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Excluding To Be Determined Partners

2007

Uganda

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Premila	Bartlett	Emergency Plan Country Coordinator	BartlettPA@state.gov
DOD In-Country Contact	Mark	Breda	PEPFAR Program Manager	mbreda@muwrp.org
DOD In-Country Contact	Sheila	Horgan	OPSCO	HorganSL@state.gov
HHS/CDC In-Country Contact	Jordan	Tappero	Director	jwtO@ug.cdc.gov
Peace Corps In-Country Contact	McGrath Jean	Thomas	Director	mthomas@ug.peacecorps.gov
USAID In-Country Contact	Margot	Ellis	Director	mellis@usaid.gov
U.S. Embassy In-Country Contact	Premila	Bartlett	Emergency Plan Country Coordinator	BartlettPA@state.gov
HHS/NIH In-Country Contact	Steven	Reynolds	Scientific Director	sjr@jhmi.edu

Table 1: Country Program Strategic Overview

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

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 164,194			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		14,901	2,295	17,196
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		304,100	45,900	350,000
Care				
	End of Plan Goal: 300,000	376,806	100,307	477,113
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		169,865	35,307	205,172
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		12,889	5,411	18,300
Number of OVC served by OVC programs		206,941	65,000	271,941
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		923,255	1,076,745	2,000,000
Treatment				
	End of Plan Goal: 60,000	64,734	35,266	100,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		64,734	35,266	100,000

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 164,194			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		23,000	11,500	34,500
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		469,398	30,602	500,000
Care				
	End of Plan Goal: 300,000	464,905	85,069	549,974
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		234,970	30,055	265,025
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		20,523	3,012	23,535
Number of OVC served by OVC programs		229,935	55,014	284,949
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		1,298,144	1,201,856	2,500,000
Treatment				
	End of Plan Goal: 60,000	89,601	30,399	120,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		89,601	30,399	120,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4796
Planned Funding($): $ 1,053,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: African Medical and Research Foundation
New Partner: No

Sub-Partner: National Tuberculosis & Leprosy Program, Uganda
Planned Funding: $ 312,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Mechanism Name: OVC Track 1/Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4824
Planned Funding($): $ 730,033.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Africare
New Partner: No

Sub-Partner: Emerging Markets
Planned Funding: $ 36,631.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5246
Planned Funding($): $ 595,737.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: AIDS Information Centre
New Partner: No

Mechanism Name: OVC Track 1/Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4826
Planned Funding($): $ 1,169,125.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Sub-Partner: Meeting Point
Planned Funding: $ 52,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mother Kevin Secondary School
Planned Funding: $ 68,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kakira Sugar Works
Planned Funding: $ 12,260.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Meeting Point Hoima
Planned Funding: $ 40,400.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Meeting Point Kitgum
Planned Funding: $ 26,730.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5739
Planned Funding($): $ 5,745,603.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
New Partner: Yes

Mechanism Name: Pediatric Infectious Disease Clinic

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4798
Planned Funding($): $ 600,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Baylor University, College of Medicine
New Partner: No

Mechanism Name: The Core Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4827
Planned Funding($): $ 5,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Sub-Partner: International Center for Research on Women
Planned Funding: $ 563,965.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding: $ 156,660.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Uganda Joint Christian Council
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Caritas Uganda
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $ 694,140.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ministry of Gender ,Labour and Social Development
Planned Funding: $ 500,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Action for Children
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Family Life Education Program
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: National Youth Council
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Rukungiri Gender & Development Association
Planned Funding: $ 49,729.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Save Foundation
Planned Funding: $ 66,233.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Friends of Children Association
Planned Funding: $ 68,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Lunar Community Development
Planned Funding: $ 69,484.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Volunteer Initiative for Development Support
Planned Funding: $ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Moroto County Association for Development
Planned Funding: $ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: German Foundation for World Population Consortium
Planned Funding: $ 65,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: YOUTH ALIVE
Planned Funding: $ 65,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Church Human Services AIDS Programme
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Children of Uganda
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: AIDS Widow Orphan family Support
Planned Funding: $ 37,940.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Lira Community Development Association
Planned Funding: $ 37,119.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Church of Uganda
Planned Funding: $ 97,531.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mayanja Memorial Hospital Foundation
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Parents Concern for young People
Planned Funding: $ 50,808.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: The Public Defender Association of Uganda
Planned Funding: $ 59,803.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Save the Children US
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Save the Children Uganda
Planned Funding: $ 216,763.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
Planned Funding: $ 216,763.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: ANPPCAN
Planned Funding: $ 182,782.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Integrated Family Development Initiative
Planned Funding: $ 87,478.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: AB Track 1/ Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4828
Planned Funding($): $ 220,740.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Kampala Archdiocese
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Gulu Archdiocese
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mbarara Archdiocese
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kasana Luwero Diocese
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Fort Portal Dioces HIV/AIDS Focal Point
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Masaka Diocese
Planned Funding: $ 23,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: AIDSRelief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5342
Planned Funding($): $ 6,264,675.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Kamwokya Christian Caring Community
Planned Funding: $ 169,792.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: St. Mary's Hospital, Lacor
Planned Funding: $ 171,867.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Comboni Samaritans of Gulu
Planned Funding: $ 141,906.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: St. Joseph's Hospital
Planned Funding: $ 89,601.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Christian HIV/AIDS Prevention and Support
Planned Funding: $ 10,189.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Meeting Point Kitgum
Planned Funding: $ 10,207.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Virika Hospital
Planned Funding: $ 161,834.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Villa Maria Hospital
Planned Funding: $ 114,356.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kabarole Hospital
Planned Funding: $ 82,477.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kyamuhanga Comboni Hospital, Bushenyi
Planned Funding: $ 64,896.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kalongo Hospital
Planned Funding: $ 63,821.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bethlehem Medical Center
Planned Funding: $ 113,870.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Katungu Medical Center
Planned Funding: $ 101,645.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kabwohe Medical Center
Planned Funding: $ 90,027.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kasanga Health Center
Planned Funding: $ 93,311.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Workers Treatment Centre
Planned Funding: $ 59,918.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nile Treatment Centre
Planned Funding: $ 74,514.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Constella Futures
Planned Funding: $ 191,162.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Children's AIDS Fund
Planned Funding: $ 138,193.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding: $ 450,453.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nsambya Hospital
Planned Funding: $ 259,140.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4799
Planned Funding($): $ 10,838,670.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 3,667,621.00
Early Funding Request Narrative: AIDSRelief is a comprehensive and integrated HIV program that provides prevention, ARV drugs and services as well as palliative care to HIV positive people & their families. AIDSRelief is a consortium of five organizations with Catholic Relief Services as the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group leading the Projects Strategic Information systems which provide essential clinical and programmatic information and Institute of Human Virology providing guidance and informing the establishment of treatment, adherence and care protocols. AIDSRelief program in Uganda will continue to maintain 12,000 patients on treatment by February 28, 2008 as well as will provide care services to 17,170 HIV positive patients. AIDSRelief services will be offered through 15 Points of Service (POS), distributed through out Uganda. The cost of ARV drugs in FY07 will be $7,000,000 without any possibility of creating a buffer stock. However, the $3,667,621 early funding from COP07 will ensure the 6 months advance order in such a way that no shortfall in the provision of ARV drugs will be created at the beginning of next project year.
AIDSRelief feels strongly that the integrity of the ARV pipeline must be maintained in a way that ensures uninterrupted access to anti-retroviral therapy (ART). ARV drugs must be in place by February 28, 2007 to guarantee that there are no stock outs at AIDSRelief-supported Local Partner Treatment Facilities (LPTF) in Uganda. ARV procurement cycle from the moment an order is placed till the patient receives drugs takes about 6 months hence the early funding of this activity is critical. This approach also assists with securing all the drugs needed for the regimen mixes used, as well as provides the opportunity for ensuring lower prices. In order to reduce ARV costs, AIDSRelief will also continue to procure FDA-approved generics which are part of the current treatment regimen.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $3,667,621.00
Activity Narrative: This program area also relates to activities in 8289-ARV Services, 8588-PMTCT, 8290-Laboratory, 8291

Sub-Partner: Christian HIV/AIDS Prevention and Support
Planned Funding: $ 18,923.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Meeting Point
Planned Funding: $ 18,956.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Villa Maria Hospital

Planned Funding: $ 212,375.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kalongo Hospital
Planned Funding: $ 118,526.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Workers Treatment Centre
Planned Funding: $ 111,276.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding: $ 836,556.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: The Futures Group International
Planned Funding: $ 355,016.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Comboni Samaritans
Planned Funding: $ 263,539.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: St. Joseph's Hospital
Planned Funding: $ 166,402.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nsambya Hospital
Planned Funding: $ 481,259.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kamwokya Christian Caring Community
Planned Funding: $ 315,328.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: St. Mary's Hospital, Lacor
Planned Funding: $ 319,182.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kasanga Health Center
Planned Funding: $ 173,292.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Bethlehem Medical Center
Planned Funding: $ 211,473.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nile Treatment Centre
Planned Funding: $ 138,382.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Katungu Medical Center
Planned Funding: $ 188,769.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kabwohe Medical Center
Planned Funding: $ 167,194.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Children's AIDS Fund
Planned Funding: $ 256,643.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Kabarole Hospital
Planned Funding: $ 153,171.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Virika Hospital
Planned Funding: $ 300,549.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kyamuhanga Comboni Hospital, Bushenyi
Planned Funding: $ 120,521.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Mechanism Name: AIDS Capacity Enhancement Program, ACE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4850
Planned Funding($): $ 2,625,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Chemonics International
New Partner: Yes

Mechanism Name: Preserving the African Family in the face of HIV/AIDS Through Prevention

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4887
Planned Funding($): $ 131,666.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Children's AIDS Fund
New Partner: No

Sub-Partner: Uganda Youth Forum
Planned Funding: $ 170,002.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Campus Alliance to wipe out AIDS
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: OVC Track 1/Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4829
Planned Funding($): $ 333,764.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Concerned Parents Association
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Aids Care Education & Training - Uganda
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Youth with a Mission
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Commodity Security Logistics

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4830
Planned Funding($): $ 1,500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Commodity Security Logistics
New Partner: No

Mechanism Name: PIASCY/Accelerating Basic Education

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4831
Planned Funding($): $ 1,500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Creative Associates International Inc
New Partner: No

Mechanism Name: CSF/Deloitte and Touche

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6181
Planned Funding($): $ 9,586,569.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Deloitte Touche Tohmatsu
New Partner:

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8615
Planned Funding($): $ 5,950,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: Plus up EGPAF

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6159
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: Private Sector Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5028
Planned Funding($): $ 2,550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Emerging Markets
New Partner: No

Mechanism Name: ACQUIRE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4832
Planned Funding($): $ 350,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: No

Mechanism Name: Contraceptive and Reproductive Health Technologies and Utilization (CRTU)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5033
Planned Funding($): $ 300,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Northern Corridor Program/Uganda Section

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4833
Planned Funding($): $ 2,100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Amalgamated Transport and General Workers Union
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: The Uganda Red Cross Society
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Frontline AIDS Support Network
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Katuna Youth
Planned Funding: $ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: PATH
Planned Funding: $ 55,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HKID - OVC

Sub-Partner: Family Health International
Planned Funding: $ 260,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Bajjabasaaga Marachi Community Development Association
Planned Funding: $ 65,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Katuna Zone PLWHA Group
Planned Funding: $ 85,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Malaba Kyosimb'onanya Community Developm't Association
Planned Funding: $ 55,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Energy Institute of Uganda
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Howard University/PACE Center
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Malaba Health Centre
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Friends of Christ Revival Minstries
Planned Funding: $ 195,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Katuna C&T
Planned Funding: $ 85,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Tororo Network of AIDS Service Organizations
Planned Funding: $ 110,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Appropriate Grassroots Interventions
Planned Funding: $ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Malaba Interfaith cluster
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Busia Interfaith cluster
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Red Cross Society - Busia Branch
Planned Funding: $ 59,618.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: HOSPICE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4834
Planned Funding($): $ 1,386,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: HOSPICE AFRICA, Uganda
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4800
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Integrated Community Based Initiatives
New Partner: No

Mechanism Name: Expanding the role of People Living with HIV/AIDS Networks

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4851
Planned Funding($): $ 2,690,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International HIV/AIDS Alliance
New Partner: No

Sub-Partner: National Forum of People Living with HIV/AIDS
Planned Funding: $ 171,227.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4801
Planned Funding($): $ 321,150.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: International Medical Corps
New Partner: No

Mechanism Name: Community Resilience and Dialogue

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5245
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Rescue Committee
New Partner: No

Sub-Partner: Catholic Relief Services
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Associazione Volontari per il Servizio Internazionale
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support

Sub-Partner: SCiU
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing
HVSI - Strategic Information

Mechanism Name: Refugee HIV/AIDS services in northern Uganda

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4802
Planned Funding($): $ 401,729.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: TB/HIV Integration Activity

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5064
Planned Funding($): $ 1,300,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Union Against TB and Lung Disease
New Partner: Yes

Mechanism Name: AB Track 1/ Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4835
Planned Funding($): $ 939,803.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: International Youth Foundation
New Partner: No

Sub-Partner: The Uganda Red Cross Society
Planned Funding: $ 63,366.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda National Scout Association
Planned Funding: $ 59,678.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Girl Guides Association
Planned Funding: $ 47,766.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: The Source of the Nile
Planned Funding: $ 47,769.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Young Womens Christian Association
Planned Funding: $ 41,622.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Scouts Association
Planned Funding: $ 80,955.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: IRCU

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4836
Planned Funding($): $ 5,710,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Inter-Religious Council of Uganda
New Partner: No

