Partners: Ministry of Education and Sports	Support the Presidential Initiative on AIDS Communication to youth (PIASCY), appropriate age-specific HIV prevention messages will be developed for middle and upper primary school students, stressing abstinence, delay of sex and coping messages. ~15,000 handbooks will be developed and disseminated in 15,000 primary schools –Guidance and counseling skills will be strengthened among 10,000 primary school teachers during pre-service training.	• 150,000 PIASCY handbooks, developed in consultation with FBO representatives, will be printed and distributed to nearly 15,000 public and private schools throughout the country. • 8 regional trainings will orient district leadership (political, technical and faith-based) to the PIASCY approach, and identify and train up to 250 trainers who will train head teachers and teachers at county level • Develop age-specific PIASCY handbooks, targeting secondary school students, to camera-ready stage. • Print and distribute PIASCY Secondary Handbooks to more than 1,000 secondary schools (public and private).	USAID	s/GAC) 1.5 s/GAC) 2.0

37

UPHOLD		USAID	S/GAC) 2.0
	Support the roll-out of PIASCY by training 45,000 primary teachers in public and private schools (3 teachers in each of 15,000 primary schools) to deliver life skills and HIV prevention messages to 1 million middle and upper primary school students in Uganda	• Provide in-service teacher training to three teachers in each primary school (45,000 teachers) in guidance and counseling skills, life skills education, and delivering prevention messages in school assemblies. • Conduct training at sub-county and school level. • Provide grants to NGOs to undertake training design, quality assurance, supervision and monitoring. • Orientation and monitoring school-based activities assisted by Peace Corps volunteers	

38

CARE	USAID	S/GAC) 2.0
New partner? NO Partners: Uganda AIDS Commission 6-8 New, including 4-6 FBO	Assist the Ugandan AIDS Commission to issue and award an RFA that will provide grants to Uganda faith- and community-based organizations with strong capacities to deliver wide-reaching AB programs and social support for behavior change, particularly among youth. ~6-8 grantees will reach 200,000	• Develop and issue RFA with the Uganda AIDS Commission; • Establish a Technical Review Committee to review and recommend specific proposals for funding; • Assist selected grantees to finalize their project designs, implementation and M&E plans; • Identify the TA and capacity-building needs of grantees, and coordinate provision of needed support; • Issue sub-agreements to grantees through 3rd party audit institution that combine interpersonal and mass media approaches • Ensure effective implementation of proposed projects with local partners; • Manage the financial and program reporting process

39

New partner? No FBO? No	In FY04, reach 4,320 youth, aged 10-24 years, in 1 post-conflict district with AB messages	- Subgrant implementation to a local NGO - Production and broadcasting of 48 radio talk shows - Facilitate 144 school dramas, debates, and peer group discussions - Develop and disseminate 2,880 IEC materials	USAID	2.0 S/GAC
Rakai project New partner? Yes FBO? No	Promote AB in communities, reaching 170,000 people	Conduct intensive community-level health education in 20 communities, with a focus on support and diminishing stigma for HIV+ persons and persons on ARV, and stressing the need to avoid risk behaviors (Abstain/Be Faithful/Condoms when necessary, support training and community health education)	HHS-CDC	(Track 1.5, S/GAC)
New partner? No FBO? No	Promote behavior change to prevent new infections.	• Integrate ABC into all new VCT activities	HHS-CDC	(1.5 S/GAC)

Total partners:	New partners:	FBOs:	Total budget:
12 prime 105 subs	2 prime 61 new	45	

40

Table 4.3.1 Current status of program in country

Blood Safety

The 1999 National Health Policy recognized blood safety as an essential component of the Ministry of Health's Minimum Health Care package and as a major strategy for HIV prevention. The Uganda Blood Transfusion Service (UBTS) is the Ministry of Health's department responsible for making available safe and adequate quantities of blood to all hospitals. In this task UBTS closely works with the Uganda Red Cross Society [URCS] in the area of voluntary blood donor recruitment.

Rehabilitation of UBTS started in 1988 with funding from the European Union through the European Development Fund (EDF), with significant contribution from the Uganda Government and collaboration from the Uganda Red Cross Society (URCS), the World Health Organization (WHO) and other development partners. EU funding to the UBTS, which now constitutes about 25% of the total budget, is scheduled to end in December 2004. There is already a funding gap even with current EU support so the anticipated departure of the EU will have even an even greater impact on managing and operating UBTS. There are currently 4 Regional Blood Banks and a Central Blood Bank that collectively screened 103,000 units in 2003. However, there is increasing demand for safe blood with the improvement of new Health Center IVs. The estimated demand for 2004 is 175,000 units. Throughout the past three years, with USG support, the Uganda Red Cross has successfully provided counseling services of blood donors and provision of HIV/AIDS test results to 50,000 blood donors, who were then referred for care and other support services.

4.3.2 How new activities will contribute to PEPFAR targets: linkages to other activities

UBTS, in partnership with URCS, has a strategic goal to ensure that adequate supplies of safe blood and blood products are available and appropriately used for management of all patients in need throughout Uganda. This will directly decrease the number of new HIV infections that will result from unsafe blood transfusions. HIV prevalence in this donor population in 2003 was 2.1%. Track 1.0 support to the UBTS, and the Uganda Red Cross will support management of blood transfusion services, expansion of regional blood banks and infrastructure, education and training in blood safety and blood donor recruitment and retention activities. These activities will directly contribute to averting new HIV infections through blood supply; provide HIV prevention counseling to blood donors and refer HIV positive donors to care, support and linked to treatment facilities.

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, (1.1-5.2) MS/GAC)	Track
4.3.3 Existing activities initiated prior to FY104						
AIM FBO? No Partners: 0 existing 10 new	Strengthen standard blood safety precautions in 30 public and private hospitals and 44 HCIVs in 16 AIM districts.	• Train 450 operational level health workers in hospitals (nurses, midwives, clinical officers, laboratory personnel and doctors) in blood safety • Procure equipment for health facilities to promote blood safety and general infection control precautions • Regular technical support supervision of operational level health workers	USAID	Base		1.5

43

44

4.3.4 Proposed new activities in FY 04				
Partner	FY 04 Objective	Activities (for each objective)	Agency	Budget

Ministry of Health/Uganda Blood Transfusion Services/Uganda Red Cross FBO? No		HHS-CDC	Track 1
	1. Strengthen management of blood transfusion services	• Implement the national blood transfusion policy • Improve management structures of UBTS and lower level • Strengthen human-resource capacity • Strengthen logistics and management information systems • Provide physical infrastructure, adequate transport, appropriate equipment and supplies. • Increase the number of regional blood banks • Strengthen the cold chain network for blood transportation and storage • Strengthen Quality Assurance Program training and research. • Establish a monitoring plan and system for UBTS.	
	2. Expand and build infrastructure for the collection, testing, storage and distribution of safe blood and blood products	• Mobilize and educate communities for voluntary blood donation. • Improve screening of potential donors to improve selection criteria and expand self-referral approaches. • Develop counseling guidelines for blood transmission infections. • Increase retention of non-remunerated voluntary repeating blood donors by 50%.	

45

| Ministry of Health/Uganda Blood Transfusion Services/Uganda Red Cross FBO? No [cont'd] | 3. Expand blood donor recruitment and retention | • Review and improve standards for blood donor recruitment, collection, testing and distribution
• Introduce hepatitis C virus testing.
• Upgrade blood testing facilities in regional blood banks
• Improve disposal of bio hazard waste
• Develop marketing strategy for Blood Donor
• Establish hospital transfusion committees in all hospitals
• Improve record keeping and data management
• Strengthen hospital support supervision
• Review, improve and distribute of clinical guidelines for appropriate use of blood
• Train relevant staff in the appropriate clinical use and handling of blood | |
| | 4. Promote appropriate use of blood and blood products | • Increase and diversify the production of blood components by 50%. | |

46

| Ministry of Health/Uganda Blood Transfusion Services/Uganda Red Cross FBO? No [cont'd] | 5. Strengthen the UBTS regional training center | • Train all cadres of UBTS and URCS staff in blood safety
• Offer appropriate international training in blood safety to key staff in URCS and UBTS. |
| | 6. To develop and implement strategies for sustainability of the blood safety program in Uganda | • Develop a resource mobilization strategy and implementation guidelines.
• Develop and implement policies for UBTS financial support |

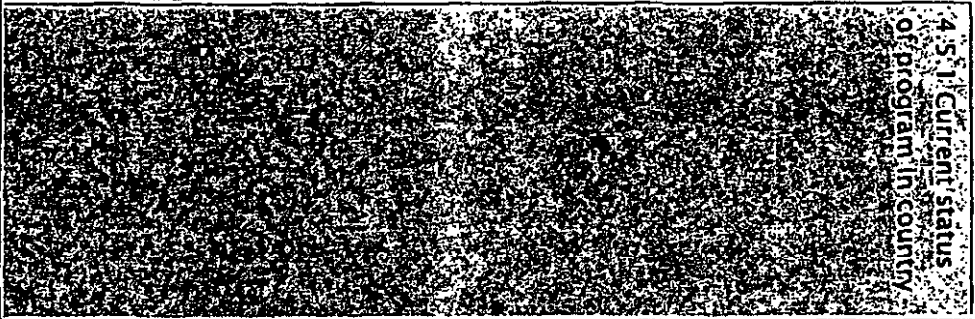| Total partners:	New partners:	FBOS	Total budget:
3 prime 10 sub	10 subs	0	(plus Track 1.0 award)

47

Table 4.4 Current status of program in country

Safe Injections and Prevention of Other Medical Transmission of HIV

In developing countries, the estimated proportion of injections administered with equipment that has not been sterilized between uses ranges from 15% to 50%. Surveys conducted in various settings indicate that the proportion of prescriptions including at least one injection is high (up to 56%), suggesting that injections are overused. As a result of unsafe practices and overuse, injections significantly contribute to transmission of bloodborne pathogens on a large scale worldwide. According to WHO estimates, every year, injections cause 8-16 million cases of hepatitis B virus (HBV) infection, 2.4-4.5 million cases of hepatitis C virus (HCV) infection, and 80,000 to 160,000 cases of Human Immunodeficiency Virus (HIV) infections. These infections lead to chronic disease, disability, and death. In collaboration with the Uganda National Expanded Programme on Immunization (UNEPI), two studies on safety of injections were conducted by the World Health Organization (WHO) in 1998 and again by the USAID funded BASICS II project in 2003. The findings indicated gaps in the quality of injections given for routine immunization and for curative services. Both studies recommended addressing the whole spectrum of injection safety and health care infection control and waste management protocols such as they relate to the injection recipient, service provider, and the community.

To reduce the frequency of injections and promote safe injection practices, Uganda adopted a multidisciplinary three-element approach that includes: behavior change, targeting patients and healthcare workers to reduce injection overuse and avoid risky behaviors and develop healthy habits; provision of sufficient quantities of appropriate injection equipment and infection control supplies; and an appropriate sharps waste management program. Through USG funding, BASICS II project assisted the MOH to conduct a national survey of injection practices in July 2003, establish a Uganda National Injection Safety Task Force (UNISTAF) in May 2003, and provided technical assistance for development of the first draft injection safety and health care waste management policy and standards.

48

4.4.2 How new activities will contribute to PEPFAR targets; linkages to other activities

New activities will build on earlier USG investments through the BASICS II project and will comprehensively address injection safety in all areas including immunization, family planning and curative services. New activities will contribute to PEPFAR targets by reducing HIV infection due to unsafe injection practices. They will also reduce HIV infections in the workplace and protect the public from unnecessary injections that expose them to HIV infection. These new activities will also protect health workers by updating their skills on self-protection against sharps and the proper disposal of clinical waste. Capacities of the local implementing partners will be developed to address injection safety and clinical waste management.

4.4.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base) PMTCT (S/CAG)	Track (1,11,5,12)

49

JSI		USAID	1.0
New Partner? Yes			
FBO? No			

To promote injection safety and health care waste management to reduce injection overuse, avoid risky behaviors and develop healthy habits.

- Assess the current injection practices in public and private sectors from a client and provider perspective.
- Assist host country to finalize the injection safety policy and action plan
- Design and field-test injection safety approaches
- Develop and implement a behavior-change strategy to improve injection safety
- Develop a logistics and management system for injection supplies.
- Provision of sufficient quantities of injection equipment and infection control supplies
- Develop strategies for sharps waste management
- Establish a scale-up strategy and sustainability plan to cover the whole country.

AIM						
FBO? No						USAID
Partners;						
8 existing						
14 new						

In FY04, reduce HIV transmission through medical-related practices, including unsafe injections, in 30 hospitals and 44 HC IVs

Activities for each objective

- Train 1000 operational level workers and home-based care providers on injection safety and other principles of HIV transmission and general infection control. (health facility workers, traditional health practitioners and home-based care providers in public and private sectors)
- Procure equipment and protective wear for 74 health facilities
- Technical support supervision of operational level health workers
- Subgrants to districts and CBOs.

2.44 Proposed new activities in FY04

Partner	FY04 Objective	New partners:	FBOs:	Activities for each objective	Agency/ Budget	Total budget
Total partners	2 prime 22 subs	1 prime 14 sub				

USAID — Base — 1.5

Table 4.5.1 Current status of program in country

Other Prevention initiatives (eg: provision of condoms; control of STIs; high-risk groups)

Uganda's success in reducing HIV prevalence relied chiefly on a comprehensive prevention strategy, political commitment, and multi-sectoral support and action. The ABC model, which is currently hailed as an effective model of preventive behavioral change, is one of the main components of the comprehensive strategy that relied on openness and mass education. From the start, the preventive strategy also included treatment of STIs, prevention of new infection in high-risk populations such as uniformed servicemen and prostitutes, and promotion of counseling and testing services. A comprehensive prevention strategy remains evident in the newly revised National Strategic Framework, the overarching document governing all HIV/AIDS work in Uganda.

With the advent of a national response to the HIV/AIDS epidemic in 1986, condom use was integrated as part of the prevention package and distributed through public sector health facilities, community organizations and private sector. Uganda has a national condom policy, recognizing that condom promotion is one way to combat HIV/AIDS. Knowledge about and use of condoms has increased during the 1990s, more so in urban than in rural areas. However, consistent condom use with higher risk sexual partners remains low and normative use within couples is very low. Condom availability has also increased throughout the country, yet many Ugandans still do not know where to get them, especially in rural areas.

Sexually transmitted infections (STI) have been known to play a catalytic role in HIV transmission. In recognition of this link, Uganda established a National STD Control Program in 1990, which has since been running as a special unit of the National AIDS Control Program charged with STI surveillance, community mobilization, disease management, capacity building and operations research. With the support of donors, the STI Control Program undertook an extensive national level IEC/BCC campaign aimed at eliminating STD-related stigma and improving treatment-seeking behavior. Intensive training was also undertaken in health units at all levels to enhance health-worker skills in STI diagnosis and treatment. Rehabilitation and equipping of laboratories was undertaken to bolster diagnostic capacity. In 1995 Uganda received a five-year World Bank Credit worth $50 million to support HIV and STI prevention programs. With these resources, Uganda was able to develop and disseminate user-friendly guidelines on syndromic management of STIs, train service providers and integrate STI management within the primary health care, MCH and family planning services. At the end of 2002, at least limited STI services were available in 67% of government health facilities and in 86% of non-government facilities (MOH: 2003).

STI treatment remains an important component of the Uganda's HIV prevention program. In one of its goals, the National Strategic Framework for HIV/AIDS Activities in Uganda seeks to reduce STI prevalence by 25% by 2006. Significant USG resources have been committed to reduce STI prevalence. STI screening, diagnosis and treatment have been integrated within the services of TASO and AIC. The Delivery of Improved Services for Health (DISH), another USG program, provided substantial technical assistance to districts, NGOs and FBOs in STI management. STI treatment is one of the core activities of the USG-supported AIDS/HIV Integrated Model District Program (AIM). USG also provides an STI treatment (Clear 7) kit socially marketed by PSI to high-risk groups including the military. USG has also supported considerable research on STDs, including the NIH's Rakai Project. The Rakai Project found high prevalence of genital herpes (HSV-2) but low prevalence of most bacterial STDs and demonstrated that mass population-based STD treatment did not reduce HIV incidence.

Uganda also 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. The GOU has openly addressed the problem of HIV in the military and police, for instance, by crafting a streamlined prevention strategy. Starting in 1987, the Ministry of Defense developed an HIV/AIDS program after finding that a number of servicemen were infected with the virus. As commander in chief of the Armed Forces, the President mandated the program. Awareness-raising activities for all levels of the chain of command was the first line of defense.

53

The military has an active HIV/AIDS control program committee that oversees and manages prevention and care programs throughout the forces. HIV/AIDS activities in the military now include Post Test clubs and VCT services, prevention and treatment, capacity-building for services and maintenance of HIV/AIDS related equipment. USG support of these efforts dates back to 1991.

There is a large population of internally displaced people in Uganda that is unfortunately increasing in size due to the continuing conflict in the northern districts. Even in areas such as Western Uganda where conflict has subsided, vulnerability of children and women continues. The poverty induced by conflict has created a new wave of desperation, forcing women and children into transactional sexual practices. Children who had been in camps in urban areas have refused to go back home for fear of renewed attacks and also in preference for "better" conditions in town. Most of these children live alone and are vulnerable. Internally displaced people are clearly at increased risk for HIV/AIDS because of their precarious situation, the lack of employment and recreational alternatives, and the vulnerability of both adults and adolescents for sexual exploitation. There are an estimated 1.3 million internally displaced people (UCSF 2003). Providing this large population with HIV/AIDS prevention services is crucial as well as challenging.

Finally, those who are HIV positive constitute a group for whom prevention services are paramount. Prevention interventions targeting PHAs, called prevention with positives (PWP), is a cornerstone of USG support to groups at risk. PWP interventions will focus on the inclusion of counseling as a core element in the basic care for PHAs, counseling workshops with those who care for PHAs, provision of HIV testing for partners of HIV-positive clients, support for abstinence, faithfulness, distribution of condoms, and communication campaigns. Initial work with TASO has shown that as many as 35% of married, HIV-positive TASO clients are living with HIV-negative spouses, so-called discordant couples, demonstrating how critical it will be to initiate PWP interventions. At the same time, a majority of TASO clients are currently abstaining from sex, and PWP interventions will build on that success to provide support for abstinence. Without successful PWP interventions, it will be difficult for Uganda to achieve further reductions in HIV incidence in this country's mature, generalized epidemic.

54

4.5.2 How new activities will contribute to PEPFAR targets; linkages to other activities

USG support will concentrate on expanding VCT services, through mobile services as well as strengthen IEC/BCC efforts, provide condoms, and strengthen treatment services with a focus on conflict areas. Specifically, USG programming will support procurement of condoms, context-appropriate distribution mechanisms, and logistics to ensure accurate demand forecasting; will assist Government of Uganda to expand VCT and sustain and consolidate the gains made in addressing STI prevalence; and strengthen existing and encourage formation of new PHAs networks that provide mutual support and educate communities, using personal experiences and testimonies. USG will continue to socially market the Clear 7 STI treatment kit to high-risk groups including the military and promote training in STI management, reaching high-risk populations and sites. USG will work with the Ministry of Health and partners in prevention and care provision to develop and integrate PWP initiatives into existing prevention and care programs, as a component of the basic care package. Through selected prevention and care partners: AIC, TASO, Rakai Project, Mbuya Reach Out, JCRC and Population Services International will offer PWP interventions and communication messages as part of their comprehensive services for PHAs.