Sub-Partner: Uganda Muslim Supreme Council
Planned Funding: $ 108,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: St Francis Home Care Program
Planned Funding: $ 108,786.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Sub-Partner: Kumi Hospital
Planned Funding: $ 83,786.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Sub-Partner: Kiwoko Hospital
Planned Funding: $ 305,346.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kisiizi Hospital
Planned Funding: $ 98,786.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Sub-Partner: Kuluva Hospital
Planned Funding: $ 78,786.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Islamic Medical Association of Uganda
Planned Funding: $ 341,590.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Iganga Islamic Medical Center
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ishaka Adventist Hospital
Planned Funding: $ 120,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Kyetume Church Based Health Care Program
Planned Funding: $ 76,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: AIDS Orphans Education Trust
Planned Funding: $ 113,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Church of Uganda
Planned Funding: $ 149,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Pope John's Hospital
Planned Funding: $ 259,760.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nyenga Hospital
Planned Funding: $ 173,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Chain Foundation
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Friends of Cannon Gideon Foundation
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kabale Diocese
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Kiyinda-Mityana Diocese
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Busota Muslim Support Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Al Quadus
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Acholi Orphan Institute
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ngombe Community Health Care Program
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Amucha Seventh Day Adventist Child Development Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Bringing Hope to the Family Full Gospel Mission
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Young Christian Students Movement
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Network
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Women's Vision
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Muslim Education Association
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Lyantode Islamic Medical Center
Planned Funding: $ 36,400.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Holy Cross Hospital Namungona
Planned Funding: $ 85,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Campus Alliance to wipe out AIDS
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Youth Forum
Planned Funding: $ 45,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Orthodox Church
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Uganda Christian AIDS Network
Planned Funding: $ 64,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Nyakibale Hospital
Planned Funding: $ 228,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Meeting Point
Planned Funding: $ 135,500.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Nsambya Hospital
Planned Funding: $ 92,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Kampala Diocese HIV/AIDS Program
Planned Funding: $ 45,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Namirembe Diocese
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Karera Ecumenical Development Organization
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: West Ankole Diocese
Planned Funding: $ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Nebbi Diocese
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Gulu Archdiocese
Planned Funding: $ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mary Amuke Solidarity Fund
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kasana Luwero Diocese
Planned Funding: $ 149,696.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Mbarara Archdiocese
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Family Concept Care and Support Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Noor Islamic Institute
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: YOUTH ALIVE
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Church Human Services AIDS Programme
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Scripture Union
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Villa Maria Hospital
Planned Funding: $ 103,786.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Sub-Partner: Catholic Secretariat of Uganda
Planned Funding: $ 160,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Seventh Day Adventist Church
Planned Funding: $ 92,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Rugarama Health Center
Planned Funding: $ 235,820.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nyapea Hospital
Planned Funding: $ 225,500.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Buluba Hospital
Planned Funding: $ 228,800.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kilembe Mines Hospital
Planned Funding: $ 288,200.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Mengo Hospital
Planned Funding: $ 258,520.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Meeting Point Kitgum
Planned Funding: $ 72,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Comboni Samaritans
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Caritas Lugazi Diocese
Planned Funding: $ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: St. Matia Mulumba Vocational Institute
Planned Funding: $ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Church of Uganda, Bukedi Diocese
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Bishop Masereka Foundation
Planned Funding: $ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Ray of Hope Ministries
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Masanafu Child and Family Support
Planned Funding: $ 18,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Islamic Outreach Centre
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Buddu Social Development Association
Planned Funding: $ 13,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Hoima Diocese
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Caritas Masaka Child Sponsorship Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Lango Diocese
Planned Funding: $ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Agape Nyakibale
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Namisambya OVC Care and Support Project
Planned Funding: $ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kampala Archdiocese
Planned Funding: $ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kumi Diocese

Planned Funding: $ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Orthodox Church AIDS Control Program
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: The Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4837
Planned Funding($): $ 1,360,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Aga khan Univeristy, Kampala
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4838
Planned Funding($): $ 318,336.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

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

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Manoff Group, Inc
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4839
Planned Funding($): $ 24,527,771.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,000,000.00
Early Funding Request Narrative: TASO has requested for 1,000,000 USD early funding for FY 2007 under USAID funding. The justification centered on the following:

1. Staff remuneration supported through this fund – Center staff supported under this funding as outlined in the COP would require their salaries to be met and TASO does not have reserves to cover for this in case funding is released later. In this regard, early funding release will assist alleviate a crisis

2. Program running – for smooth running of programs supported by this fund, there is need to advance some funding to keep operations running at the beginning of the funding period as prior funding for FY 2006 will have been fully absorbed by close of the financial year 2006.

3. Services covered by this fund notably Care and support programming, runs throughout the year and demand for such services is continuous and cannot be re-scheduled. It would be challenging not to implement some of the activities e.g outreach and other clinics for affected centers if funds are not available at the start of the FY, given the fact that all funds for FY 2006 will have been absorbed.

TASO runs the USAID funding as a discrete fund, which has been allocated to specific outputs and activities. Shortfalls in the funding would therefore translate to cutting back in programs implementation in addition to de-motivation of the affected staff teams. On the other hand, within the same organization would be staff teams not affected by this scenario.

Measures to address reduced funding as a result of one program would be challenging to implement at an organization-wide level as this would impact negatively on overall performance, obligations to date with all TASO funding partners and overall image of TASO.

It is against this background that TASO requests for 1,000,000 USD early funding for FY 2007, to assist bridge funding between FY 2006 and FY 2007 and ensure smooth ongoing service delivery for the USAID funded programs.

Sub-Partner: Kamuli Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Bugiri Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Bandimagwara Cultural Group
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Fort Portal Dioces HIV/AIDS Focal Point
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: German Foundation for World Population Consortium
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Ibanda Child Development Centre
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Kyembogo Holy Cross Family Centre
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Maturity Audiovisuals
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Rural Welfare Improvement for Development
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Student Partnership Worldwide- Mayuge
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Student Partnership Worldwide- Mayuge
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Uganda Community Based
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Sub-Partner: Uganda Reproductive Health Bureau
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: World Vision Bundibugyo
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: World Vision Kooki
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Sub-Partner: YOUTH ALIVE
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Uganda Private Midwives Association
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Save the Children US
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Kyenjojo Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Luwero Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Wakiso Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Mbarara Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Kisubi Hospital
Planned Funding: $ 43,333.33

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Rakai Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Mayuge Local Government
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Nakapiripirit Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Francois Xavier Bagnoud International
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Bushenyi District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Arua District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Bundibugyo Local Government, Uganda
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Katakwi Local Government
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Mubende District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Kamuli Mission Hospital
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Mayanja Memorial Hospital Foundation
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Pallisa District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Rukungiri District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Yumbe District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Amuria District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Budaka District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Ibanda District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Isingiro District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Kaliro District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Kiruhura District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Lyantonde District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Maracha District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Mityana District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Nakaseke District HIV/AIDS Committee
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Raising Voices
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Tukolerewamu Club
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: UNISON MG Consulting
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Sub-Partner: Health Training Consult
Planned Funding: $ 122,222.22
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV

Sub-Partner: Bishop Willis Core Primary Teachers' college
Planned Funding: $ 63,939.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kabulasoke Core Primary Teachers' college
Planned Funding: $ 42,646.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nakaseke Core Primary Teachers' college
Planned Funding: $ 37,186.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Bushenyi Core Primary Teachers' college
Planned Funding: $ 36,398.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ndegeya Core Primary Teachers' college
Planned Funding: $ 40,048.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Lodonga Core Primary Teachers' college
Planned Funding: $ 31,772.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Loro Core Primary Teachers' college
Planned Funding: $ 56,950.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Soroti Core Primary Teachers' college
Planned Funding: $ 56,074.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kabale-Bukinda Core Primary Teachers' college
Planned Funding: $ 55,794.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Canon Apollo Core Primary Teachers' college
Planned Funding: $ 35,279.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Arua Core Primary Teachers' college
Planned Funding: $ 38,946.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Shimoni Core Primary Teachers' college
Planned Funding: $ 41,624.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nyondo Core Primary Teachers' college
Planned Funding: $ 47,969.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Gulu Core Primary Teachers' college
Planned Funding: $ 36,947.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Busuubizi Core Primary Teachers' college
Planned Funding: $ 42,830.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Moroto Core Primary Teachers' college
Planned Funding: $ 29,405.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kitgum Core Primary Teachers' college
Planned Funding: $ 40,687.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ngora Core Primary Teachers' college
Planned Funding: $ 29,715.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kibuli Core Primary Teachers' college
Planned Funding: $ 27,016.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ibanda Core Primary Teachers' college
Planned Funding: $ 29,295.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mukujju Core Primary Teachers' college
Planned Funding: $ 39,124.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Bulera Core Primary Teachers' college
Planned Funding: $ 72,380.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Bishop Stuart Core Primary Teachers' college
Planned Funding: $ 74,348.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Family Life Education Program
Planned Funding: $ 43,333.33
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Koboko Health Sub District
Planned Funding: $ 35,714.29
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: The AIDS Support Organization
Planned Funding: $ 4,800,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: AIDS Information Centre
Planned Funding: $ 4,304,263.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Associazione Volontari per il Servizio Internazionale
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Family Life Education Program, Kamuli
Planned Funding: $ 44,142.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Family Life Education Program, Mayuge
Planned Funding: $ 13,633.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Mityana Local Government, Uganda
Planned Funding: $ 16,533.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Nakaseke Local government, Uganda
Planned Funding: $ 16,166.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: Health Comm Partnership; AFFORD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4841
Planned Funding($): $ 7,600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Constella Futures
Planned Funding: $ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Pulse Uganda
Planned Funding: $ 400,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Uganda Peoples Defence Forces
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Communication for Development Foundation Uganda
Planned Funding: $ 735,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Women at Work International
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Fenon Entertainment
Planned Funding: $ 87,500.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding: $ 140,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Media for Development Trust
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Mango Tree
Planned Funding: $ 29,248.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: MFDI
Planned Funding: $ 31,616.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Aclaim
Planned Funding: $ 303,814.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: IVAD International
Planned Funding: $ 49,200.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Mechanism Name: University Technical Assistance Programme (UTAP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4803
Planned Funding($): $ 109,413.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Johns Hopkins University Insititue for International Programs
New Partner: No

Mechanism Name: Joint Clinical Research Center, Uganda

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4842
Planned Funding($): $ 17,504,865.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Joint Clinical Research Center, Uganda
New Partner: No

Sub-Partner: Mbale Regional Referral Hospital
Planned Funding: $ 761,900.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Apac Hospital
Planned Funding: $ 256,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Ishaka Adventist Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kagando Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kisiizi Hospital
Planned Funding: $ 218,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kitgum Government Hospital, Uganda
Planned Funding: $ 285,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Ngora Freda Carr Hospital
Planned Funding: $ 343,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Rushere Community Health Center
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: St. Pauls Health Center, Kasese
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kabale Regional Referral Hospital
Planned Funding: $ 761,900.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kakira Sugar Plantation Hospital
Planned Funding: $ 711,900.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Hoima Regional Referral Hospital
Planned Funding: $ 238,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Lira Regional Referral Hospital, Uganda
Planned Funding: $ 598,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Jinja Regional Referral Hospital, Uganda
Planned Funding: $ 207,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Gulu Regional Referral Hospital, Uganda
Planned Funding: $ 987,287.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kabong District Hospital, Uganda
Planned Funding: $ 155,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Mubende District Hospital, Uganda
Planned Funding: $ 208,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Mbarara Regional Referral Hospital, Uganda
Planned Funding: $ 1,231,900.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Soroti Regional Referral Hospital, Uganda
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Mukujju Health Center IV
Planned Funding: $ 156,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kasana Health Center IV
Planned Funding: $ 207,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Iganga District Hospital, Uganda
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Bombo Military Headquarters, Uganda
Planned Funding: $ 238,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nyakibale Hospital
Planned Funding: $ 290,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kitagata District Hospital
Planned Funding: $ 238,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kamuli District Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kayunga Hospital
Planned Funding: $ 293,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs
HTXS - ARV Services

Sub-Partner: Buhinga Regional Hospital
Planned Funding: $ 711,900.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Joint Clinical Research Center, Uganda
Planned Funding: $ 2,031,213.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Moyo District Hospital
Planned Funding: $ 156,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kawolo Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Gombe Regional Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Ibanda Hospital
Planned Funding: $ 187,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kisoro District Hospital
Planned Funding: $ 156,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Makerere University-Mulago Hospital
Planned Funding: $ 343,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Katakwi Hospital
Planned Funding: $ 256,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Bukwa Health Centre IV
Planned Funding: $ 225,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Nebbi District Hospital
Planned Funding: $ 306,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Pallisa District Hospital
Planned Funding: $ 235,500.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kiboga District Hospital
Planned Funding: $ 242,287.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kaberamaido Hospital
Planned Funding: $ 256,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Pader District Hospital
Planned Funding: $ 256,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Masindi Hospital
Planned Funding: $ 287,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Itojo Hospital
Planned Funding: $ 258,611.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Kitwe Health Centre IV
Planned Funding: $ 165,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: St. Francis Hospital, Nsambya-Kampala
Planned Funding: $ 195,713.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Gulu Military Barracks
Planned Funding: $ 186,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Namugongo Health Centre
Planned Funding: $ 186,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Hope Clinic
Planned Funding: $ 82,750.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Uganda Peoples Defence Forces
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: Walter Reed
Planned Funding: $ 226,213.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXD - ARV Drugs

Mechanism Name: Full Access Counseling and Testing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4804
Planned Funding($): $ 1,093,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kumi Director of District Health Services
New Partner: No

Mechanism Name: Measure

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4843
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Mechanism Name: Mulago-Mbarara Teaching Hospitals - MJAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4805
Planned Funding($): $ 11,440,941.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Makerere University Faculty of Medicine
New Partner: No

Mechanism Name: Developing National Capacity for Management of HIV /AIDS Programs and Support for t

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5738
Planned Funding($): $ 3,960,858.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Makerere University Institute of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4806
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Makerere University Institute of Public Health
New Partner: No

Sub-Partner: Rakai Health Sciences Program
Planned Funding: $ 2,298,336.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Hope for African Children Initiative

Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Islamic Medical Association of Uganda
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Action for Children
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: World Vision International
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Makerere University Faculty of Medicine
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Jinja District Health Services, Uganda
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Mildmay Center
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Rakai District Health Services, Uganda
Planned Funding: $ 12,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: The Leadership, Management Sustainability Program (LMS)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5077
Planned Funding($): $ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: End of Program Evaluations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5084
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Systems International
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4807
Planned Funding($): $ 700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Medical Research Council of Uganda
New Partner: No

Sub-Partner: The AIDS Support Organization
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXD - ARV Drugs

Mechanism Name: HIV/AIDS Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4808
Planned Funding($): $ 11,305,429.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Mildmay International
New Partner: No

Sub-Partner: Reach Out, Mbuya, Uganda
Planned Funding: $ 2,337,362.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Mechanism Name: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Servic

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4809
Planned Funding($): $ 4,070,196.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Uganda
New Partner: No

Mechanism Name: Support to National Drug Authority

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5091
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: National Drug Authority
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4810
Planned Funding($): $ 7,745,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Medical Stores
New Partner: No

Sub-Partner: Joint Medical Stores
Planned Funding: $ 1,029,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HLAB - Laboratory Infrastructure

Mechanism Name: HIVQUAL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4811
Planned Funding($): $ 500,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: OVC Track 1/Round 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4844
Planned Funding($): $ 436,145.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Habitat for Humanity
Planned Funding: $ 133,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Uganda Agency For Development Ltd. (UGAFODE)
Planned Funding: $ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Partnership for Supply Chain Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4961
Planned Funding($): $ 3,191,796.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: Breaking Barriers/ Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4895
Planned Funding($): $ 769,301.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: PLAN International
New Partner: No

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: Basic Care Package Procurement/Disemination

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4812
Planned Funding($): $ 4,145,093.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: AB Track 1/ Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4845
Planned Funding($): $ 1,071,918.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda
Planned Funding: $ 88,403.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda National Scout Association
Planned Funding: $ 327,946.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4813
Planned Funding($): $ 4,992,705.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Protecting Families Against AIDS
New Partner: No

Sub-Partner: Islamic Medical Association of Uganda
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Tororo District Hospital
Planned Funding: $ 307,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Mechanism Name: Regional Center for Quality Health Care

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6177
Planned Funding($): $ 250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Regional Center for Quality Health Care
New Partner: Yes

Mechanism Name: RPSO Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5792
Planned Funding($): $ 1,350,000.00
Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: Yes

Mechanism Name: RPSO lab

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5793
Planned Funding($): $ 535,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: Yes

Mechanism Name: ED Data

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4849
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Research Triangle Institute
New Partner: No

Mechanism Name: Routine Counseling and Testing in Two District Hospitals

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4872
Planned Funding($): $ 1,282,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Research Triangle International
New Partner: No

Sub-Partner: AIDS Health Care Foundation
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: OVC Track 1/Round 2

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4846
Planned Funding($): $ 302,076.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Salvation Army
New Partner: No

Sub-Partner: Pact, Inc.
Planned Funding: $ 90,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Track 1, Round 2 AB

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4847
Planned Funding($): $ 588,833.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5457
Planned Funding($): $ 300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Sanquin Consulting Services
New Partner: No

Mechanism Name: Monitoring and Evaluation of the Emergency Plan Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5086
Planned Funding($): $ 2,250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Social and Scientific Systems
New Partner: No

Sub-Partner: Principia
Planned Funding: $ 25,687.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: Parliament and Local Government Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5030
Planned Funding($): $ 530,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: State University of New York
New Partner: Yes

Mechanism Name: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5737
Planned Funding($): $ 12,630,237.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The AIDS Support Organization
New Partner: No

Mechanism Name: TASO CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4814
Planned Funding($): $ 1,200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The AIDS Support Organization
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4817
Planned Funding($): $ 3,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Uganda Blood Transfusion Services
New Partner: No

Sub-Partner: The Uganda Red Cross Society
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Mechanism Name: Laboratory Quality Assurance-Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4816
Planned Funding($): $ 675,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Uganda Virus Research Institute
New Partner:

Mechanism Name: University of California San Francisco - UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4818
Planned Funding($): $ 900,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Francisco
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4853
Planned Funding($): $ 1,700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: USAID Management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4854
Planned Funding($): $ 4,809,097.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Base GAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4820
Planned Funding($): $ 8,040,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4819
Planned Funding($): $ 5,642,267.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 757,000.00
Early Funding Request Narrative:

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $950,000.00
Activity Narrative: This activity relates to 8377 and 10178-Management and Staffing. In FY07 this funding will support

Mechanism Name: Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8616
Planned Funding($): $ 90,587.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4821
Planned Funding($): $ 1,122,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: State Department

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4822
Planned Funding($): $ 376,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4823
Planned Funding($): $ 1,457,000.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Makerere University Walter Reed Project (MUWRP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4873
Planned Funding($): $ 2,039,787.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Walter Reed
New Partner: No

Mechanism Name: Education Sector Workplace AIDS Policy Implementation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4855
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Vision International
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area: $ 13,385,146.00

Program Area Context:

Uganda's Ministry of Health (MOH) initiated a Prevention of Mother to Child HIV Transmission (PMTCT) pilot program in 2000. Phase 1 (2001-2005), focused on scaling up basic PMTCT services to all districts. Phase II (2006-2010) focuses on the revised national PMTCT policy, which supports the holistic implementation of the four-pronged UNAIDS PMTCT strategy: 1) primary prevention; 2) family planning; 3) provision of antiretroviral (ARV) prophylaxis; and 4) care and support). Phase II includes the consolidation of services to increase coverage and uptake. In FY07, a key goal for the Emergency Plan in Uganda is to support the Ministry of Health (MOH) to implement Phase II.

By December 2005, there was at least one PMTCT site in all the districts and of the 340 sites, 210 had received direct USG support. However, overall PMTCT coverage remains low because PMTCT services are mostly limited to district hospitals (98 percent offer PMTCT services) and Health Centers (HC) IVs (75 percent offer PMTCT services). Only 10 percent of HC IIIs currently offer PMTCT services. Of the estimated one million women in Uganda who became pregnant in 2005, 402,125 new mothers attended antenatal clinics (ANCs) where PMTCT services were available, which comprised 32% of ANC facilities nationally. Of these, 85 percent received counseling, and 61percent were tested for HIV; and 8 percent (19,509) women were found to be HIV positive. Sixty three percent of HIV positive mothers and 42 percent of their newborns received ARV prophylaxis. By the semi annual report FY06, with direct USG support to PMTCT, 112,152 mothers had been counseled, tested and given their results. 7,355 were found HIV infected and 4,735 had received complete ARV prophylaxis. These figures should double by November 2006.

Although PMTCT is one of the entry points to HIV/AIDS care and treatment services, linkages remain limited due to poor coordination with treatment sites, understaffing, and high demand for limited services. With USG support, PMTCT, treatment, and care partners are collaborating to strengthen referrals and linkages of services. Through this collaboration, HIV positive mothers and babies can access antiretroviral therapy (ART) services at the same facilities through "active" referrals. In 2005, 1,308 HIV positive pregnant women received care and treatment services through PMTCT referral. In the same period, 696 babies were tested using DNA PCR testing; of those, 100 who were HIV positive (14.4 percent transmission rate), were immediately linked to care services.

Despite these successes, many obstacles prevent Ugandans from accessing comprehensive PMTCT services. Early HIV diagnosis and cotrimoxazole prophylaxis for HIV exposed children are not readily available, especially at public sector facilities. Stock-outs of essential PMTCT commodities and human resource gaps are common. Furthermore, the national PMTCT program has been hampered by limited monitoring and evaluation capacity. In addition, until 2006, HIV Counseling and Testing (CT) for pregnant mothers attending ANC was done on a voluntary, opt-in basis using rapid HIV test kits with same day results. In 2006, the MOH revised its PMTCT policy to recommend routine opt-out CT. Since then, efforts have been made to orient service providers to this policy change.

In FY07, the USG will continue to work with the MOH and other partners to support the implementation of Uganda's new, revised national PMTCT policy. Routine opt-out CT for pregnant women will be strengthened and expanded in all USG supported sites. Training materials will be revised to be consistent with the new national PMTCT policy. Refresher training for trainers and service providers at all sites will be conducted. In addition, midwives will be trained to run rapid HIV tests in ANC. Follow-up training for Nursing and Clinical Officers schools' tutors will be conducted to support the integration of PMTCT into pre-service education of medical and paramedical staff. PMTCT services will be expanded to selected HC IIIs to increase access of services in the rural areas where the majority of the population live. Other strategies to improve uptake and coverage of PMTCT services will be expanded through peripheral health units conducting outreaches and introducing routine intrapartum CT. For example, since 90 percent of pregnant women in Uganda attend ANC at least once, and only 38 percent deliver under the supervision of skilled personnel, Nevirapine (NVP) coverage of women delivering outside hospitals has remained

undesirably low. In FY07, this challenge will be addressed by assessing the feasibility of giving HIV positive mothers a NVP dose for themselves and their newborns with accompanying information and education at their first ANC visit.

The 2005 serobehavioral survey reveals that discussions of HIV status between sexual partners is very low (17 percent), which may contribute to the low uptake of PMTCT services. In FY07, male involvement will be promoted through the family-focused PMTCT services and reproductive health programs. Peer support groups for PMTCT clients will be expanded through the involvement of Non-Government Organizations and Community Based Organizations. Also, a secondary analysis of the 2005 sero behavioral survey estimated that the use of SD-NVP averted 780 infections while ART programs averted another 840 infections in 2005. In FY07, USG will strengthen linkages of PMTCT mothers and infants to treatment programs operating within the same facility. The FY07 target is an additional 350,000 new ANC mothers. Of these, 242, 291 pregnant mothers will be counseled, tested and given results and an estimated 17,000 mothers will be positive and 11,872 will receive ARV prophylaxis. 3,000 mothers will be assessed or referred for ART eligibility. The early infant diagnosis program, which began in FY06, will be strengthened and expanded with a goal of reaching 3,000 infants in FY07. In addition, USG will continue to support the evaluation of safe infant feeding strategies for HIV positive mothers, including modified counseling strategies to minimize the risk of increased mortality among infants testing HIV negative, and the use of animal milk in selected sites. Training of pediatric nurses in rapid HIV testing as well as early infant HIV diagnosis and HIV care will improve access to and the quality of integrated HIV services.

Also, in FY07, family planning education and referral for services will be integrated into PMTCT pre and post-test counseling. Use of dual prophylactic regimens at USG supported sites will be expanded. To address human resource gaps, attempts will be made to work with the districts to fill in the gaps in line with the approved staffing allocations. In the area of monitoring and evaluation (M&E), the USG will support the national level program coordination and supervision to improve quality assurance of PMTCT services. The M&E system will be strengthened through the involvement of regional supervision teams and district medical offices. Key PMTCT indicators that have now been integrated into the health management information system and ANC registers will be revised. Records staff will be trained to use the updated registers. The Supply Chain Management project will provide technical assistance to the National Medical Stores (NMS) to improve logistics management of essential PMTCT commodities through regional outlets.

The PMTCT policy recommends the prevention of malaria among pregnant women. In Year Two funding of PMI, support will complement PMTCT prevention of malaria intervention (Cotrimoxazole prophylaxis to all HIV positive pregnant women), by providing intermittent presumptive therapy for pregnant women and insecticide treated nets to pregnant mothers and children <5 years.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	635
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	23,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	469,398
Number of health workers trained in the provision of PMTCT services according to national and international standards	4,330

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8298
Planned Funds: $ 51,514.00
Activity Narrative: This activity complements activities 8304-CT, 8302-TB/HIV, 8300-Condom & Other Preventions, 8301-Basic Health Care & Support, 8303-OVC, 8299-AB.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and voluntary counseling and testing (VCT) services.

With funding from PRM/PEPFAR from September 2006 to September 2007 (FY06), IMC will supply drugs and related materials in support of the prevention of mother to child transmission of HIV/AIDs (PMTCT) services provided from two health facilities in Kyaka II and through community outreach services. These PMTCT services include VCT, linkages with WFP to ensure malnourished mothers living with HIV/AIDs and their children receive supplementary feeding and that those mothers testing positive for HIV/AIDs are referred to the Sub-Health Unit for anti-retroviral treatment (ART). Females currently make up 50% of the total population in the settlement and the clinic currently records delivery of 25 babies per month, although it is estimated that a greater number of births take place at homes with the assistance of traditional birth attendants (TBAs). As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

In FY07, IMC will support the clinics to further integrate the PMTCT program into routine maternal and child health services and strengthened ANC/PNC services. The activities will include counseling and testing for 1,500 pregnant women and partners, diagnosis, treatment and awareness-raising of STIs and family planning. Existing structures for community sensitization, social forums developed under IMC's BPRM-funded SGBV program, will be utilized to further sustain awareness of and maintain demand for PMTCT services. The focus of this will be to encourage the families and partners of women accessing PMTCT services to take an active role in supporting these women in the home and to help fight stigma against them in the broader community. To facilitate this community sensitization, IMC will produce information, education and communication (IEC) materials. Other activities will include the continued provision of related medical supplies and the refresher training of 10 clinic staff on infection prevention, appropriate obstetric care, and other ANC/PNC services.