4.5.3 Existing activities, initiated prior to FY 04

Population Services International (PSI)	Develop communication campaign for PWP to reduce transmission dealing with issues of disclosure, altruism, targeting 30,000 clients.	• Develop a communication strategy, key messages and IEC materials about PWP and other components of the basic care package	HHS-CDC		S/GAC	Track 1.5
FBO? No						
Grantees: TBD						

TASO FBO? No	Strengthen 35 TASO staff's capacity to provide improved STI management and support services.	• Develop training and education materials for STI component of PWP TASO project • Review and update TASO's STI management guidelines • Train PWP project clinicians, counselors and laboratory technicians in STI management	HHS–CDC		S/GAC	Track 1.5

56

AIDSMark	Reach 500,000 people with high-risk behaviors, including military, internally displaced people (IDPs) and prostitutes, through targeted promotion of condoms, STI treatment kits and behavior change communication approaches and materials.	USAID		Base	2.0
FBO? NO					
New Partner? NO					
Partners: 13 existing					
4 new					
3 FBO					

- Mapping area and places where high-risk behavior occurs in both urban and rural area.
- "Blitz education teams" in "high-risk" venues, such as bars, lodges, truck stops
- Promote behavior change for military and IDPS through competitions, radio campaign that includes talk shows, public service announcements, music, and a drama.
- Develop prevention messages and materials (posters, wallet cards, etc.) for military and IDPs
- Market and promote 47,000 STI kits to military, IDPs and prostitutes.
- Train 1,000 STI service providers in syndromic management
- Targeted social marketing of 15,000,000 condoms
- Encourage VCT among all groups

57

AIM			USAID	Base	1.5
Partner:	1. Provide HIV/AIDS prevention messages to 2 million sexually active youth and adults	• Disseminate age-appropriate prevention messages encouraging behavior change, use of services, and condoms through community sensitization, radio, billboards and print materials;			
20 existing of which 5 are FBO	2. Provide adolescent friendly prevention services to 10,000 youth.	• Support secondary school-based prevention initiatives in 32 schools in eight districts			
45 new with 15 FBO	3. Support 38,000 youth enrolled in new post-test clubs for youth.	• Disseminate prevention messages through prevention oriented toolkits (VCT, PMTCT and Adolescents) to over 2000 national and district level partners			
FBO: 20		• Provide technical and financial support to approx. 90 grantees (FBOs, NGOs, CBOs and Government facilities) implementing preventive activities			
		• Support national policy to roll out condom distribution strategy in 16 districts through technical and logistical support to [ ] grantees: health facilities, FBOs and NGOs.			

58

UPHOLD		USAID	Base S/GAC	2.0 2.0

UPHOLD

FBO? No

Partners:

4 existing

16 new
1 FBO

UPHOLD is supporting the delivery of integrated HIV/AIDS, health and education services in 20 districts. This activity will build upon activities supported through other funding sources. Adolescent friendly HIV services include: behavior change with focus on ABC, VCT, prevention and management of STIs, OIs, peer counseling, improved youth – parent communication, school-based counseling, etc.

Provide youth–friendly services in public and private facilities to 20,000 adolescents in 4 districts

40,000 adolescents – adult pairs in the 4 districts will have improved knowledge, attitudes and practices related to HIV/AIDS adolescent-specific prevention issues

- Grants and technical assistance to improve performance of providers in public health facilities, FBOs, NGOs and private sector providers to deliver youth–friendly HIV/AIDS services

- District grants to support effective collaboration between health and education sectors to support youth–focused HIV guidance and counseling services in schools;

- Grants to private sector and civil society for multi-media behavior change communication campaign: promotion of positive role modes, interactive community radio programs, music, dance and drama program, promotion of user–friendly information tools and communication resources for youth group, parents groups, advocacy targeting district level opinion leaders to address HIV/AIDS issues among youth.

59

		USAID	Base	DAO	S/GAC	2.0
TASO FBO? No	Promote positive behavior change to 6,000 TASO clients and community members in TASO catchment areas through IEC/BCC activities with focus on music, dance and drama	• 150 drama shows presented by TASO Drama Groups • 72 Radio talk shows • Targeted seminars for people engaging in high-risk behaviors e.g., sex workers, taxi drivers, plantation workers • Advocacy and information campaigns targeted to issues identified by six district communities served by TASO				
Uganda's People Defense Force – AIDS Control Program (ACP) FBO? No	Expand from two to seven Post Test Clubs to complement VCT delivery sites and promote prevention of new infections through targeted ABC messages and promotion of positive living among HIV infected military personnel 3,000 reached	• Provide technical support to expand PTC activities (drama group, recreational, peer education) • Strengthen capacity of ACP staff to provide education and awareness information to complement activities of the Post Test clubs. • See new activity for promotion of condoms				

60

Ministry of Health FBO? No	Strengthen capacity of 300 health care providers in STI prevention and management countrywide	• Develop policy guidelines and operational protocols for provision of VCT to people attending STI treatment centers • Review and revise, as needed, national STI treatment algorithms. • Review and revise as needed national STI curricula and training manuals • Train 50 health workers in STI management.	HHS-CDC	S/GAC	Track 2

61

AIM			USAID	Base	1.5
FBO? No (see entry above)	Assist 16 districts to implement and monitor interventions for management of STIs consistent with national-level guidelines in 323 health facilities (30 hospitals, 44 HC IVs and 249 HC IIIs) and treat 100,000 clients with STIs	• Provide grants to 16 district departments of health services to support the delivery of STI services • Print and distribute 1000 STI treatment flow charts and 100 training guidelines • Train 500 operational level health workers in STI syndromic management. • Support the AIM districts to establish logistic systems to monitor STI supplies • Assist districts to effectively supervise STI management • Strengthen referral system from VCT services to STI clinics within public facilities • Work with district health services staff and public facilities to ensure that VCT services are available on the same days as STI clinics to ensure effective referral.			

62

AIDS Information Center FBO? No	Strengthen capacity of 32 AIC staff to provide appropriate STI management and support services to 1,000 new clients	• Review and update STI management guidelines. • Train clinicians, counselors and laboratory technicians in STI management	HHS-CDC		S/GAC	Track 1.5

63

4.5.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Ministry of Health New Partner: No FBO? No	Incorporate PWP in the preventive care package and already existing prevention strategies	• Hold dissemination seminars and consensus meetings on PWP with those disseminating the basic care package. • Train up to 60 HCWs on the basic care package.	HHS-CDC	[Track 1.5, S/GAC]
The AIDS Support Organization (TASO) New partner? No FBO? No	1. Implement innovative behavior change interventions among 20,000 TASO clients at five additional centers 2. Improve the skills of TASO staff in prevention of HIV/AIDS	• Implement PWP interventions at five additional TASO centers • Scale up implementation of PWP interventions at five additional TASO centers • Support 3,000 HIV + TASO clients to develop personal sexual behavior change plans to reduce HIV transmission. • Conduct refresher trainings for staff and improve training services	HHS-CDC	[Track 2, S/GAC]
Mbuya Reach Out, New partner? Yes FBO? Yes	Support the implementation of PWP interventions and the basic care package for 1,000 clients	Incorporate PWP counseling as part of basic care services for 1,000 clients.	HHS-CDC	[Track 1.5, S/GAC]

64

FBO? No	Ensure a steady and adequate supply of condoms to individuals engaging in high risk behaviors as part of Uganda's and the USG's ABC approach	Purchase 15 million condoms to be made available to of individuals engaging in high-risk behaviors. (Note: This amount of condom is 15% of Uganda's annual condom procurement which is approximately 100 million condoms)
New partner? No **FBO? No**	Promote consistent and correct use of condoms to military personnel to reach beyond division level to barracks and battalion levels. 500,000 condoms provided	• Provide condoms to military personnel engaging in high-risk behaviors • Link to Post Test Club activity for promotion of AB • Pilot test the introduction of a condom pouch as a mandatory part of military uniforms for soldiers. This is an activity that has been introduced in at least three other African countries and has produced promising results as an effective means of promoting safer sexual practices among military, who are reported to engage in higher risk activities.

USAID	S/GAC
	2.0

DAO	

Total partners: 11 prime 102 subs

New partners: 1 prime 65 subs

FBOS: 25

Total budget:

64

Table 4.6 | Voluntary Counseling and Testing

4.6.1 Current status of program in country

The HIV/AIDS Services Coverage Survey 2002 reported that 120,000 people received VCT through both public and NGO facilities in 2002 at approximately 150 facilities. The major provider of services in the country is the AIDS Information Center, which works in 5 standalone sites and 70 indirect sites. The majority of indirect sites are within the Ministry of Health public sector facilities. A significant number of VCT services are provided through the commercial and private sector – private doctors, nurse-midwives, private hospitals and laboratories. The Ministry estimates private sector is also providing a significant number of tests. The last two Demographic and Health Surveys in Uganda indicated that 70% of people would like to receive HIV testing, but only 10% reported that they had been tested, suggesting that despite efforts to expand VCT services, many people who want VCT have not been able to access services. HIV testing is available through cost-sharing at AIC sites in some urban centers, but is currently limited in rural areas, conflict districts and for internally displaced persons. Training of counselors and laboratory technicians for the delivery of VCT is provided primarily through the training department of the AIDS Information Center and the MOH's national level cadre of trainers. Training is initiated and facilitated by AIC, MOH or by implementing partners such as the AIM and UPHOLD projects, which draw upon the AIC and MOH training mechanisms. Implementing partners are also working in collaboration with AIC and TASO to develop a network of trainers at the regional and district levels.

USG is the primary supporter of VCT services in Uganda through several programs in 46 districts providing an estimated 168,800 HIV tests in 2003. The AIDS Information Center in 2003 provided services through 6 branches (Kampala, Mbale, Jinja, Mbarara, Arua and Lira) and 110 sites in 31 districts. The AIDS Integrated Model District Program (AIM) provided VCT through 46 public and private VCT sites in 16 districts. This program includes training of VCT counselors, training of community counseling aides and comprehensive training of laboratory personnel, technical assistance and support supervision to VCT sites and grants direct to districts and NGOs to support delivery of VCT services. Services are also delivered through a consortium of partners working in 4 hospitals in 3 conflict-affected districts (Kitgum, Pader, Nakapiripirit) to reach 2,500 individuals with VCT services. In addition, counseling and testing services for 50,000 blood donors were provided by the Uganda Red Cross Society (URCS) with USG support. USG with the Uganda People's Defense Force has established 12 VCT centers in army division headquarters and several main barracks. Since their inception in August 2003, a total of 2,814 persons have received these services.
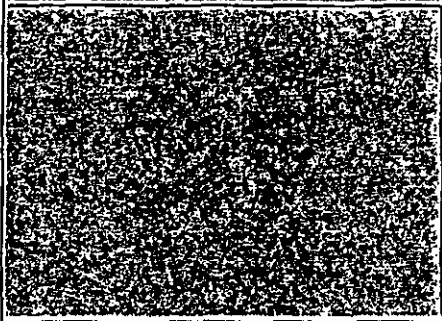
National activities supported by USG include development of the Uganda Policy Guidelines for Voluntary Counseling and Testing of HIV, the Uganda Implementation Guide to VCT Services, and the Voluntary Counseling and Testing Counselor Training for Uganda: Facilitator's Guide.   USG worked with MOH and stakeholders to develop a Couple's Voluntary Counseling and Testing Protocol and provided training in couple's counseling to HIV counselors at MOH, AIC, TASO and others.   USG supported several demand creation activities including production of a radio spot promoting the utilization of HIV/AIDS counseling and testing services and a multimedia campaign targeting couples for VCT initially in 2 districts and now expanding nationally.   USG demand creation also includes hundreds of community sensitization meetings, PostTest Club educational outreaches and influencer sessions in both public and private sites.

66

4.6.2 How new activities will contribute to PEPFAR targets; linkages to other activities

To reach PEPFAR goals in prevention, treatment and care, Uganda must expand access to HIV testing more broadly and must link VCT services to a package of care and support services to treatment. USG strategy is to: expand the number of sites providing services in the country – 3 new AIC branches will open, bringing the total number of sites to 9 branches and 159 indirect sites; initiate mobile VCT where there is limited access to a static site, including conflict districts and for internally displaced persons; begin routine counseling and testing in Uganda's two teaching hospitals, Mulago and Mbarara Hospitals; increase awareness and create demand for VCT through national multimedia campaigns, community mobilization and IEC targeting specific populations (couples, sexually active youth, other risk groups); support home based VCT affiliated with care and treatment sites; develop better linkages between HIV, TB and STI programs. USG will pilot a community and home–based approach for 100% coverage of VCT in two districts and will also explore other approaches to expand VCT using innovative approaches such as finger stick testing. Wherever possible, USG programs will link people testing HIV positive with a basic care package (see basic care section). Efforts will also be made to integrate VCT provision for spouses and family members in all ARV programs supported by PEPFAR to address both adherence and prevention.

AIC is the major provider of VCT services in Uganda and has been supported by the USG since its inception in 1990. Support to AIC through PEPFAR will be multifaceted. Although support is not mutually exclusive, USAID will be primarily responsible for assisting AIC to expand VCT services, strengthen the organizational capacity of AIC to meet the growing demand for VCT and maintain operational costs. CDC will be primarily responsible for providing technical support to training, couples counseling, routine counseling and testing, home–based VCT, finger stick and new testing technologies, and integrating preventive care services.

USG programs will reach approximately 2,190,000 through communications campaigns, with 730,400 expected to receive VCT or CT in FY 2004. Through PEPFAR support, HIV positive people will be linked to care and treatment.

67

4.6.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency/Partner	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
AIC, MOH FBO? No	Provide technical assistance for the development of training materials and HIV counseling and testing protocols for VCT and CT	• Develop training materials and protocols for home-based VCT services. • Provide technical assistance to adapt training materials and protocols for couple pre- and post-HIV test counseling. • Provide technical assistance for the implementation of VCT services through MOH, and AIC • Conduct cost analysis of scale-up of finger stick testing protocols and provide feedback to MOH. • Develop routine screening guidelines in clinical settings.	HHS-CDC	AIC- MOH-	S/GAC	Track 1.5 Track 2.0

68

AIDS Information Center			USAID		S/GAC		
FBO? No	Provide VCT services to 150,000 clients through 9 branches and 159 indirect sites in 47 districts AIC services include pre and post test counseling, testing, psychosocial support through Post Test Clubs, provision of basic medical services, TB services (currently under expansion) and reproductive health services.	• Strengthen 2 branches to cover an additional 39 indirect sites in 10 districts • Renovate 4 branches to improve delivery of quality services • Train 180 health workers, 60 counselors and 92 lab technicians to strengthen and expand service delivery • Expand youth-friendly VCT services to 3 additional branches. • Connect HIV positive individuals to referrals to ART, TB, STI and care and support services, including basic preventive care package for HIV+ individuals • Procure 183,000 tests • Cover more than 80% of AIC's operational costs to ensure the delivery of quality VCT services • Coordinate the delivery of services and trainings with MOH and other USG Implementing partners			Base	2.0	1.5

			HHS-CDC	AIC- HBAC- MOH-	S/GAC Base S/GAC	Track 1.5 Track 1.5 Track 2
AIC, MOH, TASO [HBAC] FBO? No	Provide financial and technical support for VCT services reaching more than 150,000 people	• Support 150,000 VCT sessions in AIC supported VCT sites. • Provide VCT to 4,000 household members in HBAC. • Support the MOH national VCT program to scale up services. • Support the MOH to offer VCT as part of the national sero-survey				

70

AIM			USAID	Base	1.5
FBO? No Partners: 25 existing, including 7 FBO 29 new, including 5 FBO	Provide VCT to 70,800 new clients in 62 sites in 16 district	• Training 150 midwives, nurses and clinical officers and 100 community counselor aides • Support supervision to VCT sites and community-based providers. (Integrated with supervision of PMTCT services.) • Assist districts and VCT sites to forecast HIV test kits and related supplies as needed • Translate, print and distribute IEC materials to VCT sites. • Assist districts to develop or adapt materials as needed for promotion, awareness and demand creation for VCT services. • Grants to 16 districts and private facilities to support VCT services • Connect HIV positive individuals to referrals to ART, TB, STI and care and support services, including basic preventive care package for HIV+ individuals • Coordinate support for delivery of services, trainings and IEC/BCC with AIC, MOH and other USG implem.			

UPHOLD		USAID		Base	Track 2.0
New Partner? No FBO? No Grantees: 3 existing 6 new, including 1 FBO	Provide VCT to 10,000 people in at least 10 sites in 5 districts, with limited support Reach 270,00 people with IEC/BCC, with a focus on couples, resulting in increased demand and uptake of VCT services.	• Provide grants to districts, NGOs, CBOs and private sector groups for service delivery and community mobilization; • Support training and supervision for district health staff, counselors and laboratory staff in 10 facilities • Renovate facilities as needed to ensure delivery of quality services • Assist districts to effectively utilize the logistics pull system for commodities • Support a multi-media behavior change campaign (e.g. radio; music, dance and drama; home visits; and peer/couples counseling) to increase demand for and effective use of VCT services as well as promote beneficial attitudes and practices related to prevention, care and support. • Connect HIV positive individuals to ART, TB, STI and care and support services, including basic preventive care package • Synchronize IEC/BCC campaign with other USG initiatives including AIDSMark, AIM, air			

AIDSMark			USAID	Base	2.0
New partner? No FBO? No	Reach 1.7 million people, with a VCT promotional campaign – focus on couples	• Finalize pilot report and make recommendations for expansion • Create awareness of benefits of couple testing in 67 VCT sites supported by USG • Air testimonial radio spots in 31 districts in five local languages • Develop and distribute 60,000 leaflets • Erect 5 billboards, 90 suburb signs and 180 directional signs • Print 200 copies of a referral database highlighting care and support NGOs • Distribute 30,000 posters in 5 local languages • Collaborate with district based USG implementing partners to identify sites and synchronize IEC/BCC campaigns.			

73

			USAID		Base	2.0
Community Resilience and Dialogue (Catholic Relief Services, International Rescue Committee) Partners: 2 existing 2 new 1 FBO	Provide VCT services to 2,500 individuals in 4 facilities in 3 conflict-affected districts	• Train 70 VCT health personnel (counselors, lab techs, etc) in 4 hospitals • Test kits should be provided through MOH; however, a small supply will be procured to ensure no stock-outs as experienced during the past 12 months • Rehabilitate lower level health facilities • Connect HIV positive individuals to referrals to ART, TB, STI and care and support services, including basic preventive care package for HIV+ individuals • Coordinate support for delivery of services, trainings and IEC/BCC with AIC, MOH and other USG implementing partners.				