Continued Associated Activity Information

Activity ID: 4795
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI
Planned Funds: $ 44,531.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.	20,507	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	25	☐

Target Populations:

Community leaders
Doctors
Nurses
Infants
Refugees/internally displaced persons
Pregnant women
Volunteers
Women (including women of reproductive age)
HIV positive pregnant women

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Kyenjojo

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Refugee HIV/AIDS services in northern Uganda
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8307
Planned Funds:	$ 77,355.00

Activity Narrative: This activity complements activities in 8305-AB, 8306-Other Preventions, 8311-OVC, 8310-TB/HIV, 8309-Basic Health Care & Support, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006 with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming. The 2004-2005 Uganda HIV Sero Behavioral Survey (UHSBS) revealed a national HIV prevalence of 6.4% among the adult population, increased from 6 % in 2000. (In Yumbe district, the HIV prevalence is 2.3% according to the UHSBS, and in Masindi district, the prevalence is 6.9 %.) The increase in national HIV prevalence has raised concerns that successes to date in controlling the AIDS epidemic in Uganda could be threatened. In response, the GOU has renewed the emphasis on HIV prevention in Uganda and has declared 2006 the Year of HIV Prevention.

PMTCT services were introduced in Kiryandongo and Ikafe PEPFAR program in April 2005 and will be expanded in 2006. To date, IRC has offered pre-test counseling to 785 pregnant mothers, and has tested and provided results to 393 pregnant mothers (of whom 28 where found positive); 6 mothers and their babies have received a complete course of ARVs. In 2007, IRC will continue supporting one PMTCT site per camp, with an estimated 2,000 antenatal attendances per year. IRC has already trained 26 health care workers in the provision of PMTCT services. IRC will follow the Phase II (2006-2010) revised national PMTCT policy, which focuses on supporting the holistic implementation of the four-pronged PMTCT strategy: primary prevention; family planning; provision of ARV prophylaxis; and care and support.

IRC will ensure the consolidation of services to increase uptake, male involvement, strengthening of family planning services, improvement of comprehensive care for HIV positive women, their spouses and their exposed children through early HIV diagnosis and linkages to care. With the current move toward repatriation of Sudanese refugees, IRC will begin to shift the responsibility for providing PMTCT services to the District Directorates of Health Services. Districts will support PMTCT service provision at these sites by providing technical support, seconding health personnel, and providing some of the necessary commodities. IRC will provide refresher training of staff on counseling and testing and infant feeding options, procure PMTCT commodities for mothers and infants, adapt or develop BCC materials, and support referral for those clients who require specialized treatment either at district or regional hospitals. The PMTCT program will be closely linked with VCT, with pregnant women and their partners being asked to attend counseling and testing routinely, while emphasizing voluntarism. Linkages will be made with ART services provided at Arua, Kiryandongo and Yumbe Hospitals by the Ministry of Health, with mothers who qualify being referred accordingly.

IRC will aim to achieve the following: (1) increase access to quality PMTCT services; (2) increase awareness and demand for PMTCT services among beneficiary population (both refugee and national); (3) maintain a sufficient number of skilled staff who are trained, motivated, and productive; and (4) integrate quality PMTCT services into routine maternal and child health services.

Expected outcomes in this program area include: (1) increased use of complete course of ARV prophylaxis by HIV+ pregnant women and their newborns; (2) full supply of diagnostics and related medical supplies achieved and maintained; (3) improved logistics

system for the rollout of PMTCT services.

Continued Associated Activity Information

Activity ID:	4757
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	International Rescue Committee
Mechanism:	Refugee HIV/AIDS services in northern Uganda
Funding Source:	GHAI
Planned Funds:	$ 91,978.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	130	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	19	☐

Target Populations:

Doctors
Nurses
Pharmacists
Traditional birth attendants
HIV/AIDS-affected families
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Host country government workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.01: Activities by Funding Mechanism

Mechanism: University Technical Assistance Programme (UTAP)
Prime Partner: Johns Hopkins University Insititue for International Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8312
Planned Funds: $ 109,413.00
Activity Narrative: JHPIEGO/JHU, through its Senior Technical Advisor based at PREFA, is contributing to strengthening PREFA's capacities in multiple areas related to PMTCT. Specifically, the principle emphasis areas addressed by this support are in training, local organization capacity development, strategic information, and policies and guidelines. The PMTCT technical advisor has a broad technical assistance scope of work that covers building the technical, administrative, and managerial capacity of the NGO, improving quality assurance, accessibility and overall increase in uptake and follow-up of PMTCT services at PREFA facilities. In year four of the JHPIEGO/JHU UTAP cooperative agreement, JHPIEGO will continue to support PREFA through the skills and experience of the Senior Technical Advisor to build capacity in PMTCT counseling, infant feeding, establishing referral networks and standardized record-keeping at all of the PREFA-supported sites. Public and private health care workers, as well as pregnant women and their families are the targeted beneficiary population. The PMTCT Advisor will continue to be key to the community component of PREFA's PMTCT program, the objectives of which include increasing understanding and acceptance of the benefits of PMTCT at the community and family level, thus generating increased uptake of PMTCT services. The Technical Advisor will continue to support capacity building at PREFA to achieve the specific targets enumerated in its monitoring and evaluation plan.

The PMTCT technical advisor's duties will continue to include, but will not limited to the following specific responsibilities:
- Strategic and technical guidance in training and community programs
- Review documents to ensure updated information, quality and accuracy
- Uptake and quality of comprehensive PMTCT at facility level to ensure research results are translated into increased quality service
- Operational research design and documentation

To distinguish JHPIEGO's output indicators from the general PMTCT indicators, we would assess these indicators as they relate to a) the inputs of the PREFA Senior Technical Advisor and/or b) pre-service PMTCT capacity-building through curriculum development and training activities:

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results at PREFA-supported sites receiving technical assistance from the Senior Technical Advisor
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting at PREFA-supported sites receiving technical assistance from the Senior Technical Advisor
- Number of health workers whose capacity for delivering PMTCT services according to national and international standards was improved through the pre-service program using the pre-service curriculum and pocket guide developed with technical and material support from JHPIEGO

JHPIEGO will also further support the strengthening of the PMTCT preservice education and inservice training capacity. Accordingly, JHPIEGO will provide technical assistance for the adaptation of curricular materials for pre-service PMTCT in Ugandan nursing and midwifery schools through supporting consultants to facilitate adaptation workshops, and by providing technical review and a subsequent workshop and orientation to the adapted package.

Continued Associated Activity Information

Activity ID: 4016
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Johns Hopkins University Insititue for International Programs
Mechanism: University Technical Assistance Programme (UTAP)
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	80	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
Non-governmental organizations/private voluntary organizations
Women (including women of reproductive age)
Public health care workers
Other Health Care Worker
Private health care workers
Nurses
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas

Kampala

Kayunga

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8327
Planned Funds: $ 36,670.00
Activity Narrative: This activity relates to 8324-AB, 8328-Palliative Care;Basic Health Care and Support, 8323-Palliative Care;TB/HIV, 8329-CT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8322-Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4022
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 35,250.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	16	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	800	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	140	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	45	☐

Target Populations:

Pregnant women

HIV positive pregnant women

Coverage Areas

Rakai

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8341
Planned Funds:	$ 299,897.00

Activity Narrative: This activity also relates to activities in 8340-AB, 8342-CT, 8343-Basic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8347-Laboratory Infrastructure, 8345-Strategic Information, 8348-Other Policy.

The program area in Phase 1 (2001-2005), focused on scaling up basic PMTCT services to all Uganda's former 56 districts. Phase II (2006-2010) focuses on the revised national PMTCT policy, supporting the holistic implementation of the four-pronged PMTCT strategy (primary prevention; family planning; provision of ARV prophylaxis; care and support) and includes the consolidation of services to increase uptake, male involvement, strengthening of family planning services, improvement of comprehensive care for HIV positive women, their spouses and their exposed children through early HIV diagnosis and linkages to care. This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2006-2010) with emphasis on increasing access to quality HIV prevention, care and treatment services. The Programme for Prevention of Mother to Child HIV transmission contributes to the Millennium Development Goal to reverse and halt the spread of HIV/AIDS by 2015.

The Ministry of Health has continued to expand access to PMTCT services and improve quality of services provided. A total of 340 health facilities were providing PMTCT services in FY06 with support from USG and other partners. In terms of geographical coverage 85% of the 56 districts PMTCT services at all Health centre IVs (i.e. county level). The PMTCT statistics show that in FYO6 with support from USG and other partners 244,956 pregnant women were tested , 19,509 (7.96%) tested HIV positive. Among those who tested HIV-positive, 12,353 mothers and 8,202 babies received ARV prophylaxis. With support from USG capacity building in the area of PMTCT was conducted as follows, 225 health workers were trained in PMTCT, (150 in strategies for PMTCT, 50 in infant feeding and 25 in counselling for PMTCT service provision). District HIV focal persons in 13 districts were trained on supervision of PMTCT services and guidelines on priority PMTCT communication interventions for year 2005/2006, infant and young Child feeding and male involvement were developed. This support also streamlined Quality Assurance and co-ordination through technical support supervision to 13 districts, facilitated co-ordination meetings in four regions of the country and facilitated review of drafted guidelines for quality assurance of rapid HIV testing. Other accomplishments included finalization and printing of strategy for early diagnosis of HIV among infants and young children, and guidelines for health workers on early HIV diagnosis and care for infants and young children; sensitization of district officials on programme for early diagnosis of HIV among infants; training of health workers in 11 health units in collection of dry blood spots for PCR testing.

During fiscal year 2007, this activity aims at strengthening capacity for delivery of PMTCT services in line with the HSSP II and revised PMTCT policy 2006 - 2010. Overall activities in the FY07 target is to reach 25% of HC III, to provide counseling and testing to 95% of pregnant women through routine opt out approach, to reach 80% prophylaxis coverage for mothers and 65% for babies, and to start offering short course AZT in addition to intra-partum single-dose nevirapine (SD-NVP) as an improved PMTCT prophylaxis as stipulated in the revised PMTCT policy. This will include;

Review/update, printing and dissemination of guidelines, training manuals and job aids for overall PMTCT implementation and counselling to streamline flow of clients in ANC to support implementation of routine HIV counselling and testing with opt out. Printing additional copies of the revised training package on PMTCT strategies (training manual, Participants Booklet and Presentation Graphics) and infant feeding training manual.

Conducting refresher training for trainers and follow up training for tutors on the revised materials and the integration of PMTCT and infant feeding into pre-service training of medical and paramedical staff will be pursued.

Expansion of services to HC IIIs and building capacity for implementation of the revised PMTCT policy including giving more effective regimens (AZT+SD NVP PMTCT) for prophylaxis. The MoH seeks support to implement this in 6 districts. Hospital

administrators and health workers will also be sensitized on BFHI.

Support the integration of family planning education into the PMTCT pretest counseling.

Review the Psychosocial support strategy and build consensus on modalities for its implementation

Male involvement will be promoted through the family centered model for HIV care through PMTCT and reproductive health in general. This strategy proposes to use HIV negative pregnant women to access Counseling and testing to their male spouses and link them to other reproductive services.

In keeping with the strategy for early HIV diagnosis and care among infants and young children, the early infant diagnosis program which began in FY06 will be strengthened and expanded with a goal to reach 3,000 infants in FY07. This will include training, supervision and M and E

To continue to support the evaluation of safe infant feeding strategies for HIV-positive mothers including modified counseling strategies and the use of animal milk in selected sites.

Strengthen integration of PMTCT into care and treatment programs.

Peer support groups for PMTCT clients will be established through the involvement of NGOs, CBOs, FBOs and the private sector. This will also include support to HIV negative pregnant women and their spouses to remain HIV negative.

National level program coordination and supervision will be supported to improve quality assurance of PMTCT services. The monitoring and evaluation system will be strengthened through the involvement of regional supervision teams and district medical offices. Key PMTCT indicators have now been integrated into the HMIS and ANC registers will be revised to include other indicators for PMTCT. Records staff will also be trained on use of updated registers.

Conduct targeted evaluations in collaboration with the partners on the acceptability, accessibility and feasibility of early infant testing and the updated AZT-NVP PMTCT protocol.

Continued Associated Activity Information

Activity ID:	4402
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Uganda
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 94,914.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Protecting Families Against AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8356
Planned Funds: $ 4,847,705.00

Activity Narrative: Protecting Families Against HIV/AIDS (PREFA) is a Non-Governmental Organisation supported by USG to promote comprehensive, holistic PMTCT activities in Uganda. PREFA has core PMTCT activities as well as supporting 2 sub-partners, Tororo District Hospital (TDH) and the Islamic Medical Association of Uganda (IMAU), in Wakiso District.

In FY 06, PREFA successfully carried out its core activities and supported its 2 sub-partners to provide PMTCT services through 20 outlets that were providing the minimum package of PMTCT according to national and international standards.

In FY07, PREFA will continue working with these 2 sub-partners in innovative new projects and comprehensive PMTCT services that include the four pillar approach (primary prevention; family planning; provision of ARV prophylaxis; care and support) in Uganda. PREFA's core activities will support comprehensive PMTCT services in Kampala and Kayunga districts. 31 health centers and 2 hospitals (of which 5 are new sites), will be supported to provide routine counseling and testing for PMTCT targeting pregnant women, their partners and families. Clients will receive a comprehensive PMTCT package including MCH (focused antenatal care, maternity and post-natal), opt-out routine HIV counseling and testing (HCT) services, quality obstetric care, ART (prophylaxis for mother and baby according to revised national policy or treatment according to client eligibility), client and family member follow-up through home and clinic visits, basic health care package (BCP), as well as referral of clients and their immediate family members for further care and treatment to other institutions including PIDC, MJAP and Reach Out Mbuya.

This funding will also support training of 422 health workers in provision of PMTCT, pediatric care and counselling, reproductive health including family planning, home-based HIV testing and counselling, integration of reproductive health and PMTCT, community awareness and mobilization, and training of 50 trainers/supervisors in PMTCT as well as refreshing the 362 counselors and health workers in the newly revised PMTCT policy. In addition, activities will include general HIV care and support services, quality assurance of HIV testing, HIV outreach testing, filling critical human resource gaps, and purchase of a buffer stock of HIV test kits, ARVS (for PMTCT), logistics and supplies, and community mobilization activities including film and radio sensitization; refreshing and supporting 170 community counselling aides who perform mobilization, sensitization, counselling and referral. In collaboration with the MoH PREFA will evaluate access to early infant diagnosis and its effects on infant feeding decisions in addition to assessing the feasibility of AZT+NVP implementation at a district facility level.

Overall, funding will support CT to 5,381 ANC clients, provide ARV prophylaxis to 3,680 HIV infected pregnant women. PREFA will liaise with the MoH and other stakeholders for the development and dissemination of revised training manuals, and user hand books, as well as appropriate community IEC methods and materials for PMTCT. PREFA will also work to improve the ongoing activities, and practice new innovations and best practices at Kangulumira model site in Kayunga district. The program, M&E, Finance, and training officers will provide regular technical support (including periodic support supervision) to all partner PMTCT programs.

The sub-partner Tororo District Hospital (TDH) will provide comprehensive PMTCT services to pregnant women and their partners within their antenatal/MCH setting, as well as at 8 outreach health centers (2 new ones). Clients will receive the comprehensive PMTCT services according to the revised national policy, follow up clients through home and clinic visits, home based HCT to increase access to HIV services by family members, and provide the basic health care package, as well as referral of the client and her family members for further care and treatment to TASO – Tororo and TDH ART clinic. Funding will support staff capacity building including training of 35 health workers in pediatric care and ART services, care and support services, procurement of test kits and lab equipment, reagents and supplies especially strengthening early infant testing; support facility-, outreach- and home-based implementation of the program, with a particular emphasis on improving TDH's capacity for infant treatment, care, support and follow up; and program administration. TDH will provide CT to 12,000 ANC clients, provide ARV prophylaxis to 700 HIV infected pregnant women. The program will also sensitize 30 TBAs on PMTCT and monitor their contribution to service delivery.

The second sub-partner is Islamic Medical Association of Uganda (IMAU) who will provide

comprehensive PMTCT services at Saidina Abubakar Islamic Hospital (SAIH) in Wakiso district. SAIH will provide PMTCT services including HIV Testing to pregnant women and their male partners, provision of anti-retroviral (ARV) drugs to the HIV infected mothers, their infants and their partners. IMAU will also conduct community education and mobilization that target adult men and women, and people living with HIV/AIDS using health fairs as well as outreach and home visits. The project will provide follow up services for PMTCT clients and their families. This funding will support care and support, purchase of HIV test kits, ARVS (for PMTCT), equipment, logistics and supplies as well as above mentioned community work. The hospital and related health facilities' target is to provide counseling and testing to 2,000 ANC clients, provide ARV prophylaxis to 160 HIV infected pregnant women, and training of 30 traditional birth attendants in PMTCT service provision. All three organizations will contribute to PREFA's vision of improving access to high quality HIV/AIDS services using a family approach through provision of PMTCT services, appropriate referral of HIV affected clients for treatment, care and support, as well as through sustaining an elaborate community sensitization, mobilization, and follow up program.

In FY07, PREFA will evaluate the acceptability and feasibility of offering daily AZT to pregnant women in one district hospital and two health centers (HC) IV as of the 28th week of their pregnancy in addition to SD-NVP in labor, as well as SD-NVP and 1-week course of AZT to their baby as a means to further reduce MTCT. Results will inform implementation of this strategy at a time when the national program is considering adding AZT to its standard PMTCT drug supply.

In addition, PREFA will conduct an assessment to:
•assess factors determining accessibility of PCR testing to the target population;
•find out how knowledge of the infant's HIV sero status affects/influences infant feeding practices.

Please refer to the supporting documents in this COP for the PHE Background Sheet.

*Implement a comprehensive PMTCT program in 90 sites including HC III levels within 15 districts. Key strategies include: Strengthen MCH services where PMTCT services are integrated; provide routine opt-out CT for pregnant mothers attending ANC; provide effective ARV prophylactic regimens (including HAART and combination ARV prophylactic regimens); provide basic prventive care for HIV+ pregnant women and ensuring that there is a system for linking PMTCT mothers and infants into the ART clinics. Postnatal care services will be strengthened and expanded with the integration of early infant HIV diagnosis services and infant feeding counseling; and a system will be put in place for following up PMTCT clients through PNC and the community.
The program will support recruitment of 3 officers based at the central level to support the coordination and strenghtening of family planning integration, Communication and linkage. Districts will conduct routine supervision at all sites.

Continued Associated Activity Information

Activity ID:	4047
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Protecting Families Against AIDS
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,130,076.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	123	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	214,240	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	13,280	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	832	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
TB patients
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: University of California San Francisco - UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8370
Planned Funds: $ 130,000.00
Activity Narrative: This activity also complements activities 8371-ARV services, 8369-Other/Policy analysis and system strengthening, 8372-SI.

The University of California San Francisco (UCSF) is one of several U.S. Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally for service providers and program managers on inventive strategies for the care and treatment services. Beginning in FY04, UCSF provided PEPFAR Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY07, a UCSF in-country technical advisor will provide technical assistance to the MOH PMTCT technical committee on provision of in-service trainings, and development of curricula and training guidelines for program and policy staff. In addition, the advisor will continue work with Tororo District Hospital (TDH) to implement the PMTCT program initiated in FY05. This program supports the development of appropriate protocols and standards of care in the hospital to ensure increased uptake of PMTCT services, and to build a family focused approach to PMTCT through linkages with comprehensive HIV care and treatment services. Support and supervision for project activities and TDH staff will be enhanced to ensure the program develops into a suitable, sustainable and replicable service within the constraints of Uganda public hospital systems. The development of the hospital's health information system to monitor and evaluate PMTCT activities has been finalized and technical assistance on implementation continues. Program level data is being analyzed to identify relevant operational PMTCT clinical and managerial issues, and to inform the district hospital and national program on directions service enhancements and future directions. Finally, as PMTCT activities are tested and proven effective, the advisor will facilitate vital linkages between the Ministry of Health PMTCT program, district hospitals and key national stakeholders, to generate further policy development, operational guidelines and training materials for us at the facility level.

Continued Associated Activity Information

Activity ID: 4422
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: University of California San Francisco - UTAP
Funding Source: GHAI
Planned Funds: $ 130,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	15	☐

Target Populations:

Doctors
Nurses
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Tororo

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8390
Planned Funds: $ 100,000.00
Activity Narrative: The activity relates to 8856-Injection Safety, 8385-Condoms and Other Prevention, 8386-Palliative Care;Basic Health Care and Support, 8987-Palliative Care;TB/HIV, 8853-OVC, 8388-CT, 8391-ARV Services, 8387-SI, 8389-Management & Staffing.

As commander in chief of the armed forces, the President of Uganda mandated the UPDF's AIDS Control Program to oversee and manage prevention, care, and treatment programs throughout the forces and their families. PMTCT services have been implemented in five Army units over the past two years, and processes are underway to raise awareness and increase access of pregnant women to these programs. Midwives and nurses are being trained in 3 of the PMTC centers.

The FY07 activities aims to strengthen the services at the 5 PMTCT sites, expand the awareness and outreach to all sites, and emphasize the linkage to clinical services. PMTCT will also be used as an entry point to ART services and an avenue to identify discordant couples, for PWP (PMTCT).

Continued Associated Activity Information

Activity ID: 4551
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	300	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	20	☐

Target Populations:

HIV/AIDS-affected families
Military personnel
HIV positive pregnant women

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Kampala

Luwero

Wakiso

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8434
Planned Funds:	$ 700,000.00

Activity Narrative: This activity also relates to activities in Abstinence and Being Faithful (8437), Counseling and Testing (8433), Condoms and Other Prevention (8432), Palliative Care:Basic Health Care and Support (8435), Palliative Care: TB/HIV (8431), Strategic Information (8436), Other/Policy Analysis and Systems Strengthening (8838), as well as Treatment: ARV Services (8845).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Achievements to date: The number of service outlets providing minimum package services according to national standards is 41 reaching 10,494 pregnant women with counseling, testing and results for PMTCT. 433 pregnant women have been provided with a complete course of antiretroviral prophylaxis in a PMTCT setting. 141 health workers have been trained in the provision of PMTCT services according to national standards.

UPHOLD interventions will aim at contributing to the national PMTCT Phase II (2006-2010) strategy whose focus is to roll-out the revised PMTCT policy, support to the holistic implementation of the four-pronged PMTCT strategy (primary prevention; family planning; provision of ARV prophylaxis; care and support). This phase is focused on the consolidation of services to increase uptake, male involvement, strengthening of family planning services, and improvement of comprehensive care for HIV+ women, their spouses and their exposed children through early HIV diagnosis and linkages to care.

An estimated 36,000 HIV+ pregnant women will receive PMTCT services from 135 outlets (including 60 sites formerly supported by AIM). These sites are mainly Health Centre (HC) IIIs and IVs in 25 districts that include those supported by UPHOLD and those formerly supported by AIM but exclude sites that fall under the Northern Uganda project as well those districts UPHOLD shares with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) which include Rakai, Mayuge, and Mbarara districts). This activity will also support the integration of PMTCT into goal-oriented antenatal care (ANC) services as well as linking PMTCT services to intermittent presumptive treatment of malaria (IPT) in pregnancy activities.

In collaboration with the Ministry of Health, this activity will also focus on the training of existing service providers (including counselors, mid-wives, laboratory staff and data and records personnel etc.) in rolling out the revised National PMTCT policy. Additionally, in collaboration with other stakeholders, new/updated IEC materials (including job aides) will be reviewed, printed and distributed for use by different target groups with a focus on increasing uptake of PMTCT services (including Nevirapine uptake by both mothers and babies) and creating positive behaviours such as supportive male involvement, appropriate infant feeding practices and IPT uptake. Furthermore on-going site based support will be provided to service providers by joint teams from the Ministry of Health and UPHOLD to ensure achievement of prior agreed upon service standards that are set by the Ministry of Health. The integration of family planning education into the PMTCT pre-test counseling will be supported as well as the family centered model for HIV care through PMTCT and reproductive health. This model envisages the use of HIV negative pregnant women to access counseling and testing for their male spouses and link them to other reproductive health services. UPHOLD also plans to train partners on addressing gender based violence issues in relation to HCT and PMTCT uptake. Those receiving this training will be charged with conducting action oriented community discussions on issues of gender power relations aimed at reducing gender based violence, increasing male involvement and facilitating couple dialogue on shared disclosure and discordance. For the activities described above, a total of 260 additional service providers will be trained.

This activity will also focus on community mobilization, education and participation to increase psychosocial support for HIV positive mothers and their spouses as a strategy to

enable them to cope and also to access care services. Psychosocial support groups will be trained and facilitated to engage in activities such as peer counseling on disclosure of HIV status to spouses, partner support, alternative and safe breast feeding, living positively and referral of clients for further care, support and treatment including anti-retroviral therapy. Tailored training will be provided to members of these groups to enable them to effectively engage in community mobilization through testimonials and dance and drama and to propagate messages aimed at reducing stigma, gender based violence and increasing male involvement in PMTCT services. Additionally, as part of the strategy to increase uptake for PMTCT services by young women, known 'influencers' such as grandmothers and aunts will be targeted for IEC. UPHOLD will also tap into the expertise and experience of EGPAF (a USAID Funded PMTCT Program) to build the competence of psychosocial support groups to provide preventive counseling, on-going psychosocial support to HIV+ mothers and their spouses and increase treatment literacy and adherence to treatment. Those who are found negative through HIV testing (estimated at 93%of mothers test) will be supported to remain negative through various methods such as couple counseling, correct and consistence condom use and IEC.

In collaboration with other Presidential initiatives such as President's Malaria Initiative (PMI), HIV+ mothers through their PSS groups, will also access resources such as treated mosquito nets to prevent malaria as an integrated service in goal oriented antenatal care and PMTCT service delivery. This will be done through distributing insecticide treated nets to 1,500 HIV+ mothers registered in the PMTCT program. UPHOLD will also leverage PMI to integrate IPT into ANC clinics.

OGAC Reviews: If UPHOLD is having problems, this should be noted. Need more contextual info for why this is.

We are not clear about the problems the reviewers are referring to. UPHOLD's FY 06 Annual Report 2006 data has shown significant improvement in PMTCT cascade indicators in keeping with the entire USG portfolio improvement.