74

4.6.21 Proposed new activities in FY04

Partner	FY 04 Objective	Activities for each objective	Agency		Budget
Uganda's People's Defense Force – AIDS Control Program / New Partner? No FBO? No	Provide VCT to 5,000 military personnel	• Support the expansion of static sites from 9 to 12. • Link post-test clubs and VCT to PMTCT and care and support services • Procure 6,020 test kits and lab supplies • Strengthen quality assurance systems • Train laboratory technicians and counselors • Collaborate with AIDSmark to provide mobile VCT to military personnel – linking follow–up care and support services to static military sites and post-test clubs	DAO	S/GAC	2.0

AIDS Information Center
 	
New partner? No
FBO? No
	Expand VCT services to reach an additional 31,000 clients in 2 new AIC branches, covering 55 indirect sites in 11 districts	• Identify and rehabilitate 2 new branch sites
		• Train:
		  –55 site supervisors
		  –11 district VCT supervisors
		  –165 health workers in HIV/AIDS counseling
		  –66 laboratory technicians
		• Mobilize and sensitize policy makers and health managers
		• Strengthen at least 5 NGOs mobilizing communities to increase demand for VCT
		• Procure 37,820 test kits and consumables)
		• Connect HIV positive individuals to referrals to ART, TB, STI and care and support services, including basic preventive care package for HIV+ individuals
		• Cover the operational costs of two new branches
			USAID	S/GAC 1.5

AIDS Information Center New partner? No FBO? No	Improve the skills of AIC counselors in Mobile VCT and Couple Counselling	• Train 60 counselors in mobile VCT • Facilitate discordant couple meetings • Support procurement of equipment and supplies for HIV testing including CD4 testing • Support strategic information and M&E through installation of WAN equipment • Coordinate with AIDSMark on delivery of mobile VCT services	HHS-CDC	(1.5 S/GAC)

AIDSMark		USAID	S/GAC)
New Partner? No	Provide mobile VCT services to 10,000 people, with a focus on the military and those living in camps for internally displaced people.	• Procure and outfit 2 vans for VCT (test kits, brochures, referral cards, tents, mobile video unit and staff)	X2.0
FBO? No		• Identify areas best suited for mobile VCT for military and IDPs	
		• Create demand through community outreach activities to reach 120,000 people in identified areas	
		• Set up referral system for provision of basic preventive care package to positive clients	
		• Set up referral system to MOH/JCRC or other sites for ARVs	
		• Supervise, monitor and evaluate operations of mobile vans	
		• Linked with communication campaign for basic preventive care package (implemented by PSI, AIDSMark's parent organization)	
		• Coordinate support for delivery of services, trainings and IEC/BCC with AIC, MOH and other USG implementing partners.	
		• Coordinate with CDC on support to AIC for delivery of mobile VCT services.	

77

B5

			USAID	S/GAC)	2.0
UPHOLD	Improve capacity of AIDS Information Center to meet the rapidly growing demand for VCT services and planned expansion activities	Provide short and medium term technical assistance and material support to strengthen AIC's staff skills in strategic planning, financial and personnel management, and communications and leadership.			

New? NO
FBO? NO
 	
(IRC, [ ])
 	
New partner? No
FBO? No
 	
Grantee: 1 FBO activity
	Provide VCT to 3,500 persons in 6 facilities in 4 districts, 3 of which are conflict affected districts in Eastern Uganda with very poor infrastructure and a pastoral community suffering from continuous conflict	• Training:
		  o 20 providers in counseling
		  o 16 laboratory staff
		• Facilitate quality assurance and quality control measures
		• Rehabilitation of counseling rooms
		• Ensure adequate supplies of testing kits
		• Promote VCT to target population
		• Support the establishment of post-test clubs and facilitate activities.
		• Establish and provide referral links for ARTS and care and support
		• Support VCT outreach clinics through faith-based facilities in 1 district
		• Link with ART delivery in Moroto
		• Coordinate support to services with MOH and other USG implementing partners.
			USAID	S/GAC)	

MOH New partner? No FBO? No	Provide financial and technical support for routine counseling and testing (RCT) services in development	• Develop policy guidelines and operational protocols for provision of RCT to people attending STI treatment centers, TB treatment centers and hospitals.	HHS-CDC (Track 1.5, S/GAC)
New Partner Subject to RFA New partner? TBD FBO? TBD	Provide up to 36,600 patients and caregivers with routine HIV counseling and testing in 2 teaching hospitals	• Work with MoH and other stakeholders to develop RCT and care operational guidelines • Develop training guidelines, plan staffing and train staff • Ensure commodities supply & management system operational in respect to test kits, cotrimoxazole, ARVs, TB diagnostic materials and drugs • Expand HMIS to include key data on RCT, care and treatment • Strengthen hospital lab capacity including CD4 count testing or ensure linkages to that capacity to implement the program • Evaluate revised guidelines after 6 months of implementation • Develop a plan to establish RCT in one regional hospital in year 2.	HHS-CDC (Track 2, S/GAC)

79

New Partner Subject to RFA New partner? TBD FBO? TBD	Provide routine counseling and testing to 40,000 in 2 district hospitals	• Develop training guidelines and train 50 staff • Ensure commodities supply & management system operational in respect to test kits and basic care • Ensure supplementation of HMIS in target hospitals to include key data on RCT & care • Implement the program and evaluate initial experience	HHS-CDC	(Track 2, S/GAC)
	Pilot program to integrate routine counseling and testing(RCT) into health delivery system. Need to plan for commodities for new program not forecasted through existing systems	• Identify pilot districts and partners through a process that defines selection criteria (e.g. linkages to referral care, HIV/AIDS focused CBOs and FBOs, district support, etc.) • Ensure HIV test kits and counseling guidelines available • Train mobile VCT teams • Establish data management system • Include referral to TB screening, basic care and counseling for those testing positive • Coordinate with mobile VCT services offered through AIC and AIDSMark.	HHS-CDC	(Track 2, S/GAC)
Partner subject to RFA New partner? TBD FBO? TBD	Provide community and home-based VCT to 215,000 people using mobile testing teams in 2 districts TBD			

80

Total partners:		New partners:		FBOs		Total budget:
	12 prime 68 subs		3 Prime 37 subs		15	

81

81

Table 4-7: HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)

In Uganda, approximately 1,000,000 people are living with HIV/AIDS and an estimated two million children are living without one or both parents, 880,000 of whom are orphaned due to AIDS (MOG: 2002). Uganda has just completed a participatory process of reviewing its National Strategic Framework (NSF) for HIV/AIDS. Among the key recommendations was the need to strengthen care and support through provision of additional technical and financial resources to the civil society as the major providers of care and support throughout the country. Although only recently identified as a goal within the NSF, pediatric HIV/AIDS care has been a challenge to care and support providers over a long period.

Capacity to provide quality HIV clinical care services is a challenge in most of the health units. Drug shortages, lack of skilled manpower and inadequate training in AIDS care remain major limitations. With approximately 100,000 people accessing care and support services, 75% of all district hospitals lack capacity to treat opportunistic infections (OI) and sexually transmitted infections (STI) (UHSF 2002). Less than a quarter of all health facilities are reported to offer Tuberculosis (TB) diagnostic services and 31% have the ability to treat TB. Social support services are less accessible; in both government and non-governmental facilities, only 7% of HIV positive people get any form of social support.

Through USG support, the National Tuberculosis and Leprosy Program (NTLP) has received significant financial and technical resources to strengthen its capacity in case detection, treatment, surveillance, community mobilization and improved information management. Despite the wider recognition that TB is among the leading causes of mortality among people living with HIV/AIDS, TB programs have been implemented vertically to the National AIDS Control Program, with little efforts towards integration.

TASO is currently the primary provider of HIV care and support services and has received USG financial and technical assistance for over a decade. TASO has grown into a highly credible organization and remains an international leader in providing care and support to people with HIV/AIDS and their families. TASO's model of care has been emulated in several countries in Sub-Saharan Africa. TASO provided services to over 30,000 HIV-positive clients in 2003. USG currently supports more than 40% of TASO's annual budget.

Private, non-profit and faith-based organizations, with financing from external donors, have greatly leveraged government efforts and resources in providing integrated services for care and support. Services provided include treatment of OIs, on-going social and spiritual counseling, home-based care, provision of credit facilities for income generating activities and vocational skills building for affected family members especially orphans. Since the early1990's, the USG through its development agencies has been at the forefront in supporting the evolution and expansion of care and support programs in Uganda.

The USG's strategic approach focuses on building capacity of the civil society to implement a multisectoral HIV/AIDS response. Building strategic public-private partnerships is paramount to the successfully delivery of HIV/AIDS services in a decentralized system with limited public sector support. Substantial resources have also been invested in strengthening national level systems that are required to support service delivery at district and community levels. USG has also supported considerable training and capacity building of health care providers in HIV/AIDS care through Mildmay's training program.

Key to effective service delivery are ensuring quality of services, innovating new approaches and remaining responsive to a rapidly evolving epidemic. USG has provided substantial technical support to strengthen and improve care services for people living with HIV/AIDS. Developing protocols, standards and guidelines; strengthening counseling services; improving training for health workers, community leaders and carers through Mildmay, TASO and other programs; and essential services for integration such as introducing TB screening and INH prophylaxis for those who test HIV+ at AIC, have been at the cornerstone of USG support. Support also includes the development of National HIV Clinical Care Guidelines, including a training manual for operational level health workers in clinical management of OIs in adults and children.

USG partners through AIM, Community Resilience and Dialogue (CRD), UPHOLD, TASO, Mildmay, Mulago pediatric Infectious Disease Clinic and Joint Clinical Research Center are supporting the provision of services in 47 districts through more than 220 sites/facilities. The AIM, UPHOLD and CRD programs provide grants to district and community-based NGOs, faith-based organizations and the private sector to support innovative HIV/AIDS activities including care, support and mitigation activities.
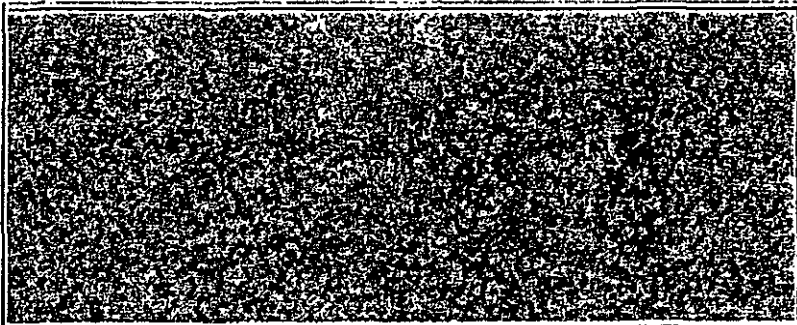
Approximately 60 grants are currently supporting indigenous and faith-based organizations to deliver care and support activities at the community level. There is strong emphasis within the AIM program to integrate TB diagnosis and treatment within the holistic package for care and support. A special earmark of funds has been provided to AIM for supporting TB activities, largely through building capacity of districts in diagnosis, treatment, surveillance and community mobilization. TB care is also being provided through the Home-Based Care Project with TASO.

The USG is supporting a new initiative for improved care and prevention of opportunistic infections for people living with HIV/AIDS, using a basic preventive care package. This basic care package includes cotrimoxazole prophylaxis, a home-based safe water system, distribution of insecticide treated mosquito nets, psychosocial support and nutrition counseling. Following dissemination of the results on cotrimoxazole prophylaxis implemented by USG in collaboration with TASO, the development of a policy for prophylactic use of cotrimoxazole is underway. 15,000 clients at 7 TASO centers have been enrolled in the cotrimoxazole program to date. The safe water system program is also in the implementation stages.

4.7.2 How new activities will contribute to PEPFAR targets, linkages to other activities

With PEPFAR the USG program will expand care and support activities to reach 300,000 HIV infected people and orphans by 2008 and 295,600 in 2004. The majority of HIV positive people will not be eligible or able to access ARV treatment in the short term. To reach PEPFAR goals and the needs of HIV positive Ugandans and orphans, USG proposes to strengthen the delivery systems for preventive, clinical, palliative and orphan care and support services through a host of partners. USG agencies will complement each other in ensuring that people living with HIV/AIDS access a wide range of care and support services. Each agency will bring its unique expertise towards building a strong, quality and consolidated HIV/AIDS program.

New activities include scaling-up access to care services through existing programs such as AIM, CRD and UPHOLD as well as implementing new activities through old and new partners including the Inter-Religious Council of Uganda, a network of faith based institutions, TASO, AIC, Mildmay, Reach Out, Rakai, Joint Clinical Research Center and Mulago hospital. USG's goal is to ensure that all HIV positive people at all USG sites will receive basic care, including those receiving ARVs. Different models of providing care and support (facility, home based, outreach) will be implemented by partners.

USG support to TASO will increase to 70% of TASO's annual budget through PEPFAR activities in FY04. USAID will focus primarily on supporting TASO to geographically expand basic care and support services, and to support the institutional capacity of TASO to respond to this rapid expansion. CDC will support TASO in the delivery of ART as well as expansion of existing tuberculosis activities and will expand the integration of the basic preventive care package.

A first step in expanding dissemination of the basic care package will be the identification of effective delivery systems for the basic preventive care package, which will be integrated into existing and new programs implemented by USG partners. Initially, USG supported NGOs and faith based groups working with HIV positive people will be provided with elements of the packages. As appropriate systems are identified, the comprehensive basic preventive care package will be rolled out to other providers.

All USG implementing partners will work in collaboration with the MOH and other key partners to ensure that people receive required services through the network model. For example, individuals who receive VCT or routine counseling and testing will be connected to STI, TB and care services as needed. People who require ART will be provided the basic preventive care package. A network model of service delivery is currently being developed in AIM districts. Coordination and collaboration among partners is a critical element of ensuring that individuals receive all necessary services.

4.7.5 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

87

MOH FBO? No		HHS-CDC		S/GAC	Track 1.5
MOH w/ACP and NTLP	Develop capacity for counseling on comprehensive HIV/AIDS basic preventive care package (BPCP) The full BPCP includes cotrimoxazole prophylaxis, safe water vessel, bednets, transmission prevention materials and nutritional support.	• Finalize counseling guidelines • Print counselor training guidelines • Train 200 health workers counseling on comprehensive HIV/AIDS care. • Disseminate guidelines nationally to reach 40 care facilities.			
	Support the MOH core care program.	• Support the development of policy guidelines on OI care including, guidelines and monitoring and supervision tools for care and support. • Support training activities and develop training guidelines for management of AIDS.			
	Strengthen collaboration between NTLP and CDC-Uganda and build capacity of the TB reference laboratory.	• Support QA activities of the TB referral laboratory.			

88

TASO			USAID	S/GAC		
				Base	2.0	1.5
FBO? No	Provide clinical and preventive care and support services to approximately 27,000 people living with HIV/AIDS in 9 existing branches covering 38 districts	• Provision of basic package of services, including counseling, basic medical care, TB diagnosis and treatment and psychosocial support to all clients.				
Partners: 10 existing		• Training 20 counselors, 20 community trainers for 2 CBOs In 2 new and 1 district facility				
		• Train 1,000 health workers				
		• Support mobile home-based care services for clients unable to travel to TASO sites.				
		• Orient and train 3,700 family members in caring for people living with HIV/AIDS				
		• Redesign, renovate and equip regional training center				
		• Provide technical assistance and material support to 10 local NGOs/CBOs providing care and support service to people living with HIV/AIDS.				
		• USAID supports approximately 60% of TASO's operating costs.				

89

Organization	FBO?	Objective	Activities	Agency			
					Base	S/GAC	Track 2.0
TASO	FBO? No	Improve the skills of TASO staff and volunteers in TB care and management	• Train community nurses, AIDS Community workers and laboratory technicians. • Conduct refresher training for 21 nurses, 70 counselors in TB related counseling and nursing care • Conduct refresher training in TB management for doctors and paramedicals for 7 centers	HHS–CDC			
Mildmay	FBO? Yes	Strengthen capacity of 480 health care providers in HIV/AIDS care in rural based facilities targeting underserved populations in 8 districts.	• Provide comprehensive training for HCW on HIV/AIDS care through center–based training and Mobile Training Teams • Develop training materials and resource handbooks • Expand infrastructure, including training center, laboratory and clinical area • Conduct monitoring and evaluation of training program • Conduct quality assurance reviews for TB activities	HHS–CDC	Base		Track 2

90

AIM			USAID	Base	1.5
Partners: 15 existing 30 new	Assist districts to deliver HIV clinical care to 27,000 people living with HIV/AIDS through 323 health facilities in 16 districts	• Provide grants to 16 district department of health services to support the delivery of care including diagnosis an management of opportunistic infections in district hospitals and health centers 4 and 3's. • Train 500 operational level health workers through district grants. • Support supervision and quality assurance systems. • Provide financial and technical support to health units implementing clinical care and management of OIs. • Strengthen district capacity to effectively feed into the national HMIS.			

			Agency		
UPHOLD FBO? No New Partners? 10 FBO? TBD	Assist districts to deliver HIV clinical care to 5,000 people living with HIV/AIDS in at least 10 facilities in 5 districts	• Provide financial and technical support to public and faith-based facilities to deliver care services • Train health care workers • Strengthen supervision and quality assurance systems • Provide technical assistance to districts to feed into the Pull logistics system • Renovate clinical facilities to ensure quality delivery of services	USAID	Base	2.0
Mulago pediatric IDC clinic/Baylor College of Medicine FBO? No	Support pediatric AIDS care and treatment at Mulago referral hospital 2,000 children	• Design, implement and evaluate pediatric HIV/AIDS care and treatment programs • Provide OI diagnosis, prevention and treatment for children attending the clinic • Conduct training activities for 100 HCW on pediatric HIV/AIDS care • Twinning with Baylor program in Botswana, a South-South Exchange	HHS-CDC	S/GAC	Track 2

AIC
FBO? No

4.7.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget		
	Implement TB screening and prevention services in four main AIC branches for 51,600 clients	• Expand TB program to new branches • Recruit and train 12 new staff • Train 28 providers on TB program including TB education • Procure drugs and equipment • Screen all HIV + VCT clients for TB • Support TB-DOTS services for clients with active TB at Kampala AIC site	HHS-CDC		S/GAC	Track 2.0
	800 clients with latent TB will receive INH preventive therapy					

93

| New partner through RFA | Conduct review to assess current systems for procurement and distribution of components of preventive basic care package | • Establish consensus and finalize policy approval for the standard basic care package
• Develop recommendations for rapid expansion of sustainable production / procurement and delivery systems for key elements of the package
• Review current IEC materials developed for BPCP campaign | HHS–CDC

(Track 2, S/GAC.) |
| | National communications campaign to support rapid expansion of the basic preventive care package | • Develop and implement targeted BPCP messages for care providers, health workers, PHAS, counselors and the general public
• Link national campaign messages to all USG PEPFAR supported district-based health facilities for community mobilization, education and creation of demand, reaching at least 40,000 HIV+ clients | (Track 2, S/GAC-through a local consultancy)

(Track 2, S/GAC) |

94

TASO			USAID	S/GAC) 1.5
FBO? No	Renovate and equip 2 new TASO centers to cover 8 districts reaching 4,000 clients	- Mobilize district leaders - Carry out AIDS care orientation workshops for the district leaders and hospital staff - Establish and orient a Center Advisory Committee for each branch - Provide 4,000 counseling sessions, 3,500 clients treated through approximately 5,000 medical sessions, and 1,000 clients through home care visits and out reach clinic services - Train 8 medical staff to manage TB in the two branches - Approximately 5,000 people reached through community education 2 drama groups formed - Equip renovated centers LAN and other office equipment - Cover 100% of operational costs for new centers		