Continued Associated Activity Information

Activity ID:	3953
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 806,061.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	135	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	36,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,800	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	260	☐

Target Populations:

HIV/AIDS-affected families
Pregnant women
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing women's legal rights

Coverage Areas

Bugiri

Bundibugyo

Kamuli

Kyenjojo

Luwero

Nakapiripirit

Wakiso

Arua

Bushenyi

Katakwi

Pallisa

Rukungiri

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8466
Planned Funds:	$ 761,542.00

Activity Narrative: This activity also relates to activities in Abstinence /Being Faithful (8775), Condoms and Other Prevention (8467), Palliative Care: Basic Health Care and Support (8468), Palliative care: TB/HIV (8469), Counseling and Testing (8470) , HIV/AIDS Treatment /ARV Services (8472), Laboratory Infrastructure (8473), Strategic Information(8474), and Other/Policy Analysis System and Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources. Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end in FY07, and NUMAT will serve as the primary district based HIV/AIDS program for the USG.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In the Acholi region, where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

In view of the acute human resource constraints facing the conflict affected districts of the North, one specific area that the project will put focus on is to work with other stakeholders to innovatively address the critical human resource gaps in the region. NUMAT will collaborate with UNICEF and the MOH in the implementation of the minimum package of Health Facilities support and with others to design and implement appropriate incentive packages that will be linked to a broad human resource support strategy in conflict and post conflict districts.

NUMAT will also work in close collaboration with all of the key stakeholders supporting the North including the GOU, local government political and technical officials, UN agencies, humanitarian organizations, local faith and community based organizations and USG supported activities

Planned key achievements in year 1 include: building and strengthening the capacity of selected hospitals and HCIV's to offer PMTCT within the facilities and to beginning outreach services to the camps located beyond the municipalities. PMTCT clients will also be actively referred to other services including psychosocial support groups for pregnant women, palliative care and ART treatment. Linkages and referrals to OVC programs for the children (HIV+ and HIV-) will be facilitated.

Building on year 1 achievements, FY07 resources will support scaling up PMTCT services to cover lower health units in order to reach pregnant women and their families living outside of the municipalities and in IDP camps. Key activies will support the priorities of the national PMTCT program and will include: infrastructure strengthening (laboratories, counseling rooms, delivery wards and meeting space for support groups), training PMTCT counselors, traditional birth attendants and other health workers, and support to the pull component of the national logistics system. The project will work closely with CBOs to support integrated outreach services from health units to camps, with a focus on mother/child follow up, counseling for breastfeeding and infant nutritional support.

Activities to improve the uptake of services will focus on the role of men, older women and community leaders in advocating, mobilizing communities, facilitating and supporting healthy choices for women and their families. Gatherings of men such as drinking groups will be targeted for IEC/BCC. Couples counseling will be encouraged and programs providing incentives, such as delivery kits, to mothers to deliver in health centers will be

supported. Facilities will work in close collaboration with PSS groups and CBOs and other organizations providing "wrap-around" services to support mothers to disclose their status to family members as well as link them to PHA groups and other CBOs. Active referrals to care and treatment for pregnant women, their children and spouses will be facilitated.

With FY007, the project will leverage PMI resources to support the delivery of IPT in ANC clinics in the North.

plus ups: Several USG projects have come to a close in Northern Uganda, including AIM, UPHOLD and their respective subgrants with AVSI. NUMAT is the dedicated USG program working to support HIV/AIDS in the north and collaborates closely with the UN, other USG partners and the host country. With strong indications of continuing peace, there remains a significant gap in support to PMTCT services. NUMAT in partnership with AVSI will work to fill the gap through expanded district coverage. NUMAT will support all elements of the USG PMTCT program. Focus will be placed on reconstruction of health service systems and reaching the population beyond the municipalities.

Continued Associated Activity Information

Activity ID:	4696
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of local organizations provided with TA for HIV-related policy development		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	24	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	80,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,900	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Volunteers
Women (including women of reproductive age)
Religious leaders
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Gender

Wrap Arounds

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.01: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8584
Planned Funds: $ 703,667.00

Activity Narrative: This activity also relates to activities; 8289-ARV Services, 8288-ARV Drugs, 8290-Laboratory, 8291-AB, 8292-Basic Health care & support, 8293-TB/HIV, 8294-OVC, and 8295-CT.

AIDSRelief (AR) is a comprehensive HIV CARE program, providing ARV drugs, preventive, curative, palliative care and ARV services to HIV positive people and their families. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AIDSRelief is a consortium of five organizations with Catholic Relief Services as the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group provides support for Strategic Information and the Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. Based on care for 17,170 patients by February 28, 2008 Services will be offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda. Most of the above LPTFs have outreaches and sometimes they collaborate with a CBO for adherence purposes. AIDSRelief can maintain the 12,000 patients on ART but could also continue to accept patients in its palliative care program in case the funding provided will enable this expansion.

Funding for the provision of PMTCT will be used to support all 15 LPTFs to strengthen linkages between the PMTCT and HIV care and treatment services. Training through a mentoring/preceptorship program will be provided to staff. In order to ensure that the patients receive the highest quality personnel care in accordance with the best practices, the AIDSRelief technical team will assist LPTF staff (e.g. physicians (59), counselors (113), and nurses (67)) with training. Other services will include clinical monitoring, related laboratory services, nutrition education and community adherence activities. One of the cornerstones of the AIDSRelief program is the development of quality assurance programs at the LPTF level. By this intervention, AIDSRelief will address the legislative area of gender inequality by providing yet another avenue for HIV positive women to access ARV drugs, hence improving their chances for survival and their continued ability to care for their families. Through sound VCT messages and through community mobilization activities, stigma and discrimination will continue to be targeted as a key area to be addressed by this program. In the AIDSRelief LPTFs, counseling and education for the pregnant women will be conducted and ANC clinics will be supported to create a conducive environment for pregnant mothers and their partners. Strengthening of PMTCT services requires excellent linkages for client referrals and infant follow-up. AR's strengths at community levels will enhance this. HIV exposed babies will be tested using the DNA/PCR testing (DBS) or PCR testing at those facilities where this is available. HIV exposed babies will receive cotrimoxazole prophylaxis from 6 weeks of age and be linked to care services. The program will train 356 health care providers, especially nurses and counselors, using the new PMTCT curriculum with orientation to the revised PMTCT policy. AIDSRelief will continue to strengthen linkages between local partner health facilities and the surrounding community. Community members, including traditional birth attendants and female community leaders, will be engaged to take part in outreach activities that promote PMTCT awareness and to provide a supportive network for HIV positive women in the post-partum period, especially as it relates to maintaining their chosen feeding option, and for encouraging infant follow-up for definitive diagnosis.

Consetlla Futures will ensure through its support for strategic information systems, that PMTCT information is incorporated into SI activities. This will enable program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous data quality improvement, and using SI for program decision making across LPTFs. Activities will include, ensuring collection and compilation of complete & valid HIV PMTCT data; assuring collection and analysis of required indicators for quality PMTCT program monitoring & reporting; TA for LPTF to develop specific plans to enable sites to easily look at areas that could be enhanced or improved as a program.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of local organizations provided with TA for HIV-related policy development		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	26	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,700	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,150	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	441	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9663
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).

Below activities are continuing into FY07 but with FY06 funding.

CRD's goal is to contribute to the reduction of vertical HIV transmission through increased accessibility and utilization of PMTCT and CT services. CT acts as an entry point for PMTCT services for pregnant women to reduce their risks of producing babies infected with HIV virus. This program component will be provided to pregnant women and their partners in Gulu and Kitgum districts, which are the most affected war areas in Uganda.
AVSI, a member of the CRD consortium, has accumulated a lot of experiences in provision of PMTCT services in Kitgum and Pader districts, where over 95% of ANC mothers are reported to have tested for HIV. To maintain that level of response, AVSI will consolidate PMTCT services by targeting two hospitals and 8 peripheral health centers in Kitgum district to provide quality PMTCT services. According to program reports, majority of women who are pregnant in conflict districts live in IDP camp and are young (below 24) with low education standards. Such women need special services to enable them know and also benefit from PMTCT services. AVSI intends to support CT activities for diagnostic purposes for pregnant women, their children and partners.

One of the biggest challenges of PMTCT to-date is involvement of male partners. With the infection rate of about 7% among women attending ANC services, only 60% of these women enroll and also deliver in hospital. There are plans to involve male partners through special education/counseling plus training of couples in income generating activities through wrap around initiatives. In addition, support will go to the two hospitals to provide related PMTCT services like home based care services, monitoring mothers and their babies, replacement feeding and monthly meeting for PMTCT mothers and partners. In Gulu district, PMTCT is still registering low uptake. Stigma and discrimination have been reported to be among the contributing factors for women's acceptance PMTCT services.
CRS, another member of the CRD consortium, is working to improve the situation through supporting Lacor hospital to link CT to PMTCT services. Using AVSI experiences in the provision of holistic approach, CRS will offer improved PMTCT services to pregnant women and the follow up services for the HIV positive mothers. Activities to involve male partners and communities will be conducted. With experience in ART services, CRS will work with other agencies to support PMTCT mothers with ARVs through referrals to St Josephs's Hospital in Kitgum. Implementation of PMTCT services in Gulu district will require CRS to conduct community mobilization exercises to public about PMTCT, procure kits/drugs, training staff and other activities like those in Kitgum district. Funding will be used to provide support to 12 PMTCT outlets, training of 115 health workers, serving 9,000 mothers with CT services, providing a complete course of antiretroviral prophylaxis in PMTCT setting to 360 mothers, and facilitation of a complete follow up at home to 500 (250 mothers and 250 babies).

Continued Associated Activity Information

Activity ID: 3985
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 297,412.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	12	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	360	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	115	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Reducing violence and coercion

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Gulu

Kitgum

Pader

Kotido

Nakapiripirit

Table 3.3.01: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12362
Planned Funds: $ 100,000.00
Activity Narrative: Plus ups: Human resources for HIV/AIDS service delivery remains a key challenge, particularly as relates to the number of available staff and their skills. USG Uganda has been working to address HR issues through improvement of MIS systems and assessing and piloting recruitment and retention schemes. Further efforts are needed to work with the Ministry of Local Government in addition to the central mechanisms to improve ownership, accountability and viable solutions to address staffing shortages.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of local organizations provided with TA for HIV-related policy development	1	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Partnership for Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12367
Planned Funds: $ 91,796.00
Activity Narrative: Plus ups: SCMS will procure Combivir, Nevirapine and HAART for NUMAT and EGPAF supported PMTCT activities. With a combined target of 6,900, HAART will be procured for an estimated 10% of the HIV positive women. All HIV positive women and children will be targeted for complete course of prophylaxis. Test kits needed to support couseling and testing within the PMTCT supported sites will be procured through the National Medical Stores. The USG continues to support the capacity of the national program to procure ARVs. Procurement responsibilities will be transferred to NMS once they have demonstrated their capacity to effectively procure and distribute ARVs.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Plus up EGPAF
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12375
Planned Funds: $ 0.00
Activity Narrative: plus ups: The Elizabeth Glazer Pediatric AIDS Foundation (EGPAF) through its Call to Action program is making substantial contributions to the overall objective of preventing HIV infection among infants and linking the identified HIV+ mothers and their families to comprehensive care and support. Results from the FY07 SAPR indicate significant increases in uptake rates in several of the sites supported by EGPAF. As the Call to Action is ending in FY07, EGPAF was not included in the FY07 COP. With a recent extension through March 2008, EGPAF will now be able to absorb additional funding and continue to support significant increases in uptake along the continuum from testing to referral for HIV positive women for treatment.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for PMTCT		☑
Number of individuals reached through awareness raising campaigns and community sensitization.		☑
Number of local organizations provided with TA for HIV-related policy development		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	60,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,000	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Medical Stores
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12377
Planned Funds: $ 300,000.00
Activity Narrative: plus ups: Stock out of HIV test kit is a great challenge and expansion of the PMTCT national program. Througth the National Medical Stores, thes funds will be used to procure, store and distribute HIV test kits for the PMTCT program. The HIV test its will include: determine HIV 1/2+ Buffer), Screenng: stat -pak HIV1/2 (30% confirmation: unigold HIV 1/2 (2% tie-breaker). The procurement wil also include other accessories such as vacutainers, needles, needle holders, pippettes and racks

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 19271
Planned Funds: $ 3,985,000.00
Activity Narrative: USG and USAID agreed that it would be in the national program's best interest to extend EGPAF for two additional years in order to address the weaknesses in the national program. The new activity will not be designed and solicited at this time. PMTCT resources will be transferred to EGPAF. Family HIV/AIDS Care and Treatment should be deleted. EGPAF should be added for FY07 following on from FY06.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Local
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 19272
Planned Funds: $ 90,587.00
Activity Narrative: Through a COMFORCE contracting mechanism this Senior Technical Advisor based at PREFA, will continue her work previously funded through JHPIEGO to strengthening PREFA's capacities in multiple areas related to PMTCT. Specifically, the principle emphasis areas addressed by this support are in training, local organization capacity development, strategic information, and policies and guidelines. The PMTCT technical advisor has a broad technical assistance scope of work that covers building the technical, administrative, and managerial capacity of the NGO, improving quality assurance, accessibility and overall increase in uptake and follow-up of PMTCT services at PREFA facilities.

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: $ 14,012,126.00

Program Area Context:

As sexual transmission remains the key driver of HIV transmission in Uganda, USG supports a strong focus on Abstinence and Being Faithful (AB) as part of USG's comprehensive HIV/AIDS program. In FYO7, USG partners will consolidate their AB educational and counseling efforts to and strengthen their comprehensive prevention planning to reach youth and the general population appropriately.
The Government of Uganda (GOU) has renewed its emphasis on HIV prevention and declared 2006 the "Year of Prevention". This renewed commitment to prevention is grounded in evidence showing that HIV prevalence and incidence rates are stabilizing, rather than declining. The Uganda HIV/AIDS Sero-Behavioural Survey (USHBS) reveals a 6.4 percent HIV prevalence among the adult population. USHBS data, combined with the Ministry of Health (MOH's) estimated 135,000 new infections in the last year, has fueled concern that Uganda's success to date could be threatened. As a result, the GOU formed a National HIV Prevention Committee to identify priority issues strategies, and actions. The Committee also commissioned special reviews to establish the current drivers of the epidemic and launched a Road Map to accelerate prevention by focusing on the main drivers. UHSBS results and other data point to sexual transmission as the predominant mode of HIV transmission in Uganda, and the key driver as high risk sex (defined as multiple concurrent partners and unprotected sex). GOU prevention priorities, identified in response to the studies, include behavior change for risk reduction and risk avoidance, counseling and testing, PMTCT, integration of HIV prevention into care and treatment, post exposure prophylaxis, condom availability, prevention of STIs and promotion of protective social norms. The National HIV Prevention Working Group will be tasked with developing a comprehensive prevention strategy that includes these priority areas. The GOU's development partners have also pledged their support to increased prevention programming, particularly through the Partnership Fund. In FY07, USG is supporting comprehensive prevention programming across its program areas and implementing partners. These activities will be aligned with the Road Map for Accelerated HIV Prevention, as well as global OGAC guidance in prevention programming. Specifically, USG will support HIV prevention strategies that target youth, the general population (particularly men), and high risk groups, and those that address the social and gender norms underlying risky sexual behavior. The USG portfolio includes comprehensive ABC programming approaches that are balanced differently as they are applied and tailored to specific groups, behaviors, and underlying factors.
Recently available evidence shows both positive and negative trends in AB behavior. Women, especially young women, are increasingly delaying the age at first sex. However, this trend is not as clear among young men. Data also show that 50 percent of never married men and 64 percent of never married women aged 15-24 have never had sex. In view of these positive trends among young people toward delayed debut and increased abstinence, USG in FY07 will consolidate and strengthen its existing abstinence programs among young people 10-19 year olds, through a combination of school-based and out of school programs, media, and community approaches. Programs will continue to support the Ministry of Education and Sports to reach more students in primary schools USG will also support the roll out of President Museveni's PIASCY initiative to the post-primary students and educational institutions, with a strong teacher training component, and age appropriate comprehensive prevention messages, skills, and activities. In addition to this institution-based approach to HIV prevention, USG will support a large number of civil society and faith-based organizations working at community level to reach out of school youth through peer education, information, education, and communication approaches, drama, and local radio programming. Approaches and activities to reach higher risk youth will be programmed under the AB and OP program areas to ensure that their particular vulnerabilities and behaviors are appropriately addressed. USG will also support the Ministry of Gender, Labor and Social Development (which is also the youth ministry) to strengthen its ties with civil society through a mechanism of grants to local NGOs. Also, a number of partners will intensify programs in university populations, where there is anecdotal evidence of increased transactional and cross generational sex and alcohol abuse, all behaviors which increase HIV transmission risk.
On the negative side, an MOH conducted trend analysis shows that certain positive behaviors are sliding

backward from the late 1980s. In particular, there is an increase in casual sex, an increase in multiple partners, and a recent decrease in men's condom use with casual partners. According to a secondary analysis of faithfulness data, 88 percent of men are not lifetime faithful, compared to 56 percent of women, and only 10 percent of couples. A burden of disease analysis of the UHSBS data finds that multiple partners and genital herpes are two key drivers. In addition, a BED assay found that, compared to those with one sex partner in the last 12 months prior to the survey (recent faithfulness), those with two+ sex partners had twice the risk of acquiring HIV. All of the studies demonstrate clear gender disparities cutting across risky behaviors, with men more commonly engaging in sex earlier and with more partners. Given these results, USG objectives within the AB program area includes an increasingly strong focus on the critical role of partner reduction, faithfulness, and the underlying gender disparities that sanction this behavior. Recognizing the importance of the data on male behavior, particularly multiple partners, several of the USG's Track 1.0 AB/Y grantees have incorporated messages for men in their programming and have coordinated with the USG-supported "B a Man" campaign for assistance in working with men, training of group facilitators, and developing appropriate communication materials.

In FY07, USG supported partners will intensify educational and counseling efforts in community outreach, counseling and testing programs, and work-based activities. These efforts will increase understanding of the behaviors and practices that reduce the risk of HIV infection.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,638,951
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,080,411
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	35,198

Table 3.3.02: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8291
Planned Funds: $ 744,881.00

Activity Narrative: This activity also relates to activities; 8584-PMTCT, 8289-ARV Services, 8588-ARV Drugs, 8290-Laboratory, 8292-Basic Health care & support, 8293-TB/HIV, 8294-OVC, and 8295-CT.

AIDSRelief(AR) is a comprehensive HIV CARE program, providing ARV drugs, preventive, curative, palliative, social and ARV services to HIV positive people their families & communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AIDSRelief is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures (CF) leads the Projects Strategic Information systems which provide essential clinical and programmatic information for high quality care; Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. The Children Aids Fund is a sub-grantee supporting 5 sites.

The funding allocation that has been provided by USG is primarily for AB activities and will be supporting the beneficiaries described in the targets section below. This approach to prevention adheres to the official CRS policy on HIV prevention and thus the policy of AIDSRelief. CRS does not finance, distribute or promote the distribution of condoms. However, CRS does provide complete and correct information about HIV prevention, including the use of condoms, through the HIV/AIDS partner projects that it supports. CRS believes the prevention and treatment of HIV and AIDS must be approached holistically and thus, attention focuses on the impact of HIV/AIDS on individuals, families and communities. The program will address the physical and emotional needs of AIDS-affected people. The primary focus will be on behavior change for risk reduction and risk avoidance, counseling and testing as well as education to patients and community health volunteers.

AR services in prevention, abstinence and being faithful in FY07 will be offered through 18 local partner treatment facilities (LPTF) which include 3 community based programs, distributed throughout Uganda. Based on its successes and lessons learned, the AIDSRelief program in Uganda will continue to develop and promote primary and secondary HIV prevention through abstinence and being faithful. Community mobilization around ART requires education about HIV, including important information on prevention. AR will support LPTF activities targeting HIV + clients that access care at these points as well as their families and communities. Prevention priorities will include behavior change for risk reduction and risk avoidance, counseling and testing. All sites will provide education to patients and community health volunteers on secondary prevention.

The strong adherence support program developed by LPTFs in the AR program will continue to serve as the foundation for outreach to communities. In years 1, 2 and 3 of the project, outreach workers reached out to community and religious leaders to educate them about HIV. In year 4 community workers in the program will continue to play a significant role in the dissemination of the messages. For those patients on ART, adherence staff will educate on secondary prevention, focusing on being faithful and abstinence and encourage counseling and testing of all family members. Training will be an integral part of this program and will be directed at nurses (67), counselors (113), adherence counselors (83) and the community workers (450). These will be given adequate skills to be able to promote abstinence and being faithful to patients, their families and communities. The program will also seek to link up with other community- and faith-based organizations that serve the same geographic areas, as well as partners working in other sectors, wherever possible.

Strategic Information (SI) activities incorporate program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous data quality improvement, and using SI for program decision making across LPTFs. In COP07, CF will continue to enhance the PMM Systems at these LPTFs. They will carry out regular site visits and reviews to ensure continued quality data collection, data entry, data validation and analysis, dissemination of findings; data management & continuous quality improvement. With assistance from CF, AIDSRelief will provide appropriate data-gathering tools to ensure collection and compilation of data in Prevention/Abstinence and being faithful.

Continued Associated Activity Information

Activity ID: 4393
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 744,881.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	322,636	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	483,954	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	713	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
People living with HIV/AIDS
Volunteers
Religious leaders
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8299
Planned Funds: $ 29,949.00
Activity Narrative: This activity complements activities 8304-CT, 8302-TB/HIV, 8300-Condom & Other Preventions, 8301-Basic Health Care & Support, 8303-OVC, 8298-PMTCT.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

With funding from PRM/PEPFAR from September 2006 to September 2007 (FY06), IMC will design a community awareness campaign to sustain HIV preventive behaviors among refugees and host population in Kyaka II settlement. The activity will target 20,507 beneficiaries residing in the settlement. HIV prevention IEC materials with varied messages and media will be developed and reproduced to promote the prevention of HIV/AIDs through abstinence and fidelity. 20 Community Educators (CEs) will receive refresher training on dissemination of relevant information to target communities. All population groups will be targeted; however, special emphasis will be given to youth/students, considering that this beneficiary group makes up approximately 54 percent of the target population. IMC will recruit a qualified HIV/AIDs Counselor Trainer (with expertise in child, family and couple counseling) who will work closely with CEs to identify, and then train, two Peer Counselors per school to promote preventive behaviors at five primary and one secondary school in the area. Messages promoting the value of abstinence and fidelity in preventing HIV/AIDs will also be made available to members of the social forums, established under the SGBV program, to patients visiting the health centers and at other public areas of the settlement (such as food distribution points). Trained CEs will also instigate group discussions and conduct door-to-door promotion visits. With the assistance of the Peer Counselors and Community Educators, IMC will mobilize youth both in and out of school to engage in activities such as life skills clubs and a sports competition to deter their participation in high-risk behaviors which could lead to infection. As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

In FY07, IMC will continue with the implementation of community awareness campaigns to build on those of FY06 and to reinforce IMC's ongoing campaign against early marriages as part of the sexual and gender-based violence program. Building on interlinking networks developed throughout the FY06 program, further integration of the PEPFAR-funded HIV/AIDs program with the BPRM-funded SGBV program will serve to promote the importance of abstinence and remaining faithful both to the prevention of HIV/Aids and to the prevention of under-age sex and early marriage.

Continued Associated Activity Information

Activity ID: 4799
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI

Planned Funds: $ 34,135.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,507	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	32	☐

Indirect Targets

N/A

Target Populations:

Adults
Volunteers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Refugee HIV/AIDS services in northern Uganda
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8305
Planned Funds:	$ 67,500.00

Activity Narrative: This activity complements activities in 8307PMTCT, 8305-AB, 8306-Other Preventions, 8311-OVC, 8310-TB/HIV, 8309-Basic Health Care & Support, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006 with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

The 2004-2005 Uganda HIV Sero Behavioral Survey (UHSBS) revealed a national HIV prevalence of 6.4% among the adult population, increased from 6 % in 2000. (In Yumbe district, the HIV prevalence is 2.3% according to the UHSBS and in Masindi district, the prevalence is 6.9 %.) The increase in national HIV prevalence has raised concerns that successes to date in controlling the AIDS epidemic in Uganda could be threatened. In response, the GOU has renewed the emphasis on HIV prevention in Uganda and has declared 2006 the Year of HIV Prevention. According to the Ministry of Health, in their August 2006 package for Stepping up the Pace of HIV Prevention in Uganda, analysis of trends in the Ugandan HIV epidemic between 1995 and 2005 shows some positive behaviors, especially an increasing delay in age at 1st sex young women. The trend is not as clear among young men. Data also show abstinence among young people has increased.

On the other hand, the analysis shows that risky behaviors are on the increase from the late 1980s. In particular, there is an increase in casual sex, an increase in multiple partners, and a decrease in condom use with casual partners. (Prof. Wabwire Mangeni, IPH August 2006). In May 2006, IRC conducted an HIV/AIDS Knowledge, Attitudes, and Practices survey among the youth in Kiryandongo and Ikafe refugee settlements, which indicated that the vast majority of youth have heard of HIV/AIDS (96.4%) but that knowledge on ways to prevent HIV/AIDS is low, particularly amongst female youth. 55.9% of the youth surveyed reported using condoms; 52.3 % reported that they abstained from sex; and 44.6% reported that they were faithful to one partner. Although this was an improvement from a previous KAP survey done in 2003, the results demonstrate a need to strengthen knowledge about HIV prevention and to increase HIV/AIDS-related behavior change activities among the refugee population. These factors, along with the move toward repatriation of Sudanese refugees, have contributed to IRC's decision to increase the focus on promotion of prevention (AB and Other prevention) in 2007, in an effort to minimize the risk of HIV transmission during the repatriation process and upon return to communities of origin. Interventions promoting abstinence and faithfulness will strengthen the existing prevention initiatives in Kiryandongo and Ikafe refugee settlements.
From October 2005 through March 2006, IRC reached 8,532 individuals in the two refugee settlements with AB messages and 14,376 with other prevention messages. This was achieved with support of network of 337 trained community condom distributors and youth mobilizers. In 2007, these activities will continue and IRC shall identify and train more community-based mobilisers in preparation for repatriation, ensuring that at least one mobilizer accompanies returnees as they travel to Sudan. BCC materials with AB prevention messages for refugee and host populations in the two beneficiary camps and surrounding areas will be developed or adapted, as appropriate, with particular emphasis being placed on prevention of HIV during the return process. IRC will support community outreach, mobilization, and training of community-based health workers in AB. The AB activities will be closely linked to BCC and two community mobilizers in each camp will be

responsible for the distribution of BCC materials within their communities. AB prevention messages in faith-based and community networks will be strengthened in an effort to decrease high-risk behaviors among youth and reduce HIV/AIDS stigma and discrimination. Community HIV/AIDS Assistants will work in each camp, providing training and support supervision for volunteer community mobilizers, whose responsibilities will include the mobilization of community members for all HIV/AIDS-related activities, including AB activities. Community Assistants will also train community leaders (youth in secondary schools, out-of-school adolescents, community health workers, and adults) to multiply messages and become change agents within their camps of residence and will coordinate with community members and other IRC staff in the development of appropriate BCC materials to be distributed among the beneficiary populations. AB messages will be conveyed during all VCT and PMTCT sessions carried out by IRC staff, and community health workers in both camps will promote AB in community health education sessions on HIV/AIDS to be given at least twice during the year.