95

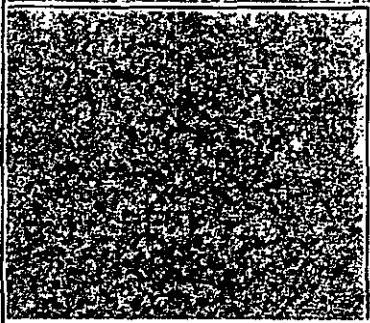| Partner	Activity	Details	Agency	Track
TASO New partner? No FBO? No	Expand existing basic preventive care package to cover an additional 10,000 clients and provide impregnated bed nets to 30,000 TASO clients	• Provide TB screening and treatment • Provide home based HIV testing of household members of TASO clients • Provide cotrimoxazole prophylaxis to all TASO clients • Provide safe water in improved vessels for the prevention of diarrhoea in households of PHAs • Provide impregnated mosquito nets to 30,000 clients for malaria prevention	HHS-CDC	(Track 2, S/GAC)
Mildmay New partner? No FBO? Yes	Provide basic preventive care package to all 4800 Mildmay clients	• Distribute cotrimoxazole and insecticide treated mosquito nets to 4800 HIV+ adults and children	HHS-CDC	(Track 1.5, S/GAC)
RFA partner to work with National Medical Stores New partner? Yes FBO? No	Support commodities fund for cotrimoxazole procurement and distribution.	• Establish MOU with NMS • Conduct needs assessment and assign funding level for all health facilities • Train personnel in ordering system • Establish agency to coordinate procurement with other donors in the sector and to track commodities and payments	HHS-CDC	(Track 2, S/GAC)

| Inter-Religious Council of Uganda (IRCU) /Management Sciences For Health

New partner? No
FBO? Yes

13 new grantees, including FBO | IRCU will work through its network of FB health institutions to provide care and support to 10,000 people living with HIV/AIDS and their families. | • Provide facility based clinical management and prevention of opportunistic infections
• Integrate the delivery of home-based care with links to VCT as a means to identify other family members living with HIV.
• Train and orient counselors to integrate care and prevention of opportunistic infections
• Psychosocial support
• Community mobilization
• Renovations of infrastructure
• Rehabilitation and equipping of laboratories
• Link to CRS Track 1.0 activity for ART as well as other ART delivery sites
• Link to CDC supported MIS for care clients in Kampala
• Strengthen the organizational and technical capacity of IRCU to meet the demands of supporting an extensive care program | USAID | S/GAC

2.0 |

Partner	Description	Activities	Agency	Track
UPHOLD New? NO FBO? NO	UPHOLD will improve The AIDS Support Organization (TASO) capacity to meet the rapidly growing demand for its care and support services	• UPHOLD will provide short term technical assistance to strengthen TASO's staff skills in strategic planning, financial and personnel management, and communications and leadership.	USAID	S/GAC) 2.0
New partner? No FBO? No	Provide medical services to 400 soldiers living with HIV and AIDS	• Procure drugs for management and treatment of STIs and OIs • Provide basic preventive care package to soldiers living with HIV/AIDS • Train medical personnel in quality care	DAO	/GAC)
New partner? No FBO? No	Provide cotrimoxazole prophylaxis to 1,728 AIC clients at AIC Kampala branch	• Procure and distribute drugs to eligible VCT clients • Train counselors and other staff in cotrimoxazole prophylaxis and basic care • Procure and distribute IEC materials	HHS-CDC	(Track 1.5, S/GAC)
Rakai project New partner? Yes FBO? No	Provide access to basic preventive care package to 1,800 HIV+ cohort participants via 14 Rakai Program mobile Suubi ("Hope") clinics and the Rakai Program fixed clinic in Kalisizo	• Provide OI prevention and treatment for 1,800 clients in the Rakai Project cohort • Pilot provision of safe water supplies and insecticide impregnated bed nets for the prevention of malaria. • Train 35 Rakai staff for distribution of BPCP	HHS-CDC	(Track 1.5, S/GAC)

Mulago Hospital New partner? Yes FBO? No	Provide routine counseling and testing to patients and carers at Mulago Hospital	• Pilot RCT for upto 200 patients and carers at Mulago Hospital	HHS–CDC	(Track 1.5, S/GAC)
Reach–out New partner? Yes FBO? Yes	Provide basic preventive care package to all existing 1000 clients and clinical OI care.	• Provide ITNs to 1000 clients • Provide cotrimoxazole to 1000 clients • Distribute SWS to 1000 clients to prevent diarrhea • Provide testing for household members of HIV-positive clients • Treat OI • Provide TB screening and treatment services	HHS–CDC	(Track 1.5, S/GAC)
Total partners: 14 prime 78 subs	New partners: 4 prime 53 subs	FBOs: 16	Total budget:	

99

Table 4.8 Current status of program in country	Palliative Care

In the Ugandan context, the definition of palliative care is varied. This lack of clear definition, policies and guidelines was highlighted as a major gap in the review of the National Strategic Framework. Palliative care has largely been understood to imply terminal care usually delivered at clients' homes. Home–based care (HBC) has, therefore, been a major component of palliative care in the Ugandan response to HIV/AIDS, however, does not always imply terminal care. Home based care has taken centre stage in Uganda's response given the inadequate health facility based services, difficulty in accessing the available care facilities by the very ill and people's cultural preference for terminal care and death in the home setting. At present, the demand for home–based care exceeds available resources. Although different organizations provide different components of home–based care, in the past it was generally accepted that a comprehensive package of home based care included basic medical care, counseling, psychosocial and spiritual support, economic strengthening of the household, nutritional support, as well as providing material support in the form of home–based care kits e.g. insecticide treated mosquito nets, soap, bed sheets, etc.

More recently Hospice Care, initially targeted at terminally ill cancer patients, has been introduced into the HIV/AIDS home–based care package. The primary focus of Hospice Care is pain management using Morphine. Uganda has a well–developed policy guideline on handling Class A drugs, including morphine, which is scrupulously monitored by the National Drug Authority. The policy provides guidance on importation, manufacture, transportation, prescription of class A drugs, and dispensing and use in both clinical and home based settings.

101

Private not for profit and faith based organizations have been the prominent providers of palliative and home based care in Uganda. Lead agencies in this field include Hospice Africa Uganda, TASO, Kitovu Mobile Home Care, Mildmay International, Nsambya Hospital, Kamwokya Christian Caring Community, Lubaga Hospital, Church of Uganda and Uganda Muslim Supreme Council. All but TASO are faith-based organizations. USG currently supports 46 community based organizations through AIM to provide community support and home-based care to people living with AIDS, reaching approximately 2,000 people living with HIV/AIDS. USG has also been supporting Mildmay International's training program which has trained both rural and urban providers in palliative care for adults and children living with HIV.

102

4.8.2 How new activities will contribute to PEPFAR targets; linkages to other activities

In FY04, the US Mission in Uganda plans to greatly expand palliative care activities and programs for people living with HIV/AIDS to 155,600 people. Although the goal is to ultimately decrease the number of people requiring home-based or palliative care because they have been able to access ART and the basic preventive care package, it will take some time before both of these services are accessible to all who need them. Therefore, the USG will strengthen and expand the delivery of quality home-based care services as well as strengthen palliative care training for providers.

A key activity is to expand the integration of hospice care into HIV/AIDS home based and clinical care through an agreement with Hospice Uganda, the leading palliative group in the country. This will involve intensive training of health workers and community volunteers. The information, materials and training support delivered through Hospice will be accessible to USG partners delivering care and treatment services. Home-based care will also be strengthened through drafting new cost effective approaches such as use of community-based nurses and counselors, with facility based staff providing periodic supervision, oversight and inputs. USG implementing partners will also support the delivery of comprehensive services to ensure that people living with HIV/AIDS receive all needed services. USG will also engage people living with HIV/AIDS through their existing networks to better understand and advocate for their rights.

As USG helps to expand palliative and home care, succession planning will be emphasized to encourage disclosure and enable HIV/AIDS affected families to make advanced plans with their breadwinners. Networks of people living with HIV/AIDS will have valuable input by continuing to demystify AIDS and giving it a face in home and community settings.

Clients receiving palliative and home-based care will be linked to other non-PEPFAR USG activities such as the Title II PL480 food assistance program to receive food supplements that are critically needed at this stage of care. Similarly, linkages will be made through the USG supported network of FBOs to access spiritual care to affected individuals and their families.

103

4.8.3 Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities (for each objective)	Agency	Budget Amount ($)	Budget Source (Base) (PMTCT, S/GAO)	Track (1, 1.5, 2)
AIM FBO? No 48 existing, including 10 FBO 60 new, including 20 FBO	Provide community and home-based care services to reach 4,300 PHA in 16 districts	• Support CBOs to scale up provision of home based care • Provide funding to Hospice Uganda to scale up palliative care services, including pain management service, from three to 16 districts and to deliver training to other palliative care providers. • Link and coordinate Hospice activities with Mildmay training in palliative care • Provide grants to 20 new CBOs providing home-based care in the districts. • Provide ongoing TA and training assistance to CBOs.	USAID		Base	1.5

104

UPHOLD			USAID	Base	Track 2
Partners: 9 existing 13 new, including 5 FBO	Provide community and home–based care services to 5,000 PHAs in 5 conflict districts.	• Financial and technical assistance to public, private and civil society providers to deliver palliative care services (complement clinical services in same 5 districts) • Grants to strengthen technical capacity of FBOs, CBOs, private sector groups, and traditional healers to provide care services, conduct home visits, training of carers and community volunteers, psycho-social and spiritual counseling and support services; • Improve supervision and quality control of services delivered to households and communities; • Initiatives to increase demand for care will be linked to other communications campaign and message development activities under PEPFAR. • Link to delivery of ARVs in Gulu district.			

Partner	Objective	Activities	Agency			
ACDI/VOCA (consortium includes Africare, TASO, CRS and World Vision) FBO? 2 consortium members	Provide basic nutrition and hygiene education to 5,000 people living with HIV/AIDS	• Training in basic hygiene and nutrition • Translate the handbook on Nutritional Care and Support in five indigenous languages • Print and distribute 100,000 nutrition information booklets • Provide safe water vessels at 30 community water sources to prevent diarrhea among 5,000 people living with HIV/AIDS	USAID		Base	2.0
CRD (CRS, SAVE) FBO? CRD – YES 1 existing partner 2 new	Provide home-based care to 500 people in 4 conflict-affected districts	• Training 222 home-based-care volunteer providers • Subgrant to local NGOs for provision of home-based care • Link to roll-out of basic preventive care package	USAID		Base	
Midmay FBO? Yes	Build capacity in Uganda to provide palliative care	• Provide training programs and clinical placements in palliative care [including mobile training] to 200 people per year	HHS–CDC		S/GAC	Track 1.5

106

4.8.1 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget	S/GAC	Track 2
TASO FBO? NO	Provide palliative care to 25,000 TASO clients Provide palliative care to 1,000 HBAC clients.	• Provide symptom control including pain medication to eligible TASO clients	HHS-CDC		S/GAC	Track 2
Mildmay New Partner? NO FBO? Yes	Build capacity of health care workers in palliative care	• Train 400 health care workers in palliative care • Provide technical assistance to rural health facilities in care and treatment • Link and coordinate with expansion of palliative care, including pain management with Hospice.	USAID	HHS-CDC		
(see above) New partner? No FBO? Yes, No	Provide home-based care to 1,500 persons in 2 conflict districts	• Subgrant to 2 NGOs to provide home-based care • Identify and train 60 volunteer caregivers and 20 volunteer counselors • Refer 412 PHAs to clinic services • Train 20 clinic staff in pediatric counseling	HHS-CDC	S/GAC 2.0 (Track 2.0, Base)		

107

Reach Out New Partner? Yes FBO? Yes	Total partners	Avail palliative care to 1,000 Reach Out clients	7 prime 133 subs	New partners	• Provide palliative care through a community and home based care program to 1,000 clients	1 prime 75 subs	FBOs	39	HHS-CDC	Total budget	(Track 1.5, S/GAC)

108

101

Table 4.9 Support for Orphans and Vulnerable Children

419. Current status of program in country

The Ministry of Gender, Labor and Social Development (MGLSD) has completed a situation analysis on the status of orphans in Uganda and just completed a year long consultative process to develop a national policy and implementation plan on orphans and other vulnerable children (OVC) in Uganda. The documents are currently being submitted to Cabinet. The recently revised National Strategic Framework on HIV/AIDS in Uganda also addresses OVC under a multisectoral framework. The GOU has received approval for funding of $58 million from the GFATM for OVC through Tracks 1 and 3, with the bulk of resources coming through Track 3 funding.

Uganda has a multitude of international and national organizations providing support (health, education, economic, nutrition, psychosocial, legal, etc) to OVC and their families at the national and grass roots level. Some of the key stakeholders include National Council on Children, UNICEF, World Vision, Save the Children, CARE, the World Bank MAP Project, The Hope for African Children's Initiative, AVSI, Uganda Women's Effort to Save Orphans (UWESO), National Community of Women Living with HIV/AIDS, Inter-religious Council of Uganda, Action for Children, AFXB, Plan International and hundreds of community level organizations. Unfortunately, the services are often fragmented and there are no quality standards or guidelines to guide the delivery of critical services.

The National Implementation Plan on OVC has identified 4 building blocks that are considered critical to improving the quality of life of OVC affected by HIV/AIDS and their caregivers and mitigating the negative impact of their condition. The 4 areas *prioritized for programming* are subdivided into 10 core program areas: socio-economic security, food security and nutrition, care and support, mitigation of the impact of conflict, education, psychosocial support, health, child protection, legal support and strengthening capacity and resource mobilization. Program areas have been further prioritized by the MGLSD as indicated in the GFATM proposal, which focused on socio-economic security, psychosocial support and legal support and protection and as outlined in the National Implementation Plan, which emphasizes health, including that of the caregivers, education and socio-economic security of OVC households.

Caring for people living with HIV and AIDS, losing productive adults to AIDS, paying for funeral costs and absorbing orphans represent the greatest economic impact of HIV/AIDS (Armstrong 2000). Well-being to individuals and families affected by HIV/AIDS is often expressed in economic terms and socioeconomic status. (Donahue, 2003). The well-being of children and family members who are ill also relies largely on the capacity of households to maintain or stabilize their livelihood. Personal resources disappear quickly for those caring for the sick and orphans. Economic stress results from households needing financial resources to respond to a crisis such as an extra child to feed, transport to the hospital, medicines and special foods. To respond to such a crisis, other critical aspects of well-being are sacrificed including decreasing household consumption of food, clothing and other basic necessities, young girls and women exchanging sex for money, taking "extra" children out of school, and liquidating assets. Support to OVCs and PHAs necessitates economic support to caregivers, households and communities in order to effectively mitigate the impact of HIV/AIDS. However, it is critical that quality services are delivered to ensure results, efforts are made to minimize stigma and resentment and support is tailored to the individual needs of each client.

The USG has several projects working to support the national program as well as capacity building and service delivery at the community level. At the national level, USAID, through the Applied Research for Child Health Project, has served as the main donor partner, along side UNICEF, to support the MOGLSD to undertake a situation analysis and develop a national policy and implementation plan. The AIM project is also partnering with UWESO to develop seven of its district branches as centers of excellence, and training points for smaller grantees serving this target population. AIM is also working to develop a tool kit for several key interventions that will include training materials, quality standards and guidelines, useful tools for identifying OVC and monitoring programs.

At the district level, The AIM project, TASO, the Inter-Religious Council of Uganda and the Community Resilience and Dialogue program have supported more than 8,800 OVC through 85 grants, including more than 30 faith-based organizations to provide scholastic materials, short-term food security, income generating activities, psychosocial support, and advocacy efforts including legal assistance. ACDI-VOCA has also supported 46,875 OVC with supplemental food support.

103

Programming related to orphans and vulnerable children links to three specific areas outlined in the PEPFAR planning document. The activities addressed through PEPFAR are aimed at improving the lives of children and families affected by HIV/AIDS, with an emphasis on strengthening communities and families to meet the needs of vulnerable children. Also primary to this response is building the country's capacity to provide quality services and information to sustain the outcomes achieved under PEPFAR related to OVC programming. Cross-cutting activities that include strengthening the implementation and/or development of policies and systems to address stigma and discrimination, strengthen service delivery such as support systems, improving human resource policies and/or training systems for HIV/AIDS programs.

USG implementing partners (IPs) working at the district level will support the MGLSD to expand delivery of comprehensive services to OVCs and their families. Specifically, IPs will work with national NGOs and civil society organizations to expand their technical scope and geographical coverage to improve the delivery of quality services. AIM and CORE/CARE are currently working with MGLSD to develop toolkits that identify best practices, standards, guidelines, messages and monitoring and evaluation. Support to OVC through USG IPs will focus on socio-economic security, food security and nutrition, care and support, support to education, psychosocial support, child protection, legal support and strengthening capacity and resource mobilization and will reach 70,000 OVC in FY04. Improved care and support to HIV infected children will be expanded through the five-year PEPFAR plan. OVC have been prioritized by the GOU for priority receipt of free ARVs. Through USG support, the Joint Clinical Research Center will also provide ARVs to OVC in 15 sites.

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount(s)	Budget Source (Base: PMTCT)	Track (1,2,5,2) S/GAC

4.9.3 Existing activities initiated prior to FY04

4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities

104

CORE/CARE FBO? No			USAID	Base	1.5
	Ministry of Gender, Labor and Social Development to provide technical leadership and guidance in advancing the OVC national agenda and to ensure equitable allocation of additional resources through Global Fund ($56m), PEPFAR and other mechanisms	• Assessment of technical needs of the Ministry of Gender Labor and Social Development • Meetings with Government officials, implementing partners, donors and other key stakeholders • Develop technical assistance plan for new funding			

105

			USAID		Base	Track 1.5
Management and Leadership/IRCU FBO? Yes Grantees -30 existing FBO -55 new FBO	Strengthen the IRCU to provide direct resources and assistance to HIV affected orphans and vulnerable children through faith based communities: 4,800 OVC will be supported	• Provide technical assistance to ensure IRCU's ability to manage and monitor grants as a system for supporting FBOs with increasing resources (IRCU has been identified as a lead agency to provide technical assistance and financial support to civil society organizations through GFATM resources) and to serve as a strong coordinating body for HIV/AIDS activities among FBOs in Uganda. • Fund 55 new local faith-based organizations and communities organizations to support OVC.				

106

AIM			USAID	Base	1.5
49 existing, including 13 FBO 40 new, including 10 FBO FBO? 23	Increase access to and utilization of quality services, as outlined in the national implementation plan, to over 50,000 OVC and provide IEC/BCC messages to communities supporting OVC in 16 districts	• Training workshops for CBOs and district officials in "OVC support package" in seven districts (Uganda Women's Effort to Save Orphans grant) • School-based OVC support in eight districts through grant to Straight Talk • 850 OVC Toolkits developed and disseminated to grantees and partners • At least 40 new grants awarded for OVC support in the districts • Technical assistance to grantees to improve quality of services			
TASO FBO? No	Provide support to 972 orphans and other vulnerable children of TASO clients	• Provide scholastic materials to 750 children • Provide vocational / apprenticeship training through private and public institutions to 222 children • Home visits to monitor progress of activities	USAID	Base	2.0

107

			USAID		Base	2.0
CRD (CARE, CRS, IRC, SAVE)	In FY04, provide support to 385 OVCs as outlined in the national implementation plan	• Subgrants to 6 local NGOs to provide services, as outlined in the national implementation plan, to OVC. • Training local NGO staff to effectively support and deliver services to OVC				
FBO? Catholic Relief Services						
Partners: 3 existing 3 new						
Opportunity International /Habitat for Humanity	Address the basic income and shelter needs of orphans and vulnerable children. Together they plan to reach 16,000 families with new businesses financed, 8,000 families insured, 24,000 clients provided with HIV/AIDS education/training and 200 orphans in apprenticeship programs.	• Expand the provision of microfinance services to families caring for OVC • Prepare OVC to take over businesses when parents die • Provide access to HIV/AIDS prevention and care resources and building the businesses of woman clients. • Provide adequate, healthy, affordable shelter to families affected by AIDS, especially child headed households or those caring for orphans.	USAID/ W			1.0
FBO? No						

108

4.9.4 Proposed new activities in FY04

Partner	FBO?	FY04 Objective	Activities for each objective	Agency	Budget
CARE	No	Build the capacity of the relevant staff and systems of the OVC implementation unit and the planning and policy unit of the Ministry of labor, Gender and Social Development (MGLSD) to effectively implement the multisectoral National Orphans Policy and Implementation Plan	• Provide technical assistance for strategic organizational and technical leadership (strategic planning, costing, multisectoral OVC programming, toolkits to complement AIM activities, formative research agenda), monitoring and evaluation (support M&E advisor, strengthen MIS and M&E systems at community, district and national levels) • Provide technical and material support to expand the Resource Center with current, up to date materials, guidelines, best practices, etc.	USAID	S/GAC 2.0 Base)) 1.5

Care			USAID	Base)	1.5
FBO? No	Build the capacity of the MGLSD to ensure effective governance and technical oversight of a granting mechanism, which will expand implementation of OVC services within civil society organizations.	• Develop and issue 2 solicitations for immediate expansion and technical strengthening of OVC services 1. Select and award 3–4 national level NGOs, affiliated as a nation-wide OVC network, to provide quality support to local OVC service organizations 2. Select and award 1– 2 large grants for subgranting to 30 civil society organizations providing services to OVC grantees and national grantees • Strengthen organization capacity of small grantees and national grantees • Provide technical support supervision • Develop a long-term granting mechanism, which will be governed by MGLSD, managed by an independent fiduciary agent and comprised of a technical resource committee, to provide technical and financial support to civil society organizations. This mechanism will lay the foundation to receive resource from GFATM ($56m) and other donors.		S/GAC)	2.0
Partners:					
36 new grantees					
FBO TBD					

110

New partner? No
FBO? No

- Offer direct support to 500 children and their families in 3 conflict districts (Kitgum, Gulu, and Pader.)

- Facilitate collaborative action between programs addressing the needs of OVC interventions funded from other sources.

- Support OVC and families with: education and training, skills training and apprenticeships to increase the social and psychological well-being of youth, in addition to increasing their skills to generate income; recreational activities; emotional support to OVC and guardians; material support.

- Integrate the needs of HIV infected and affected children and youth into broader efforts that support community-based care for people living with HIV/AIDS.

- Implement activities to protect vulnerable children and adolescents from HIV infection.

- Provide technical, financial, and material support to community efforts to help OVC and their families/guardians

- Provide suitable management tools to the local NGOs, CBOs, public and private institutions and local authorities

- Distribute and promote application and adaptation of best practices in the field of quality of OVC programs

USAID

s/GAC) 2.0

111

112

| Total partners | 6 prime 216 subs+ | New partners | 134+ new | FBOs | 110+ | Total budget | |

4.10	Anti-Retroviral Therapy (non-PMTCT plus)
Table	
Current status of program in country	(image)

The Ministry of Health began in late 2002 to lay the groundwork to expand access to antiretroviral treatment (ART) through development of a national policy on ART (June 2003), National Guidelines for Implementation of Antiretroviral Therapy (October 2003). and Children (August 2003) and National Guidelines for Implementation of Antiretroviral Therapy and Care Guidelines for Adults in country.

To produce these policy documents and guidelines, the Ministry of Health established a National Committee for Expansion of ARV Therapy that includes public and private sector members to set standards for use of ART in clinics, hospitals and other health centers and will now address implementation and coordination facets of rolling out ART.

The Government of Uganda (GOU) is under pressure to provide free ART care in accordance with the national policy to provide free health care for all. Recently the GOU has redefined this policy and in the new guidelines for implementation of ART note that "it is very likely that patients will be required to pay for their ARV drugs at a subsidized rate that will be determined by the Ministry of Health. However, some categories of patients are likely to receive these drugs free of charge." Publicly the government has stated that these priority groups would be children and orphans, pregnant women, and possibly the indigent. The government policy also states that the role of the private sector is critical in expanding access to ARVs. Prior to 2003, few sites had been accredited by the Ministry of Health to provide ART, though this has expanded to 43 sites by March 2004.

Knowledge of the existence of antiretroviral (ARV) drugs and demand for ART services are increasing country-wide, though ARVs are currently only available in a few major urban areas. Approximately 10,000 people have been able to access ART services to date, most of them in the capital city, Kampala. Because most of Uganda's population lives in rural areas, ART is physically unavailable to the vast majority of the population needing treatment. The other major impediment to access to ART is the high cost of this service. Clients accessing ART pay the full cost of around $35 per month for (knock-off) drugs, laboratory tests, and consultations. This cost places ART well beyond the financial means of most of the Ugandans who need it, with estimates as high as 100-200,000 Ugandans.

112

14 10.2 How new
activities will
contribute to
PEPFAR targets;
linkages to other
activities

USG has a history of working to increase access to ARVs in Uganda and will continue to support national leadership with the Ministry of Health, Uganda AIDS Commission, line ministries and civil society to increase equitable access to ARVs. The USG supported the UNAIDS Drug Access Initiative in Uganda and has initiated the first large-scale rural ARV project in Uganda (The Home-Based AIDS Care Project, HBAC). In addition, the USG has been actively engaged in the clinical care subcommittee, logistics/commodities subcommittee, laboratory subcommittee and financing subcommittee of the national ARV Committees. The USG continues to work closely with the National Committee for Expansion of ARV Therapy to strengthen leadership for implementation and coordination for a networked system. Under Track 1.5 USG will continue work with the ART Financing Subcommittee to research and propose solutions for different ART costing scenarios.

The USG strategy is to expand the network of service delivery sites linked to care and support services and delivering a quality comprehensive package of ARV services to clients and families. In FY 2004 USG will provide support for delivery of quality ART through at least 35 sites strategically selected across Uganda, with partners in Ministry of Health, Faith Based Hospitals and centers, Non-Governmental Organizations, university and research sites, and private sector providers. USG will work with these and other partners providing complementary services to ensure strong systems for sustainability in the different sectors. USG will procure and provide ARVs for Joint Clinical Research Center and 15 MOH and private sector sites, Mildmay International, The AIDS Support Organisation, Home Based AIDS Care Project/Tororo, Mbuya Reach Out, Rakai Project, Mulago Hospital, Mbarara Hospital, Mbarara University of Science and Technology, and multiple partners of Catholic Relief Services (Track 1.0). In FY 2004, USG expects to provide free ARVs to 11,510 eligible children and adults and an additional 12,000 shall access ARVs through cost recovery.

In order to ensure proper delivery of services, USG programs will support development of strong logistics systems and commodity controls; quality assurance programs for service delivery, lab, counseling, training and referral linkages; access to advanced ARV related laboratory services through the National HIV Reference Laboratory, two regional Ministry of Health Laboratories, and Joint Clinical Research Center Mengo. Each delivery site will have the ability to perform the necessary minimum package of tests for clients.

113

USG through partners will develop communications messages and materials to ensure broad understanding of the existing medical interventions, to sustain appropriate and rational use of ARV drugs, and to decrease stigma and support adherence. USG will also support the development of new counselor training materials and messages and ensure that HIV/AIDS counselors are prepared to deal with the new counseling challenges associated with adherence and sexual behavior change for persons taking ARVs. Wherever possible, USG is supporting a "family" approach to ARV care, one in which all household members are offered free VCT and ARVs.

New activities will advance innovative approaches to expand sustainable systems for delivery of ARVs   USG is developing a risk sharing insurance program for private sector employers, to encourage broad coverage for ARV treatment of employees and their family members. Along with this program, private sector providers will be trained and accredited for ARV provision and will serve as preferred providers for businesses. Providers will receive ongoing support, quality assurance and training from established centers. This will expand the pool of providers and increase options for clients. USG has already engaged one private company to explore HIV/AIDS services to its catchment community, whereby USG programs provide initial start up for VCT.

Through the Tororo project, home- based delivery of ARVs has been piloted. USG partners will incorporate components of the home- based delivery approach in many settings.   Lessons learned from Tororo and other projects in Uganda, especially in the area of comprehensive basic care service and home based VCT, will be incorporated into ART programs.

Under Track 2.0, USG will also work with the Ministry of Health and other partners to compare outcomes and cost efficacy for two different ARV delivery systems. We are also evaluating the impact of ARVs on household economics and quality of life.

Several other initiatives are underway in Uganda. World Bank will provide ARVs beginning early 2004 for 3000 adults and 300 children. In Uganda's Round 3 application, The Global Fund on TB, AIDS and Malaria will provide ARV drugs funds for an additional 6000 in FY 2004.. USG continues to provide technical assistance to Global Fund in logistics, development of work plans, establishment of functioning Country Coordinating Body and implementation arrangements. USG will continue to support the NationalART Coordinating Committee to coordinate ARV activities.

4.1.0.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base PMTCT S/GAC)	Track (1.1.5.2)
MOH FBO? No	Support national expansion of ART and care services through training, materials development and monitoring	• Train 30 clinicians at regional hospitals as trainers and supervisors • Carry biannual monitoring and supervision visiting to 40 ART centers • Train 60 clinicians (doctors and clinicians) in comprehensive care including ART • Develop patient education materials on ART	HHS-CDC		S/GAC	Track 2.0

115

Partnerships for Health Reform Plus /Abt Assoc FBO? No	Develop costing models for the Ministry of Health for determining best strategic approaches for subsidizing ARV drugs to increase numbers of people able to afford ARV services	• Develop an ARV costing model with the National ART Financing Subcommittee (of the National ART Committee) • Develop a plan for the long-term sustainability of ARV provision. Identify resources to meet costs to ensure wider access to ART services. • Present to National ART Committee and senior MOH officials	USAID		Base	Track 1.5
Mildmay FBO? Yes	Provide ART clinical & lab training to 300 health care workers (HCWs)	• Support development of ART training curriculum and materials • Train various cadres of HCW from rural and urban health facilities in private and public institutions • Monitor and evaluate training sessions	HHS–CDC		Base	Track 2.0

116

Joint Clinical Research Center		USAID	Base	1.5
FBO?	Ensure 12,000 new clients receive ART on a cost recovery basis and free ARVs to 1100 orphans and vulnerable children	• Renovate additional 8 facilities • Develop two regional referral labs (Mbale and Fort Portal) to undertake CD4 and viral load tests and quality laboratory services for HIV/AIDS;		
Partners:	30,000 will receive improved care;	• Provide Quality Assurance through monitoring and supervision, training for technical and leadership		
15 Total, includes MOH, FBO, military	15 strategically selected sites (including 8 new) will be operational to provide a quality package of ARV and clinical care services.	• Operationalize an expanded ARV logistics system and provide drugs • Operationalize an ARV communications strategy and deliver messages and materials to HCWs, clients, carers and general population		
8 new, at least 3 faith based health centers		• Subgrant to community based and PHA organizations to support adherence and identify orphans and vulnerable children for ART. • Carry out diagnostic and monitoring tests as part of evaluating response to therapy and toxicity. • Treat opportunistic infections as part of comprehensive care to the 12,000 clients. • On the job and in house training to 342 health care workers in ART management, lab, monitoring and delivery • Conduct M&E of program		

117

TASO (HBAC)	Provide and evaluate ART provision to 1,000 clients and household members attending TASO Tororo		HHS-CDC		Base	S/GAC	Track 1.5
FBO? No		• Procure ARVs and deliver them to the homes of clients			S/GAC		Track 1.5
		• Provide TB DOTS and OI management to clients			Base		Track 2.0
		• Screen and enroll clients into the HBAC project			S/GAC		Track 2.0
		• Provide home based clinical and lab monitoring					
		• Provide treatment, adherence support and counseling to 1,000 clients on ARVs					
		• Monitor and evaluate counseling and behavioral interventions					
		• Compare 3 approaches to monitoring ARV efficacy and toxicity					

AIM			USAID	Base	1.5
AIM FBO? NO Partner: 3 existing 20 new	In FY04, increase access to and utilization of quality social support services for approximately 40,000 persons living with HIV/AIDS in 8 districts where any will access ART services	• Training of PHA leaders to build organizational development skills for PHA district networks through grant to a national PHA networks • Award and support 27 grants to establish or strengthen community mobilization and behavior change interventions of PHA district networks and associations. • Connect PHAs and PHA networks to ART delivery sites to improve uptake of care and treatment and support to adherence			
University of California at San Francisco FBO? No	Provide technical assistance to PEPFAR (Track 1.5) funded ARV programs	• Support replacement of in-country HBAC ARV Technical Advisor • Support replacement of a technical advisor for expanding home based ARV, basic & palliative care at TASO • Support cost-effective analysis of different care and treatment programs	HHS-CDC	S/GAC	Track 1.5

119

4.1.0.4 Proposed new activities in FY 04				
Partner	FY 04 Objective	Activities for each objective	Agency	Budget
Catholic Relief Services Consortium (CRSC) New partner? Yes FBO? Yes	Expand access to ART at multiple sites to benefit 2,700 clients in year one at 6 sites and up to 16,200 by year 5 in 17 sites.	• Community mobilization and behavior change • Site assessment for ART readiness • Improve access to and quality of HIV diagnosis and sero-testing • Implement comprehensive HIV care and treatment programs • Initial evaluation and monitoring for AIDS related illness • Appropriate ART introduction per national guidelines • Intensive treatment preparation and adherence support • Prevention and treatment of OIs with emphasis on TB and STIs • Expand palliative and end-of-life care • Integrate nutritional support programs • Standardize clinical monitoring and clinical record keeping across programs • Training activities for providers (nurses, doctors, and counsellors) • Laboratory support to improve capacity • Enhance M & E of program	HHS CDC & HRSA	Track1.0

Partner	Target	Activities	Agency	Track
Mildmay New partner? No FBO? Yes	Provide ART to 1310 clients	• Expand training program on ART for HCWs • Provide clinical and lab monitoring for clients on ART • Support ART adherence through client/career workshops • Pilot VCT for family members of Mildmay clients • Conduct M&E of program	HHS–CDC	(S/GAC Track 1.5)
Reach Out Mbuya New partner? Yes FBO? Yes	Provide ART for 500 clients	• Lab screening and monitoring • Establish community adherence support program • Expand VCT & extend to household members • Support behavior change through client /career workshops	HHS–CDC	(S/GAC Track 1.5)

121

TASO New partner? No FBO? No	Provide ART through home based delivery to 3,000 clients at 5 TASO centers in Jinja, Masaka, Mbale, Mbarara and Mulago	• Screen (est. 9000) and enroll eligible clients into ART program. Enrolled clients will be specially registered. • Procure ARVs for 3,000 clients and deliver to homes • Provide family based psychosocial support • Recruit additional staff • Retrain 430 TASO staff to incorporate ART. This includes trainers, counselors, clinicians, lab staff • Expand 7 TASO laboratories to include ART lab monitoring • Expand existing infrastructure in three TASO centers, TASO headquarters and training center • Expansion of informatics and networking capacity to allow for program evaluation • Conduct M & E of project • Develop training materials, protocols and IEC materials on ARVs and adherence	HHS–CDC	(Track 1.5 S/GAC)
Medical Research Council New partner? Yes FBO? Yes	Evaluate ART provision to 600 TASO Masaka clients	• Set up collaboration with TASO Masaka • Develop protocols for the evaluation • Reach 600 TASO Masaka clients through home and facility delivery • Analyze data • Disseminate findings to stakeholders	HHS–CDC	(Track 2, S/GAC)

| Joint Clinical Research Center (JCRC)

FBO? NO

New Partner? No | Purchase and provide FDA approved drugs to 1100 orphans and vulnerable children and mothers in several sites who have participated in the PMTCT program. | • Purchase branded ARVs for clients through Medical Access or other competitive source with recognized quality;
• Provide ART to priority groups identified by the GOU;
• Train 100 providers in all aspects of ART service delivery;
• Train 66 providers in pediatric AIDS care;
• Engage with community based organizations able to assist in identifying orphans and vulnerable children in need of ART and to support adherence;
• Carry out diagnostic and monitoring tests as part of evaluating response to therapy and toxicity'
• Treat opportunistic infections as part of comprehensive care to the 1100 orphans and vulnerable children;
• Provide supportive treatment for orphans' caretakers or guardians. | USAID | (1.5 S/GAC) |

Rakai project New partner? Yes FBO? No	Provide ART to 200 clients	• Screen (app. 2000) cohort members for eligibility • Provide counseling and HIV results (voluntary counseling and testing) to 1,800 persons who have not yet received their results. • Provide training in ARV provision to 5 Rakai Program physicians and over 20 field staff. • Provide home based ART • Ensure clinical and lab monitoring of ART • Provide a field-based training site in home-based ARV provision, prevention of mother to child HIV transmission, HIV prevention and care for the Makerere University Institute of Public Health CDC HIV Fellows.	HHS-CDC	(Track 1.5, S/GAC)
Partner subject to RFA New partner? Yes FBO? No	Establish ART program for 1,000 staff and patients attending Mulago and Mbarara teaching hospitals	• Provide training to 250 staff • Improve HMIS to include ARV data • Strengthen hospital lab to expand CD4 testing • Ensure ARV supply and treatment as per guidelines • Provide free ARV to 1000 patients and staff • Provide ART monitoring and adherence support • Expand ARV training for medical students	HHS-CDC	(Track 2, S/GAC)
Mulago Paediatric IDC clinic New partner? No FBO? No	Expand ART to 500 children in collaboration with Baylor College of Medicine	• Provide training to 150 staff • Ensure ARV supply and treatment as per guidelines • Provide free ART to 500 children • Provide ART monitoring and adherence support • Conduct M&E of project	HHS-CDC	(Track 2, S/GAC)

124

| limited solicitationS
New partner? Yes
FBO? No | Expand access and delivery of ART through private sector providers for ARV provision to 1,500 HIV+ employees of mid and large sized companies | • Establish a risk-pooling fund (through an insurance company) to enable Ugandan businesses to contribute on a per capita basis to provide AIDS insurance coverage to employees and dependants;
• Treat 1,500 employees through private providers affiliated with the plan;
• Enroll 20+ private sector businesses and providers;
• Facilitate payments for ARV services from insurance fund to private providers;
• Facilitate site readiness for accreditation;
• Train and provide technical support to 50 private sector providers;
• Ongoing technical support through supervision, monitoring and professional associations. | USAID | Track 2.0 |

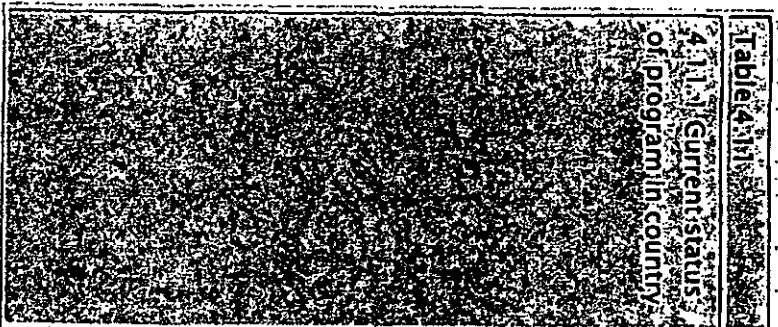| Total partners:	New partners:	FBOs:	Total budget:
15 prime 31 subs	5 prime 28 subs	8	

125

Table 4.1.1: Current status of program in country	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
	In addition to orphans and vulnerable children, the Government of Uganda in its National ART Policy has identified women who have been through the PMTCT program as one of the key priority groups to receive ARV drugs at no cost. To date, the national PMTCT program has focused on expanding the core PMTCT program to all districts in Uganda. PMTCT plus with ARVs is being piloted in several sites in Uganda including two hospitals in Kampala with Columbia University; PLAN International in Tororo; GTZ in Fort Portal and Medecins Sans Frontiers in Arua. Approximately 1000 women are accessing the PMTCT+ services, of whom approximately 20% need and are receiving ARV drugs.

USG approach to PMTCT Plus is to increase access to PMTCT Plus services by continuing to expand the numbers of sites in Uganda able to provide PMTCT services and linking HIV+ pregnant women to nearby sites able to provide HIV/AIDS care and treatment services. Under the JCRC expansion orphans and vulnerable children will be availed ART free of charge, and the next priority group to receive will be pregnant women and women through the PMTCT program as the program expands. New funds for drugs for the JCRC program will be requested in FY05. District based programs will support facilities to expand PMTCT beyond the basic package as defined in the USG Implementation Plan and will increasingly link mothers and their families to VCT services and care and treatment. USG will engage all partners to plan and coordinate at the service delivery level to ensure linkages for each person entering the health care system. |

4.1.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities

New activities in PMTCT+ will build upon the work in the core PMTCT program. For the purposes of the COP, USG determined that all partners implementing PMTCT will begin providing or referring for basic and clinical care services and referral to treatment, ensuring that the health delivery system integrates pregnant women and PMTCT program attendees into the normal expansion of ART services.

New activities under Track 2 include support to Tororo Hospital to provide ARVs to pregnant women, and a partnership between Joint Clinical Research Center and PLAN International for expansion of the ARV program already in place at a Health Center Level IV (a lower level center) in Tororo District. JCRC identified the HCIV and PLAN International partners as important partners for the national ARV scale up and chose this site as the only lower level center participating in the JCRC "TREAT" ARV scale up. Work with Tororo Hospital for PMTCT+ builds upon existing support from CDC for expanded HIV prevention, care and treatment services in a rural setting. With USG funding, PREFA, a local NGO working in collaboration with MOH in PMTCT, will support the expansion of PMTCT plus services to underserved populations.

4.1.1.3 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base: PMTCT S/GAC)	Track (0, 1, 5, 2)

131

		USAID	Base	1.5
AIM FBO? No	Provide components of PMTCT-Plus services to 254 mothers, their newborn infants and families in16 districts with referrals to regional and district hospitals and TASO sites able to deliver ART	• Sensitization of communities, special focus on males, radio shows, facility outreach, and grantee IEC/BCC programs will be used. • On-going care and psychosocial support to mothers, infants and their families. • Referral of 847 HIV positive couples and 127 HIV positive infants for anti-retroviral therapy (assuming that 15% of 847 HIV positive mothers will transmit HIV infection to their babies.)		
Partners				
15 new				
3 existing				

4.1.1.4 Proposed/new activities in FY04					
Partner	FY04 Objective	Activities for each objective	Agency	Budget	
Tororo Hospital New partner? No FBO? No	Implement a comprehensive family focused PMTCT program in one district to provide 200 women with ARVs	• Provide training on PMTCT-plus for 35 hospital staff and stakeholders • Expand PMTCT plus services for 200 additional individuals in the Tororo pilot program • Support the training of 4 community support groups for follow-up of PMTCT mothers in the Tororo pilot	HHS-CDC	S/GAC	Track 1.5

132

			HHS-CDC	USAID
			(Track 1.5, S/GAC)	Track 1.5 (funded within the ARV component)
PREFA/MOH New partner? No FBO? No	Support the expansion of PMTCT plus services to underserved populations	• Conduct advocacy and promotion activities for PMTCT plus • Collaborate with MOH to develop guidelines for implementation of PMTCT plus for underserved populations • Establish two PMTCT plus demonstration and training sites • Provide PMTCT-plus training to 80 stakeholders and staff		
JCRC New partner? YES, Plan International and Mukuju HCIV FBO? NO	Deliver HIV clinical care services, family/community support and core PMTCT+ services to 100 HIV positive pregnant women at one lower level health center in Tororo district NB will serve as a model site for lower level public sector ART delivery	• Deliver PMTCT+ services to women and their families enrolled in the PMTCT program at one Health Center IV site • Renovation of site to begin ART delivery • Comprehensive PTMCT+ package including HIV basic care, clinical care and ARVs for mothers and children • Monitoring and technical supervision		

Total partners:	New partners?	FBOs:	Total budget:
4 prime 18 subs	15 subs	0	

133

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Table 4.12 Current status of program in country	Strategic Information: Surveillance, Monitoring, Program Evaluation
	Uganda has experienced a severe HIV epidemic for over two decades and has characteristics of a generalized and mature epidemic. Uganda is one of the few countries in Africa, and the world, to show any decrease in HIV prevalence and incidence. Monitoring the magnitude and dynamics of the epidemic and impact of interventions in the country has relied mainly on sentinel surveillance based on antenatal HIV sero-prevalence and statistical projections to obtain national estimates. A national population based sero-survey will provide Uganda with national data on behavior and prevalence in 2004. It is well established that Uganda has experienced a decline in HIV prevalence since the early 1990s. Prevalence among women at antenatal clinics however has stabilized at 6.2%, representing little change from 2000.

Uganda has undertaken 3 Demographic and Health Surveys (DHS) surveys (1988/89, 1995, 2000/01), a recent national health facility survey (2002), behavioral surveillance surveys every two years, and numerous research studies. There are two major HIV AIDS research activities – Rakai and Masaka – that follow large population-based cohorts. Routine data through the Health Management Information System is somewhat untimely and incomplete. Although the Education management Information System (EMIS) functions well and is well positioned to capture data reflective of HIV/AIDS interventions in the school systems, monitoring systems in other line ministries are weak. Overall information systems and infrastructure are weak particularly outside of the capital city and urban areas.

The Uganda AIDS Commission has developed a national monitoring and evaluation framework to mirror the National Strategic Framework. In 2003, UAC refined national indicators and began work on district indicators and district systems for monitoring using Lot Quality Assurance approach. The USG is an active member on the M&E national subcommittee under the Uganda AIDS Commission and provides technical and financial support, along with several key implementing partners. |

134

UNCLASSIFIED

USG continues to support HIV surveillance systems, national population and facility surveys and is the primary donor for the 2004 national HIV sero-survey. USG has supported Health management Information Systems (HMIS) predominantly through technical assistance at national level and extensive inputs at the district level. USG currently supports monitoring systems (see cross cutting) for the Uganda AIDS Commission. In addition, USG has worked closely with MOH and other partners to develop appropriate MIS systems for HIV/AIDS care and prevention activities, including an adaptation of HRSA's CAREWARE system for Mildmay.

Collection of accurate routine data at the district level is still a significant challenge. USG is supporting the Ministry of Health HMIS with non–PEPFAR funds. At district level the AIM project has strengthened the District HIVAIDS Coordinators ability to carry out HIV/AIDS strategic planning, monitoring and program development and has recently completed a comprehensive situational analysis – results are now being incorporated into new systems, including districts supported by the UPHOLD project. AIM and another USAID supported program (SDU) will both strengthen district ability to do data recording, collection, analysis and reporting.

USAID has an HIV/AIDS Performance Monitoring Plan including all PEPFAR indicators and other program monitoring indicators. The data collected in the PMP must have a data quality analysis annually and be reviewed for accuracy. In addition, USAID holds a formal quarterly review with each partner in addition to ongoing management and monitoring visits. All USAID supported activities must have a monitoring and evaluation plan for program level monitoring and reporting. Since 2003, USAID has a local contract with the Monitoring and Evaluation Management Services (MEMS) group, which provides monitoring and evaluation training, data assessment, compilation and reporting for USAID's HIV/AIDS program implementing partners. MEMS will continue this work until a new contract is in place for PEPFAR programming.

Monitoring of ARV systems will take place through agreements with partners and technical oversight from USG staff and external partners. Logistics and control systems will be monitored by partners and by DELIVER. CDC through its technical staff provide monitoring and evaluation training and support to all CDC partners, and quarterly collection of data. USG has also supported important targeted evaluations including the Home-based AIDS Care Project (HBAC) in Tororo and the Prevention with Positives (PWP) project in Jinja.

4.12.2] How new activities will contribute to PEPFAR targets; linkages to other activities

In 2004, USG will build on existing Strategic Information and Monitoring and Evaluation activities. The national sero-survey will be fielded in March 2004 with preliminary results expected in late 2004. Additional resources are required to fill a gap in the Ministry of Health's national HIV sero-survey for national and community advocacy, sensitization and mobilization for the survey.

Technical assistance to the Uganda AIDS Commission for finalizing the national and district level indicators will be continued – and support to disseminate the National Strategic Framework and indicators will be provided. Technical assistance for partners implementing PEPFAR activities requiring computerized MIS systems, such as ARV programs, will be provided by the CDC Informatics team.

To meet the data collection and reporting needs under PEPFAR, USG will seek a new contractor to provide monitoring and evaluation support to USG partners across all agencies. The contractor will develop frameworks for collection of data with USG PEPFAR team, ensure data quality and consistency, provide training and support to USG implementing partners and provide six-monthly reports to USG.

Targeted evaluations on key areas with global research significance will be continued and expanded under PEPFAR with GAC funding, including HBAC, PWP, and a new evaluation comparing ARV delivery systems. USG has identified several areas for targeted evaluation to ensure evidence-based implementation.

4.12.3] Existing activities initiated prior to FY04						
Partner	FY04	Activities for each objective	Agency	Budget Amount ($)	Budget Source ($ Base) PMTCT S/GAC	Track (0,1-5, 2)

MEASURE DHS+/ORC Macro International Inc New partner? No FBO? No	Technical and financial support to carry out first ever national HIV/AIDS sero-survey to assess national HIV prevalence, risk factors, program coverage, and indicators of behavior, knowledge, and attitudes that will inform strategic planning, program evaluation, policy formulation and calibration of the sentinel surveillance system	• Ensure coordination of key partners through donor/technical meetings • Develop survey protocol and questionnaires. • Develop and adapt training materials • Training of all interviewers, key health workers, counselors, MOH staff for both main survey and home based VCT • Delivery of reagents, supplies and equipment to VCT and health facilities • Field work/data collection, to include interviews, biomarker collection, syphilis testing and treatment, and VCT referral by voucher • Community education and mobilization • Supervision and data quality control • Nested home-based VCT study in 44 clusters (after the main survey) • Preparation of the preliminary report • Data analysis and report writing • Dissemination of the results • National communication program to inform communities and government leaders about the survey	USAID	FY03 funds

137

				Base	1.5
AIM **FBO? No**	In FY04, Strengthen M&E systems in 16 AIM districts to improve data collection, reporting and use for decision-making.	• M&E training and mentoring for DHAC members, DDHS staff, service providers and grantees (approximately 100 trained) • Quarterly support supervision and technical assistance to districts and grantees • Grant funding to DHACs for monitoring and supervision	USAID		
AIM **FBO? No** Linked to SI #4	In FY04, Ensure and coordinate effective monitoring and evaluation of AIM program.	• Improve timeliness and completeness of quarterly reporting by grantees • Maintain AIM M&E database and use for feedback reporting • Plan and support mid-term review of AIM • Design and conduct at least two special studies to improve program performance	USAID		

CRD (IRC) FBO? No	Implement one baseline survey of HIV/AIDS knowledge, attitudes, and practices among CRD target clients in ten conflict-affected districts	Contract the Ugandan consultant firm Independent Consulting Group to undertake a baseline survey in March 2004	USAID		Base	2.0

139

Monitoring and Evaluation Management Services (MEMS) Faith–based? No	Assist USAID Strategic Objective teams and their implementing partners in improving program monitoring, activity management and performance measurement in order to meet the objectives laid out in the Mission's Integrated Strategic Plan (ISP) for 2002-2007.	• Performance monitoring, including review of baselines/targets and indicators; data quality assessments; support to implementing partners on monitoring of on-going and new activities; yearly synthesis of USAID program results. • Evaluation, including special studies and improving monitoring and evaluation techniques such as survey instrument designs, data collection methods and rigorous analysis. • Develop monitoring and evaluation capacity for M&E personnel, development of "how to" manuals and training. • Develop resource manual for high quality local M&E specialists.	USAID		Base	2.0

Uganda Peoples Defense Force–AIDS Control Program FBO? No	Strengthen the capacity of the UPDF-ACP to effectively monitor and evaluate their HIV/AIDS program	• Provide technical and logistical support to UPDF MIS, including Development of data collection tools and systems for reporting • Provide technical assistance to collect and analyze surveillance data • Provide technical support to UPDF-ACP to implement population–based surveys.	DAO	S/GAC	2.0
HHS – CDC FBO? No	Strengthen the capacity of CDC Uganda in monitoring and evaluating PEPFAR supported projects	• Work with PEPFAR Uganda Team and S/GAC to develop a Monitoring and Evaluation framework for PEPFAR-supported activities. • Provide technical assistance in M&E to PEPFAR partners • Develop a repository data bank for PEPFAR supported projects. • Develop data collection tools. • Provide training on M&E to 12 USG staff and partners	HHS-CDC	Base	Track 1.5

141

Ministry of Health, Makerere University	1. Collect and analyze surveillance data on HIV prevalence in Uganda	• Train 50 staff in surveillance using WHO–Afro CDC– new curriculum for 25 ANC sentinel sites.	HHS-CDC 25% of new Epi FTE		Base	Track 1.5
FBO? No		• Collect HIV-related cancer data covering 45 years [1958-2003] from the cancer registry at the Department of Pathology.				
		• Expand data sources to include VCT, PMTCT and program data for surveillance reporting.				
		• Conduct operational research on utility of sentinel surveillance and PMTCT data for surveillance in at least five sites.				

142

Ministry of Health FBO? No	2. Support implementation of national sero-behavioral survey, the first such survey in 14 years		HHS-CDC	S/GAC	S/GAC	Track 1.5 Track 2.0
		• Develop tools and implement training of 162 staff for the national sero-behavioral survey.	Director of Epi [35%]			
		• Develop protocols and implement the laboratory component of the national sero-behavioral survey.	Lab Director [25%]			
		• Develop protocols and implement the home-based component of the national sero-behavioral survey.	Epidemiologist [25%]			
		• Provide technical assistance to the MOH to offer VCT in national sero-behavioral survey.				

143

HHS – CDC FBO? No	Develop and strengthen effective monitoring and evaluation systems	- Customize available systems to capture M&E information, which will help in preparing PEPFAR reports and other SI requirements. - Collaborate with identified partners to carry out a needs assessment on M&E. - Review technical content of CDC–Uganda partners' M&E plans. - Provide training to 10 identified CDC–Uganda partners in M&E. - Monitor and evaluate ART using different clinical and laboratory monitoring protocols. - Participate in the development of national and district M&E indicators of HIV/AIDS for Uganda.	HHS-CDC		Base	Track 1.5

144

CDC Implementing partners			HHS-CDC	Base	Track 1.5
# FBO: CDC brings together USG IP partners for ARV and care to look at care ware system - work is demonstrated through clinical care subcommittee	Work in collaboration with partners to develop and/or adopt standard information systems	• Work with the national TB program of Botswana to adopt an electronic TB registry system for the NTLP in Uganda. • Develop simple information systems for partners like the UBTS system, which could be adapted by most partners and other PEPFAR countries doing similar activities. • Provide technical assistance to USG care and treatment PEPFAR partners to adopt CAREWare system of data collection and analysis of medical records. • Provide technical assistance to MOH, AIC, TASO, Mildmay and other partners as needed on informatics issues. • Support partners in the procurement of computers and other equipment for data management • Continue providing high quality data entry, management and analysis for ongoing projects			

145

HHS-CDC (cont'd)				
HHS-CDC FBO? No	Support the standardization and organization of the design of partners' local area networks to increase informatics capacity of PEPFAR partners			

		HHS-CDC	AIC-	Base	Track 1.5
• Develop and implement SOP for minimum data management requirements and statistical support for all CDC-Uganda projects • Monitor and evaluate counseling and behavioral interventions for PWP and promotion of ARV adherence. • Network four UVRI laboratories and set up a Wide Area Network (WAN) for TASO and AIC using VSAT, VP and Virtual Private Networking connecting branches to the main Headquarters.			TASO-	S/GAC	Track 1.5
			UVRI-	S/GAC	Track 2

146

HHS-CDC		HHS-CDC	Base	Track 1.5
FBO? No	Develop a comprehensive training curriculum and training plan in informatics for 100 staff and partners.	• Develop curriculum and conduct training on Epi Info, SAS System, Reference Manager, MS Office, MS Project, Visual Basic, Visio, Adobe publishing software and NVIVO. • Develop curriculum and conduct training for domain specific training in LAN administration, application development, data management, analysis, desktop publishing, collection instrument design, and scientific/technical writing. • Identify resources for learning e.g. trainers, books, CD-ROMs, Videos, or Internet based.		

147

41124	Proposed new activities in FY04			
Partner	FY04 Objective	Activities (for each objective)	Agency	Budget
New partner? No FBO? No	Supplemental funding to national serosurvey to carry out advocacy, national communications and mobilization for the survey *NB this was an identified funding gap in the revised original budget design. USG will fill the gap under PEPFAR*	• National communication program to inform policymakers, leaders and communities and about the survey • Sensitize public about the survey in districts	USAID	(2.0 s/GAC)

148

New partner? No FBO? No	Assist USG PEPFAR team to compile data for immediate reporting needs under PEPFAR for September 2004	Additional resources [___] to collect data from USG team (CDC, DOS, DOD, NIH, Peace Corps), synthesize and report under PEPFAR for September 2004 report Meet with US Embassy team to determine key contacts for compiling first round of data Collect, compile and present data according to USG guidance and PEPFAR guidelines.	USAID	S/GAC 2.0
Request for Proposal New Partner: YES	Assist the USG PEPFAR team in tracking the PEPFAR program in Uganda; monitoring PEPFAR activities; and measuring results under PEPFAR in order to meet the objectives laid out in the PEPFAR operational guidance.	• Develop framework for monitoring and reporting under PEPFAR • Performance monitoring, including review of baselines/targets and indicators for the PEPFAR team, including PEPFAR implementing partners • Synthesize PEPFAR program results every six months • Evaluation, including performing special studies to respond to requests related to PEPFAR • Monitoring and evaluation capacity development	USAID	S/GAC 2.0
Ministry of Health New partner? No FBO? No	Strengthen surveillance systems at national level	• Turn research into action [programs] • Support surveillance activities (sero survey, PMTCT, VCT)	HHS-CDC	(Track 2, Base)

Total partners:	7	New partners:	1	FBOs:	0	Total budget:	

Table 4.1.3	
4.1 Current status of program in country	Cross-Cutting Activities

There are a variety of cross cutting activities USG Uganda will undertake to reach the USG PEPFAR goals. These include strengthening and supporting one functioning multi-sectoral body for national leadership and coordination, development of policies and systems to address stigma and discrimination, strengthening human resource policies and /or training systems for HIV/AIDS programs, support for implementation of Global Fund programs; and building capacity of Ugandan systems and institutions for leadership and implementation, with regard to technical and management skills.

The Uganda AIDS Commission (UAC) was established under the Office of the President in 1992 to coordinate, monitor and spearhead the national response to HIV/AIDS. The UAC was the first such body in Africa, that recognized HIV/AIDS as a health issue requiring a social solution based on behavior change. The UAC established a Partnership Committee with numerous "self-coordinating entities" representing development partners, line ministries, people living with AIDS (PHA), private sector, NGO, FBO and international NGO networks, research, media and other interested parties to coordinate the multi-sectoral response

USG has provided some support in the past several years to strengthen the UAC's leadership role, including technical assistance for undertaking the first Mid-Term Review and revision of the National Strategic Framework in 2002/3 and development of the national M&E framework in 2001/2002, and national and district indicators in 2003. The UAC has potential to play a strong leadership role in monitoring and coordinating the response, and in high level advocacy and national communications, but will need assistance in providing technical leadership for various activities under PEPFAR. While the Office of the President will Chair the newly formed PEPFAR Advisory Group, the UAC will provide Secretariat function and leadership as the national multisectoral coordinating body.

153
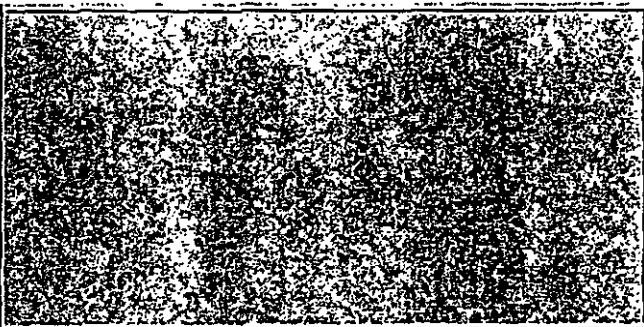
Parliament also has a strong role to play to develop effective policies, demand response at national and district levels and act as advocates to government and their constituencies, especially at district level. In the past two years, with USG support, Parliament has successfully established an HIV/AIDS committee, and participated in development of the Orphans and Vulnerable Children Policy. Much more can be done in terms of advocacy and defining the policy agenda.

USG has supported development of policies, standards and guidelines for HIV/AIDS. A National AIDS Policy is near finalization and key policies, guidelines and curricula are in place for VCT, PMTCT, TB (CB-DOTS), and STI management. OVC policies are in place with guidelines and curricula under development. ART implementation and clinical care guidelines are finalized and the national ARV policy is in final draft stages. With Ministry of Education and Sports, USG through USAID supported the development of an HIV/AIDS Strategic Plan and an Education Sector work place Policy on HIV/AIDS.

The National Strategic Framework identified gaps in addressing the legal framework for HIV/AIDS, stigma and discrimination toward People with HIV/AIDS (PHA).

Ensuring adequate human resources will be a significant challenge under PEPFAR. Training systems are or poorly functioning for most health and HIV services. There is no established cadre for Counselors in the civil service. Pre service training for health workers takes place through the Ministry of Education and Sports and in-service training takes place through ad hoc systems under the Ministry of Health. According to the MOH Annual Performance Report 2003, 33% of approved public sector health positions are vacant although there appear to be trained providers in country that could fill these slots. USG has provided support to training in numerous areas (e.g. the IPH fellows program: organizational development work with AIM districts; direct training in counseling, VCT, PMTCT, laboratory, logistics, and others; training of trainers and follow up for all key HIV/AIDS services through 16 AIM districts and CRD districts) but will need to focus on supporting more sustainable and effective training systems under PEPFAR.

Uganda's national essential drug and HIV/AIDS logistics systems have greatly improved with USG and other partners' support. An essential drug "pull" system was put in place in 2003 whereby districts and facilities order supplies from the National Medical Stores National Medical Stores shipped directly to the health facility. OI and STI drugs are currently being pushed to the facilities, and also in process of formal integrations into the pull system. The logistics system for HIV test kits has been designed and is ready for implementation. A national TB logistics draft design has been completed and is in the process of being vetted with stakeholders. The TB program will run a separate logistics system with the long-term plan for integration into the NMS pull system and training to implement the new logistics system is planned for this fiscal year. A national condom logistics system and distribution strategy is in place and prepared to roll out with CFATM funds. PMTCT logistics are also managed vertically but in process of integration into the NMS system.

155

To date, the Government of Uganda has not received ARVs from World Bank or Global Fund resources although the WB drugs have been ordered and are in process with the expectation of 2004 arrival. USAID is currently supporting the national ARV logistics system design along with logistics system design and support for the Joint Centers for Clinical Research Joint Clinical, which will work in both public and private sector sites. In 2004 a fully operational ARV logistics and supply system will be in place for JCRC direct and satellite sites.

Uganda began a system of decentralized governance in 1992 in which districts have responsibility for planning, budgeting, implementation and monitoring of activities in all sectors. Capacity to adequately deliver programs at district level is extremely varied, with limited support to ensure district leadership in both public and private/non-governmental sectors. There is also limited experience at district level in public private partnerships and civil society is often not engaged in planning and access to resources. USG through USAID has four major district programs addressing HIV/AIDS covering 26 districts. Each district has a grant to support coordination of HIV/AIDS/TB activities within the district.

Uganda has been approved for receipt of Global Fund Round 1 and 3 funds. In Round 1, Uganda has agreements with the Global Fund to receive $56 million for HIV/AIDS; $9.06 million for TB; and $35 million for Malaria – all three-year proposals. Uganda was also approved for $119 million for 3 additional years for HIV/AIDS – of which $62 million is for ART and $56 million for Orphan and Vulnerable Children.

While Uganda has been successful in obtaining Global Fund resources, receipt of funding has been delayed due to an insufficient coordination structure. The current restructuring of the National Coordinating Committee (NCC) and establishment of the Program Implementation Unit are expected to improve processes and assure that the NCC/PIU will meet the challenges of rapid and efficient approvals and action for disbursing funds.

156

4.3.12 How new activities will contribute to PEPFAR targets; linkages to other activities

USG PEPFAR Team will continue to support strengthening national leadership for a strong multisectoral response with the Uganda AIDS Commission (UAC), Parliament, key line ministries– particularly Ministries of Health, Gender and Education– leadership in Ugandan civil society HIV/AIDS organizations and implementers, and national networks of PHAs, FBOs, NGOs, private sector, among others. With the UAC, USG will support popularization of the National Strategic Framework, support for national and district monitoring and evaluation systems and condition and expansion of national BCC programs. A priority activity under Track 2 will be to support UAC to map all HIV/AIDS activities nationally, particularly focusing on the network of essential services under PEPFAR.

USG will continue to support development, finalizing and operationalizing of policies, standards and guidelines – including a national ARV policy, Ministry of Education workplace policy, MOH policy on cotrimoxizole for people receiving HIV/AIDS care and others. Through existing partners, USG will strengthen the functioning of the key technical and coordination committees, particularly the National ART Committee and the VCT, PMTCT and new Laboratory and Drug Procurement technical groups.

USG will continue working to ensure functioning HIV logistics and supply systems, including a massive logistics training effort for VCT, PMTCT, lab and ART. The latter will incorporate both MOH free and paying systems. USAID and CDC will establish a commodity credit line to ensure full supply of expendable lab supplies to public, faith based and non-governmental organizations nationally – CDC will provide funding for supplies and USAID will provide TA to establish, manage and monitor the credit line.

157

Under Track 2.0, USG will undertake a human resource assessment specific to HIV/AIDS training needs and evaluate continuing medical education systems, and conditions of employment. Peace Corps will provide training through Volunteers and their Counterparts for prevention, OVC and care at faith-based hospitals.

Another pillar of the USG response is to support the delivery of services at the district level, where the majority of Ugandans receive services. Under the decentralization system, districts are responsible for actual delivery of services – technical management of health and HIV/AIDS service delivery is done by the health directorate; the *District HIV/AIDS Committees provide multisectoral guidance; monitoring is undertaken by the Local Council and procurement is carried out by the district tender boards. Several major district based programs (AIM, UPHOLD and CRD) complement the World Bank MAP program in supporting HIV/AIDS service delivery programs through public-private partnerships at district levels. USG also plans support for decentralized planning, budgeting and implementation through the Strengthening Decentralized Uganda program which will re-orient district leadership and tender boards to perform responsibilities essential to carrying out district HIV/AIDS programs.*

To implement a program to deliver comprehensive HIV/AIDS prevention and treatment to implement their work place program services to civil servants, USG will continue work with Ministry of Education and Sports to implement their workplace program. This program will be a model for providing care and treatment to other civil servant groups.

While Uganda has had great success in addressing the epidemic, in large part because of the strong voice and response of civil society, there is no legal framework to explicitly address stigma and discrimination toward People Living with HIV/AIDS. USG plans to work with the Uganda Women Lawyers' Association, Ministry of Justice, and with leading PHA networks to assess the legal framework and present legislation to ensure PHAs receive equitable and fair treatment in society.

158

4.13.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base: GPMTCT, S/GAC)	In Track (1, 1.5, 2)

153

			DAO		Base	2.0
UPDF-ACP	Strengthen UPDF capacity to effectively plan, implement and monitor their HIV/AIDS program	• Training and TOT of health care workers, peer educators and laboratory technicians • Support logistics and supply systems • Develop a military specific HIV/AIDS policy				
IPH FBO? No	Develop human resource capacity of 16 high level professionals in management of HIV/AIDS programs in Uganda Human resource gaps are a large problem for the country. This is a creative and innovative way to mentor/develop capacity in the management of HIV/AIDS programs.	• Provide short course for 24 fellows and other HIV/AIDS workers • Provide short courses for host institution staff. • Improve the infrastructure at host institutions. • Provide fellows with funds for research at host institutions aimed at program improvement. • Support fellow to publish research findings in scientific journals as well as dissemination in national and international conferences. • Support fellows to contribute to program evaluations and improvement.	HHS-CDC		Base S/GAC	2.0 2.0

153

			USAID	Base	2.0
Strengthening Decentralization in Uganda II (Implementer TBD, currently in technical review)	Assure that district officials plan, budget for, implement and monitor HIV/AIDS prevention, care and treatment programs in 18 districts (predominantly AIM and UPHOLD) - these districts are responsible for reaching 11 million Ugandans with HIV/AIDS activities	• Train 1000 local government politicians, community leaders, private sector in integrating HIV/AIDS into district development workplans. • Assist districts to implement reforms in district financial management systems to plan access to government funding for local government HIV/AIDS programs; • Train appropriate local government financial staff in budgeting, managing and accounting for HIV/AIDS funds • Train 100 members of the newly reformed local government procurement tender boards in new laws/procedures to ensure effective procurement of HIV/AIDS goods and services from public and private/NGO/FBO sectors.			

153

Legislative Support Activity/ Development Associates	Educate		USAID		Base	Track 2
FBO? NO	Parliamentarians on HIV/AIDS concepts and policy issues to enable high level focus, improved decision-making, policymaking and heightened advocacy for delivery of HIV/AIDS prevention, care, support and treatment programs;	• Host a briefing by Uganda AIDS Commission to present key policy issues needing advocacy;				
		• Identify key budget issues impacting HIV/AIDS;				
		• Prepare issues for HIV/AIDS policy reform;				
		• Conduct HIV/AIDS orientation for Parliament and conduct two briefings each for civil society and press;				
		• Host meetings on HIV/AIDS with Agriculture, Social Services and Budget subcommittees				
	Ensure Parliamentarians advocate for an appropriate response and behavior change in their constituencies	• Establish a Parliamentary HIV/AIDS Resource Center;				
		• Promote Parliamentarians work in popularizing policies, analysis of health/HIV/AIDS budgets, national frameworks and guidelines and effectively communicating HIV/AIDS issues for their constituencies				

154

AIM	In FY04, strengthen institutional capacity of national and district partners to support HIV/AIDS training.		USAID	Base	1.5
FBO? No		• Provide technical support to MOH core training teams (VCT, lab, PMTCT)			
25 existing		• Create a database of HIV/AIDS trainers for use at district level			
30 new		• Funding and technical assistance to develop effective national curricula for training			
		• 9 Grants to national partners to provide training and mentoring of service providers at district level to ensure delivery of quality clinical and community services (eg, FPAU, UWESO, NGEN, Hospice, Youth Alive, and others)			
		• Award and support grants to district partners for training			
		• Award and support grants to strengthen institutional capacity of 9 national NGOs and their district branches (IIA partners)			

153

AIM			USAID	Base	1.5
Partners: 16 existing	Strengthen capacity of district coordinating structures to plan, coordinate and support multisectoral HIV/AIDS activities in 16 districts, resulting in increased uptake in HIV/AIDS services	• Training and technical assistance support to district political and technical leaders in planning, management and leadership • Provide technical assistance and training for districts, NGOs/FBOs/CBOs to operationalize referral network • Award and support grants to District HIV/AIDS Coordinators and committees			

155

			USAID	S/GAC
Management and Leadership/Management Sciences for Health New partner? NO FBO? NO, but work with UAC and GF will ensure funds to FBOs as a priority group for implementation of activities	Strengthen capacity of Uganda AIDS Commission to coordinate and manage HIV/AIDS funding and activities	• Disseminate user friendly version of the National Strategic Framework for HIV/AIDS to 56 districts; • Carry out leadership and management development of staff and line ministries. • Mapping HIV service delivery sites to begin development of network model for services across public, private and faith based sectors; • Strengthen 12 constituency networks of the UAC's Partnership Committee. • Support to strengthen the country's national and district monitoring and evaluation system – finalize district indicators and support one national database for use with PEPFAR.		2.0
	Strengthen capacity of Uganda to coordinate and manage Global Fund resources and activities	• Assist in establishing project implementation unit, implementation arrangements and funding for GOU and civil society. • Provide assistance to the National Coordinating Committee, develop GFATM monitoring and evaluation plans and systems. • Hire local advisor to provide technical assistance for GF, UAC and IRCU work (see OVC/IRCU)		

155

				s/CAC
Management and Leadership continued	Undertake and disseminate a human resources assessment for key HIV/AIDS Services	With MOH, UAC and other key national partners, assess gaps in training, staffing and supervision for all key HIV/AIDS cadre and systems in place/needed for improved HR and training systems under PEPFAR	USAID	
Policy Project New partner? No FBO? No Partners: 4+ Ugandan Women Lawyer's Association, Ministry of Justice, National Forum for PHA Networks, NGEN+	Provide 40,000 People with HIV/AIDS (PHAs) with legal information, impart advocacy skills to members of 40 PHA organizations and provide 400 organizations working with PHAs with information on care, support and treatment services – working with the Women Lawyers Association, the Ministry of Justice and People Living with HIV/AIDS (PHA) networks NB Materials and referral information on care and treatment will be channeled through groups	• Identify gaps in the legal framework regarding PHAs (e.g. inheritance and property rights, PHA rights within Domestic Relations Bill, human rights and other legal issues related to discrimination) • Develop pamphlets/materials on PHA human rights and obligations, other legal issues related to discrimination, disseminate, and distribute pamphlets/materials to PHAs; • Develop and distribute PHA specific materials on will writing for protection of inheritance and property; • Translate legal guidelines for PHA, translate into 4 main languages and distribute through USG supported networks; • Advocacy skills training of trainers for advocating rights of PHAs; • Develop and disseminate guidelines for PHA organizations to sensitize their members on how and where to receive preventive, care and support services.	USAID	2.0

157

Mobile Task Team New partner? No FBO? No	Finalize and operationalize the Education Sector Policy on HIV/AIDS and pilot the delivery of an HIV prevention program for all staff of Ministry of Educations, 2 national and 2 primary training colleges and a university, reaching 4000 people with prevention and 300 with care and linked to treatment at MOH/JCRC/TASO ART centers.	• Ensure that the policy complies with National Strategic Framework of the draft National Policy on HIV/AIDS; • Hold sports sub-sector policy partners' workshop for 30 participants to incorporate the sub-sector's comparative advantage; • Hold 8 Regional consensus workshops to review the draft policy with at least 800 district stakeholders from all 56 districts; • Hold a national review and Implementation planning meeting for about 100 participants to consolidate and incorporate inputs from regions and sports sub sector. Deliver prevention programs and link HIV+ education sector employees to care and treatment services (this will be a model for civil servants access to be addressed in FY05).	USAID	S/GAC 2.0

Partner	Objective	Activities	Agency	Funding
Primary Teacher Colleges, Primary Schools, Parent Teacher Associations (PTAs) and School Management Committees	Build capacity of up to 600 schools, PTAs and management committees and 7 Primary Teacher Colleges to implement HIV/AIDS prevention activities within schools and communities	• Conduct intensive training, observation, follow-up with up to 1,400 primary teachers and 30 coordinating center tutors to apply PIASCY, life skills and integrating HIV/AIDS into school subject curriculums, and HIV-AIDS activities linking schools and communities • Pre-service and in-service training, practice and follow-up with 30 Peace Corps volunteers and their host country counterparts to develop TOT and project implementation skills	Peace Corps	(2.0/GAC)
Government Health Facilities, Community-based HIV oriented organizations 22 partners (18 new) FBO? 7 (4 new)	Develop capacity of up to 22 community organizations providing outreach and education to mobilize communities and increase demand for provision of VCT, PMTCT, PIASCY, care and OVC	• Pre-service and in-service training for 25 Peace Corps volunteers and counterparts to develop technical and management skills • Activity implementation, practice and follow-up to support sustainability and capacity building within small, rurally based service providers	Peace Corps	S/GAC 2.0
Community HIV/AIDS Initiative Program New Partner? No FBO? No, but will be funding grantees including FBO's	Support grassroots initiatives in the delivery of HIV/AIDS services	• Provide financial and technical support to community and faith based projects providing HIV/AIDS services at the grass roots level. Focus will be on initiatives providing interpersonal communication to increase demand for services and community support to orphans and people living with HIV/AIDS • Link to other initiatives supported through USG implementing partners	State	S/GAC 2.0

Partner	Objective	Activities	Agency	Budget
Partner to be determined through RFA FBO? No	Provide technical support for care and prevention	• Provide training in care and prevention to HCWs • Support and conduct conferences on care and prevention • Support the development of educational and policy materials on care and prevention	HHS-CDC	(Track 2, Base)
Partner subject to RFA New partner? Yes / No FBO? Yes / No	Improve capacity of HIV counselor training providers to provide ARV-related counseling	• Conduct a comprehensive national assessment on HIV counselor training and develop with stakeholders a strategy to address gaps. • Develop modular curricula for different target groups, ensure inclusion of new issues such as ARV, PMTCT, Home-based VCT, PWP etc. and pre-test curricula • Support HIV counselor training organizations to implement the new curricula and build capacity to supply the demand for counselors. • Plan, establish, and develop an umbrella professional body for counselors • Provide technical assistance to strengthen the network of HIV/AIDS counseling organizations. • Support the collection and analysis of data to strengthen HIV counselor training.	HHS-CDC	(Track 2, S/GAC)

Total partners:	New partners:	FBOs:	Total budget:
12 prime 81 subs	1 prime 48 subs	8	

160

HHS/CDC
FBO? No

Management costs		Budget	
• ICASS		Base	Track 2
		S/GAC	Track 2
		Base	Track 1.5
• MIS support to UBTS		S/GAC	Track 1.5
		Base	Track 2
• Office supplies and equipment		S/GAC	Track 2
		Base	Track 1.5
		S/GAC	Track 1.5
• Laboratory supplies		Base	Track 1.5
		Base	Track 2
• Rent and utilities		Base	Track 1.5
		Base	Track 2
• Technical assistance from Atlanta		Base	Track 1.5
		S/GAC	Track 2
• Lab equipment, facilities, vehicle service agreements		Base	Track 1.5
		S/GAC	Track 2
• Others (including other staff travel)		Base	Track 1.5
		Base	Track 2

HHS-CDC

4.13.4 Proposed new activities in FY04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget

DELIVER			USAID	Base	1.5
FBO? No	Ensure viable and functioning HIV/AIDS commodities logistics systems to accommodate all HIV/AIDS commodities including ARVs from USG, World Bank and Global Fund	• Develop and implement inventory control procedures and a logistics management information system) for the management of HIV/AIDS commodities in all PMTCT, VCT and ART sites in the MOH and JCRC.			
		• Develop and support national HIV/AIDS logistics system database for MOH and partners.			
	Build capacity in the MOH, JCRC and other partners to forecast the need for, procure, distribute and control HIV/AIDS commodities	• Training in HIV/AIDS logistics systems and TOT through MOH, AIM, UPHOLD, CRD.			
		• Finalize and implement ARV logistics and tracking systems for both JCRC and MOH sites.			
		• Develop and implement ARV distribution security procedures			
		• Chair the MOH Logistics sub-Committee under the national ART committee;			
		• Procurement planning and forecasting for national program including GFATM commodities			
		• TA for forecasting for GOU and USG partners			

154

Table 4.14	
4.14.1. Current status of program in country	**Laboratory Support:**
	In Uganda, all Health Center III, IV and hospitals should have the capacity to provide HIV, TB and STI laboratory services, however, in the 2002 Uganda Health Facility Survey (UHFS) reported only 27% of government facilities reported laboratory capacity to conduct any tests related to HIV/AID, TB and STI. Most district hospitals (97%) and Health Center IVs (88%) have capacity for these tests. Less than one-quarter of Health center IIIs could conduct any of these tests and 1% of Health Center IIIs can carry out an HIV test. Non-governmental and faith based facilities have roughly the same levels.
	There are gaps in management and leadership at national, regional and lower levels; lack of Standard Operating Procedures for labs; staffing gaps; inadequate infrastructure and space; lack of regional access to services; lack of trained personnel and significant gaps in quality assurance (especially at the lower levels); lack of consistent laboratory supplies and weak laboratory logistics systems. HIV test kits have not been available for over 8 months through the National Medical Stores, a function of delayed and contested procurements.
	In the past year, USG has provided training of laboratory staff in 12 districts (AIM), support supervision and follow up in 9 districts (AIM) and basic laboratory equipment for 52 hospitals and Health Centre IVs in 10 AIM-supported districts. USG has supported the quality, infrastructure, equipment and supplies at the National HIV Reference Lab and NGO programs; lab training through Mildmay, and ongoing technical assistance. Lab tests are also provided through CDC-Entebbe lab and Joint Clinical Research Center.

172

4.1.4.2 How/new activities will contribute to PEPFAR targets, linkages to other activities

The majority of clients in Uganda needing CD4 and viral load tests must currently use Joint Clinical Research Center, the CDC-Entebbe lab and other providers located in Kampala. There is a critical need to expand access to quality HIV/AIDS lab services across the country. In FY 2004 with PEPFAR USG will undertake a laboratory assessment including laboratory logistics to review the status of lab in the entire country, which will be directly used to forecast supply needs and identify gaps in training, quality, staffing and supplies. USG will also carry out a TB reference lab assessment and continue supporting improved laboratory procedures in the AIM districts and the central public health lab.

USG will support strengthening policy, regulation and quality of national laboratory systems. Specifically USG will provide technical and financial assistance to strengthen the National HIV Reference and Quality Assurance Lab at Uganda Virus Research Institute (UVRI) and two regional laboratories in the Western and Eastern part of Uganda with the Ministry of Health and Joint Clinical Research Center.

Lab supplies are insufficient to meet the needs under PEPFAR with expanded needs for HIV/AIDS related laboratory services in scaling up HIV testing, care and ART. USG proposes to ensure full supply of expendable lab supplies and will develop a laboratory credit line managed by the Ministry of Health, that will procure needed laboratory supplies, reagents and kits direct to sites delivering ART and care services in the public and private sites. The credit line will be flexible enough to add other key commodities (such as cotrimoxazole) This credit line will be managed by the MOH with technical assistance from DELIVER and supported by both USAID and CDC. USG will strengthen leadership for laboratory interests in Uganda by working with the MOH to strengthen the new Laboratory Committee and the new drug management committee. A credit line for essential drugs already exists within the MOH and linked to National Medical Stores – thus insuring that USG support builds upon and integrates into the existing system for drug procurement and distribution.

173

4.1.4.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAG)	Track (1, 1.5, 2)

174

Uganda Virus Research Institute FBO? No	Provide continued technical and financial support to the National HIV Reference and Quality Assurance Laboratory.	• Transfer technology for quality control of HIV serology on DBS to NHL • Rehabilitate power and networking in existing NHL space • Implement quality assurance for finger-stick HIV rapid testing at all AIC indirect sites • Transfer technology for alternative CD4+ counting protocols to 3 sites and develop a QA program • Validate the performance of the BED incidence assay on Ugandan HIV subtypes and apply to stored national surveillance samples to establish trends in national HIV incidence rates. • Provide funding and technical assistance for laboratory component of the national HIV sero-behavioral survey	HHS-CDC		Base	Track 2

175

Uganda Virus Research Institute [cont'd]	Provide continued laboratory support for CDC–Uganda's projects and programs.	Provide continued laboratory support for HBAC, PWP and care projects	HHS-CDC		Base
	Develop, evaluate and support implementation of resource-appropriate laboratory technologies for HIV prevention and care	• Develop and adopt protocols for CD4+ T-cell counting, real-time RNA PCR, AMP-RT and enhanced p24 antigen assays as strategies to reduce the costs of patient monitoring and confirmation of infection in neonates • Disseminate findings to stakeholders			Base Base	1.5 2.0

176

AIM				USAID	Base
FBO? No	Improve laboratory capacity in 85 level IV health facilities in 16 district and hospitals to reach and perform approximately 600,000 tests.	• Subgrant to Amref for training 86 laboratory staff in basic HIV, STI, OI, malaria techniques • Develop capacity and facilitate supervision of lower-level laboratory personnel • Provide support supervision, follow up and ongoing TA to 200 laboratory staff in at least 4 times per year. • Develop and implement a Quality Assurance system for laboratory services • Provide basic laboratory equipment for 33 hospitals and Health centre IVs • Contract to local builder to refurbish 74 laboratories to increase space			1.5

4.14.4 Proposed new activities in FY 04					
Partner	FY04 Objective	Activities for each objective	Agency	Budget	

172

DELIVER New partner? No FBO? No	Provide technical assistance to MOH to establish a laboratory logistics system	• With CDC, undertake a laboratory assessment including needs for lab logistics;	USAID
		• Design and develop inventory control procedures and logistics management information system for the management of laboratory tests, reagents and expendable supplies.	(2.0 S/GAC)
	Train lab technicians in all networked ART sites in lab logistics	• Plan and implement training for the implementation of the new system with CDC.	
	With CDC, ensure full supply of expendable lab supplies to all ART, PMTCT, VCT sites in the public sector	• Monitoring of the new laboratory logistics system.	
		• Establish, provide technical support and monitor a "LABORATORY CREDIT LINE" in partnership with CDC to ensure supply of laboratory tests, reagents and other expendable supplies at HIV/AIDS care and treatment sites. The credit line will be managed by the Ministry of Health, with technical support for forecasting, procurement and monitoring from DELIVER and funds for purchase of lab supplies and other commodities from CDC.	

173

Management Sciences for Health/J(...) FBO? NO Will provide lab services to JCRC, MOH and faith based sites delivering ART in the regions.	Technical Assistance to strengthen 2 regional laboratories to become regional laboratory centers of excellence for HIV/AIDS and ART services	• Assess level of quality in two regional laboratories at Buhinga Regional Hospital and Mbale Regional Hospital) • Determine specific training, equipment and management needs to be implemented with existing funding to JCRC;	USAID
	Serve as referral laboratories for tests for orphans and vulnerable children receiving free ARVs under PEPFAR, MAP and Global Fund In 2004 be able to provide CD4 tests to 20,000	• Develop laboratory Standard Operating Procedures for laboratory practices, • Deliver competency based training for CD4, viral load and other laboratory practices for appropriate lab staff; • Provide leadership and management skills training and follow on support for laboratory workers to deliver quality services to all networked sites.	□ 2.0 S/GAC
MOH □	Provide funds to commodities fund for laboratory materials	• Establish MOU with NMS • Conduct needs assessment and assign funding level for all health facilities • Train up to 250 lab personnel • Establish agency to coordinate procurement with other donors in the sector and to track commodities and payments	HHS-CDC (Track 2, S/GAC) □

174

Uganda Virus Research Institute New partner? No FBO? No	Provide continued technical and financial support to the National HIV Reference and Quality Assurance Laboratory.	Build two main new training laboratories at UVRI	HHS-CDC	(Track 1.5, S/GAC)
RFA partner TBD New partner? Yes FBO? No	Provide technical and financial support to the national TB reference laboratory *Reference TB*	• Conduct a "needs-assessment" at the national TB reference laboratory, particularly in the areas of training and quality assurance • Recruit appropriate laboratory director for the NTLP laboratory • Strengthen national QA program for TB diagnosis and renovate reference laboratory	HHS-CDC	(Track 2, S/GAC)
RFA recipient to work with Ministry of Health New partner? No FBO? No	Support basic laboratory services including HIV testing at all health facilities from HC IV upwards Reference VCT and care	• Provide refresher training for up to 200 health care workers in the diagnosis of HIV, TB, malaria and other infections at health center IV and district hospitals where support is not evident • Rehabilitate laboratories at health center IV and district hospitals to facilitate provision of improved services • Link to other training initiatives e.g. focus on nonAIM districts.	HHS/CDC	(Track 2, S/GAC).

HHS-CDC New partner? No FBO? No	Provide TA to AIC. Reference VCT	• Provide TA in the implementation of finger-stick rapid HIV testing at all indirect VCT sites and at PMTCT sites supported by AIC • Assist AIC in the development and validation of new serum-based HIV testing algorithms • Complete rehabilitation of AIC main laboratory by venting class II cabinet exhaust to the exterior • Apply BED assay to stored samples to establish retrospective trends in HIV incidence	HHS/CDC	(Track 1.5, Base)
RFA partner TBD New partner? Yes FBO? No	Strengthen policy, regulation and quality of national laboratory systems	• In collaboration with partners, develop a concept paper and budget for a central public health laboratory system to include a national quality assurance program for laboratory testing by September 2004 • In collaboration with MOH, develop national laboratory guidelines • Recruit deputy to the laboratory director of CDC-Uganda to oversee expanded activities • Establish a fellowship program in laboratory management	HHS/CDC	(Track 2, S/GAC)

176

177

Total partners: | 8 prime | New partners: | Tbd | FBOS: | Total budget:

Table 5.1. U.S. Agency Management and Staffing -- USAID in original COP format

5.1.1 U.S. Agency Management Items and Activities		Budget
Existing staff dedicated to HIV/AIDS programs include two U.S. Senior HIV/AIDS Technical Advisors - one TAACS and one CDC Technical Advisor; three full-time foreign service nationals (FSNs); two American staff contribute 25% time to PEPFAR including one TAACS Education Advisor and one Population Leadership Program Communications and Reproductive Health Advisor; and six FSNs that contribute 25% of their time for/ HIV/AIDS program monitoring and supervision. In addition, the Executive Office, Program and Projects Development office and the Controllers Office have a number of staff, who allocate time to effectively program HIV/AIDS funds. Management costs include salaries, benefits, travel, office rent, equipment, security and other related costs.		2.0 Base
The actual annual HIV/AIDS funding requirement for these management costs is $2.67 million representing 70% of the management budget. The FY04 request is less than the full requirement because personnel and associated costs were forward funded with prior year funds.		
Under PEPFAR, the USAIDHIV/AIDS budget has almost doubled. 4 new staff will be hired to manage the expanded portfolio including two international staff (a Clinical AIDS Care Specialist and a Human Resource Specialist) and two FSNs (a Financial Management/Budget Specialist and a Drug Management and Logistic Specialist). Additional resources under Track 2 are requested for adding these four full time staff to support the implementation of PEPFAR activities.	S/GAC	2.0
Additional funds under Track 2.0 are needed to support facilitation of Internal USG PEPFAR Team strategic planning processes and to facilitate dialogue with government and civil society stakeholders to complete the five-year strategic plan and the next country operational plan for PEPFAR.	Total	

5.1.2 US Agency Management and Program Staff Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	2	0	4.50	1	1.50	2	11
Number of Management Staff	.25	0	14	1	0	0	15.25
Total Number of Staff	2.25	0	18.50	2	1.50	2	26.25

NB

For purposes of completing this table, USAID has assumed "Program Staff" to be senior technical and senior management personnel, and "Management Staff" to be administrative and support staff. Management costs are appropriated based on the proportion of HIV/AIDS funding within the overall mission budget. The number of FSN Management staff is an estimate based on the proportion.

The USAID/Uganda program includes four (4) US Direct Hire Staff who are OE funded, and who contribute a percentage of their time to PEPFAR.

The table reflects the percentage time attributed to PEPFAR, where 100% equals the time of one (1) person.

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS) In revised SI format

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	# Existing U.S. direct-hire	# New U.S. direct-hire for PEPFAR	# Existing FSN	# New FSN for PEPFAR	# Existing International PSC	# New International PSC for PEPFAR	# Other Existing staff	# Other New staff for PEPFAR	Total # Staff
Number of Program Staff	3	0	68 (86 additional FSNs implement the HBAC Project)	8	1**	0	1	4	85
Number of Management Staff	2	0	26*	8	0	1	1	0	38
Total Number of Staff	5	0	94 (86 additional FSNs implement the HBAC Project)	16	1	1	2	4	123 (86 additional FSNs Implement the HBAC Project)

*Includes Operations staff [janitors, drivers, finance and administration staff]

**The existing PSC will become an FTE within a few months.

2 additional International Contractors provide technical assistance through cooperative agreements.

4

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Table 5.3 U.S. Agency Management and Staffing – U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense) In original COP format

5.3.1 US Agency Management Items and Activities

Budget for Uganda	Budget
1 FSN who co-ordinates between the Embassy DAO office and the UPDF. Manages program support in all aspects, 100% of time is spent on program activities. Is supervised by American staff in the DAO office, and coordinates with NHRC staff. Acts as a point of contact person in relation to HIV/AIDS activities in the military supported by DoD.	Please note that these costs have are being paid directly by DoD and are not included in the FY04 PEPFAR Budget for Uganda
Program is supervised by DAO American staff, who contribute 25% of time on program activities. Support from the Defense Attaché who contributes about 5% of time on program activities	
With the expanded program, we propose to include one additional FSN to support increasing program activities	

5.3.2 US Agency Management and Program Staff Existing and New By Category

Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff

Total

5

UNCLASSIFIED

Number of Program Staff	Number of Management Staff	Total Number of Staff
0	1	1
0	0	0
1	0	1
1	0	1
0	0	0
0	0	0
2	1	3

Table 5.4 U.S. Agency Management and Staffing - U.S. Department of State In revised SI format

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category – Department of State

	# Existing U.S. direct-hire	# New U.S. direct-hire for PEPFAR	# Existing FSN	# New FSN for PEPFAR	# Existing International PSC	# New International PSC for PEPFAR	# Other Existing staff	# Other New staff for PEPFAR	Total # Staff
Number of Program Staff	3*	0	0	0	0	0	0	0	3
Number of Management Staff	4**	0***	20****	0	0	0	0	0	24
Total Number of Staff	7	0	20	0	0	0	0	0	27

* Significant portions time are dedicated to PEPFAR by the Ambassador, DCM and Political Officer.

** DOS' Management Officer, GSO, FMO and HRO regularly support CDC programs and will continue to assist with PEPFAR.

7

*** While additional Management staff has not been specifically requested, PEPFAR's anticipated workload is a major factor in Kampala's request for an additional GSO - a direct hire ICASS employee. Kampala will continue to pursue this additional position.

**** State ICASS FSNs in the HR, FMO, Procurement and Customs & Shipping sections regularly support CDC programs and will continue to assist with PEPFAR.

Table 5.5. U.S. Agency Management and Staffing – Peace Corps in original COP format

	Budget
5.5.1 U.S. Agency Management Items and Activities. Please note that these costs have are being paid directly by Peace Corps and are not included in the FY04 PEPFAR Budget for Uganda.	
Peace Corps Uganda fills a unique niche in the provision of HIV/AIDS assistance in Uganda: Volunteers are, for our partner organizations, a bridge from training to practice. As organizations and individuals learn new skills, knowledge and attitudes, the challenge remains how to put these new ideas into practice. Volunteer placements provide a two year period in which the organization receives direct assistance in application. This is significant for the sustainability of HIV/AIDS activities, and for the development of indigenous capacity which will allow the Ugandan government HIV/AIDS goals to be met and maintained. In FY 04/05 , approximately 50 Volunteers will be provided to Uganda; one half of these are committed to HIV/AIDS programs through the Ministry of Health; of the other 50%, most also work in HIV/AIDS programs, depending upon the commitment of the Primary Teacher Colleges to which they are assigned. Management costs include recruitment, placement, living allowances, training, travel, equipment, supplies, resources and related costs.	
Existing staff dedicated to HIV/AIDS programs include one full time FSN (Foreign Service National) Associate Director for HIV/AIDS programs; one half-time FSN Training Manager; one half-time FSN Program Assistant; one quarter-time resource center manager; two additional American staff that contribute 25% of their time to HIV/AIDS programs. In addition, the Administrative Office has a number of staff who allocate time to effectively program HIV/AIDS funds. Management costs include salaries, benefits, travel, and other related costs.	
Total	

9

5.5.2 U.S. Agency Management and Program Staff, Existing and New By Category	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	.25	0	1.75	1 -training	0	0	3
Number of Management Staff	.75	0	.5	0	0	0	1.25
Total Number of Staff	1	0	2.25	1	0	0	4.25

Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program/Area	USAID			HHS			DOD		State and Peace Corps**	TOTAL
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	
PMTCT										
Abstinence / Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care (non-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

* Subject to further review and approval by the Office of the Secretary of Defense

** State is requesting $100,000 and Peace Corps $219,800