Continued Associated Activity Information

Activity ID:	4754
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	International Rescue Committee
Mechanism:	Refugee HIV/AIDS services in northern Uganda
Funding Source:	GHAI
Planned Funds:	$ 38,281.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	56,410	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Community leaders
Teachers
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8324
Planned Funds: $ 24,823.00
Activity Narrative: This activity relates to 8327-PMTCT, 8328-Palliative Care;Basic Health Care and Support, 8323-Palliative Care;TB/HIV, 8329-CT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8322-Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4019
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 23,860.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,250	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	13,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	178	☐

Target Populations:

Adults
Community leaders
Discordant couples
HIV/AIDS-affected families
Truck drivers
Orphans and vulnerable children
Pregnant women
Children and youth (non-OVC)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Other Health Care Worker

Coverage Areas

Rakai

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8340
Planned Funds:	$ 98,394.00

Activity Narrative: This activity also relates to 8341-PMTCT, 8342-CT, 8343-Palliative Care;Basic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8347-Lab, 8345-SI, 8348-Other Policy.

Information, Education and Communication/Behaviour Change Communication (IEC/BCC) strategy has been critical in facilitation of the behaviour change process by creating awareness, influencing attitudes and beliefs as well as promoting skills. It has played a role in promoting the uptake and utilization of existing services which have increased with time in both scope and variety.
This IEC/BCC strategy of the AIDS Control Program of the Ministry of Health supports and relates to broader activities of expanded HIV/AIDS prevention, treatment and care. The activities provided in this project component are in line with HSSP II (2006-2010) and the National HIV/AIDS strategic Framework (2000/01-2005/6). Owing to the cross cutting nature of IEC/BCC strategy it addresses the needs of specific HIV sub-programmes and other relevant health sector programmes such as Infection control, STD Treatment and Control, Condom promotion, RH, Nutrition, PMTCT, HCT, ART, TB and other Opportunistic infections (OI). The strategy therefore, contributes greatly to improved delivery of the national minimum health care package.
The popularly known Abstinence, Be faithful, Condom use (ABC) strategy still remains core in the national response against HIV/AIDS. This approach has been broadened to ABC+ to include other services such as HCT, PMTCT and ART, which contribute to HIV prevention. The Health sector through the IEC/BCC Unit continues to play a major role in implementation of this strategy. This is consistent with the national re-launching of accelerated HIV prevention.
Emanating from efforts of different stakeholders, the national responses have contributed to the following achievements:
? Universal awareness on HIV/AIDS from 90% (2000/2001) to 100% (2004/2005).
? Increase in age of first sexual intercourse from 16 years in 2000-2001 to 17 years in 2004/ 2005.
? Condom use in most recent high risk sex reported by 50% of the respondents.
? The knowledge of at least 2 ways of preventing HIV transmission at 74% for women and 84% for men.
According to the Uganda National Sero-Behavioral Survey 2004/2005, there are a number of emerging priority communication challenges which include:
• Comprehensive knowledge on HIV/AIDS which remains low in the population at 38% in women and 35.8% in men
• Inadequate national coverage and utilization of HIV Counseling and Testing services at 13% for women and 11% for men
• Increased multiple sexual partners in women (2%-4%) and men (25% - 29%) which calls for more advocacy for mutual faithfulness.
• Increased proportion of people engaged in unprotected sex: 15% in men and 37% in women justifying the need to promote correct and consistent condom use and support strategies that increase availability and access to users
• There is a significant proportion of the Ugandan population who are at very high risk of HIV infection.
• A secondary analysis of faithfulness data shows that 88%of men are not lifetime faithful, compared to 56% of women, and only 10% of couples are mutually lifetime faithful.

With the support of the funding from PEPFAR funding in FY06, the IEC unit has been able to accomplish some targeted activities in the area of HIV prevention knowledge, skills and desirable practices including;
• Airing of messages on AB and other HIV/AIDS strategies in 15 FM radios in which 1,400 radio spots & 20 talk shows were supported
• Support for community film shows in 13 districts targeting specific groups
• Building capacity of IEC partners in 20 media houses to support behaviour change interventions
• Meeting with IEC/BCC Stakeholders for review and coordination of on-going interventions.
• Development of advocacy materials with HIV/AIDS messages,
• Completion of a peer educators' handbook and manual

In FY 07, Uganda will continue to focus on HIV prevention and four different components. The first component will target dissemination of AB messages through mass media

channels: 16 FM radio stations and 7 local newspapers due to wider acceptability and popularity in the districts. This component will target HIV preventive options for different population groups. 1) Abstinence and faithfulness for youth in and out of school working through peer leaders and community leaders including faith based leaders and Village Health Teams, and health workers. 2) The second component of the activities will focus on increased advocacy to support acceleration of HIV prevention in the districts and this will mainly target district political leaders, representatives for youth and women organizations, District HIV/AIDS focal persons, relevant technical departments and the leadership of most at risk groups. 3) Another component will focus on revision, development and production of reference IEC materials for peer educators, health workers and the general public to promote effective utilization of the AB approach. The IEC materials that will be finalized include: leaflets on AB, peer educators manual and translation of IEC/BCC materials developed in 7 local languages. For wider publicity, the material will be printed and distributed to the target audiences that are defined in the first and second components of the activity. 4) The last component will include provision of technical supervision to HIV prevention partners. The supervision will involve IEC/BCC unit staff of the AIDS Control program, Health promotion & Education Division, Reproductive Health division and relevant officials from the UAC for effective integration and coordination of HIV prevention efforts.

Continued Associated Activity Information

Activity ID:	4401
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Uganda
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 81,995.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	100,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,037,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	20	☐

Target Populations:

Adults
Discordant couples
Street youth
People living with HIV/AIDS
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8398
Planned Funds: $ 84,300.00
Activity Narrative: This activity also relates to 8397-Condoms and Other Prevention, 8395-Palliative Care;Basic Health Care & Support, 8396-OVC, 8400-Management & Staffing.

The Peace Corps Uganda Emergency Plan program supports the USG Strategy of the Emergency Plan (the EP) for Uganda. By supporting the PEPFAR Strategy Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and, in turn, to the goals and objectives of our partner organizations which are hosting Volunteers. The program is designed so that Volunteers are closely engaged with a community through one or more hosting organizations, providing technical assistance for capacity building, and developing close personal relationships necessary for effective innovation in underserved areas. The PEPFAR program allows Peace Corps Uganda to strengthen community and Volunteer HIV/AIDS expertise, and to support highly focused community organizations in a variety of HIV/AIDS functions. Volunteers and partner organizations work together to identify areas of need and develop appropriate evidence based strategies that support sustainable interventions

Under this program area, Peace Corps Volunteers and partner organizations counterpart have scaled up community outreach activities to reach many young people with abstinence messages both in and out of school youth, The Volunteers especially those working in our education project have helped in rolling out the PIASCY program and as a result, have reached many primary school pupils and teachers. Volunteers have been very helpful in rolling out age appropriate behavioral change materials developed by other partner organizations packaged with body and abstinence messages. Volunteers have helped schools to develop and maintain talking compounds', painted murals; and developed HIV/AIDS resource rooms in primary schools with prevention and adolescent reproductive health messages. These messages help create a sustainable impact among children because they are read on a day-to-day basis. Volunteers have conducted many training sessions for local leaders including religious leaders aimed at equipping them with information and skills to reach youth and young married couples with AB messages. Volunteers have supported local communities and schools to form anti-AIDS clubs, stay-safe clubs and peer groups for helping young people to cope with the challenges of peer pressure.

This program will support Abstinence and Being Faithful activities targeting youth, especially the upper primary school children (school children and those below 15 years of age), out-of-school youth; and married couples with "being faithful." messages. Volunteers will disseminate age appropriate information and activities for young people – beginning with life skills and self-esteem development for younger age groups, and moving to more specific HIV/AIDS messages and youth empowerment for older youth. Volunteers and their Counterparts will continue to support the roll-out of PIASCY activities to schools in their work areas and through their affiliation with primary teacher colleges and coordinating centers and the work these institutions do to promote and provide outreach school-based teacher training, clubs, materials development, and linkages with other community organizations. Volunteers will also help to roll out and adapted materials with messages developed by other partner organizations like Straight Talk and YEAH. The basic message will address "Prevention AB".

Continued Associated Activity Information

Activity ID: 3999
USG Agency: Peace Corps
Prime Partner: US Peace Corps

Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 114,900.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.	5	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Adults
Community leaders
Street youth
Orphans and vulnerable children
Teachers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Increasing women's access to income and productive resources

Coverage Areas

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Pallisa

Rukungiri

Tororo

Wakiso

Kabale

Kampala

Kanungu

Ibanda

Ntungamo

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8406
Planned Funds:	$ 205,000.00

Activity Narrative: This activity also relates to Condoms and Other Prevention (8403) , Counseling and Testing (8404), Palliative care: Basic Health Care (8405) and Palliative Care: TB/HIV (9058).

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide the public with Voluntary Counseling and Testing (VCT) services on the premise that knowledge of ones own sero-status is an important determinant in controlling the spread of HIV. AIC also uses HCT as an entry point to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, PMTCT services and ART referrals and other care and support services. In FY 07 AIC will continue contributing towards the national efforts of decreasing the gap of 79% of Ugandans who would want to know their HIV status but are unable (Uganda Behavioral sero-survey 2005).

AIC will continue strengthening its staff and members of Post test clubs (PTC) with skills in designing/adapting , dissemination and counseling using AB messages and approaches. This will enable the trained persons to effectively communicate AB messages to their peers during drama performances. PTCs will intensify counseling among each other during fellowship sessions and when in contact with the general community on further prevention, strategies, reduction of sexual partners and promoting faithfulness among couples. It is estimated that the retrained 160 PTC members will reach 84,000 people including youth and adults.

AIC will continue to support activities related to promoting abstinence and Being Faithful prevention strategies. This will be achieved through incorporating AB messages in all counseling protocols. Special focus will be targeted to couples to increase couple dialogue, counseling on partner reduction, and remaining faithful to each other, handling disclosure in the event of discordant HIV test results. Music, dance and drama will be used to reinforce couple dialogue in the community. It is estimated that 30,000 couples will be reached with AB messages through counseling sessions this funding period

As part of AIC youth programs to increase access to HCT through the Youth Corners in the branches, youth will be encouraged to participate in AIC led Radio programs and Post test club activities in the community focusing on AB. In addition, in collaboration with other AB programs, AIC will receive IEC materials that promote abstinence and distribute them to Youth who seek HCT services in AIC centers. Specific interventions and training in disseminating AB messages, responsible sexuality, and Being Faithful will be central activities for the youth programs. Other message distribution outlets will include peer educators as well as those promoting 'being faithful' such as religious and community leaders for use at premarital counseling sessions. Trained peer educators will reach out to their fellow youth with HIV prevention related messages and other referral information on PMTCT, ART services. It is estimated trained youth peer educators will reach 39,000 youth with AB messages.

Recognizing that few partners have AB focused programs for institutions of higher learning, AIC will conduct outreach Music, dance and drama services reaching universities, vocational colleges including Core Primary Teacher Colleges in partnership with the ESWAPI project. In addition, Branch Centre Post-Test Clubs will be supported to conduct drama outreaches to communities with prevention messages emphasizing AB. AIC will also air weekly "Be faithful" radio talk shows, which will be adapted from existing programs to ensure consistency and will be aired in the main local languages covering the AIC branches. In collaboration with other existing partners promoting AB programs, Radio presenters will be oriented on concepts and benefits of 'being faithful', and partner reduction, prevention of stigma and discrimination, benefits of disclosure and prevention of gender-based violence. This will ensure accurate and context appropriate information is communicated to the appropriate audiences. The messages will target out-of-school youth, students of institutions of higher learning reaching an estimated 300,000 people.

This programming will be closely coordinated with the YEAH program to which AIC serves as an advisor. Specifically, messages and materials from the "B A Man" campaign will be reinforced through this programming.

Continued Associated Activity Information

Activity ID: 4371
USG Agency: U.S. Agency for International Development
Prime Partner: AIDS Information Centre
Mechanism: AIC USAID
Funding Source: GHAI
Planned Funds: $ 155,250.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	180,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	236	☐

Target Populations:

Adults
Community leaders
Discordant couples
People living with HIV/AIDS
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Arua

Jinja

Kabale

Kampala

Kamuli

Kayunga

Mbale

Mbarara

Nebbi

Rukungiri

Soroti

Tororo

Mpigi

Wakiso

Amuria

Isingiro

Table 3.3.02: Activities by Funding Mechanism

Mechanism: The Core Initiative
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8409
Planned Funds: $ 170,000.00

Activity Narrative: This activity relates to Condoms and Other Prevention (8410) amd to Orphans and Vulnerable Children (8408).

This activity supports 1) grants to FBOs, NGOs and CBOs reaching youth through community outreach activities with prevention messages and support focusing on abstinence and faithfulness/partner reduction 2) capacity building with civil society grant recipients, and 3) strengthening MGLSD's participation and role in HIV Prevention among youth. The granting component supports technical assistance and funding for promising approaches with civil society partners and faith based organizations, through RFAs issued by the MGLSD, mandated by GOU to lead, manage and coordinate HIV prevention programs for Youth.

Achievements to date: 24 AB grants have been awarded and capacity building plans have been developed and are ongoing.

USG's overall strategy regarding AB programming among youth is to consolidate existing efforts, this funding will therefore continue to support ongoing grants for programs that have the general goal of reducing the risk of HIV infection and that target one or more of the following three areas of intervention: programs supporting primary and secondary abstinence and behavior change among youth aged 10-19, programs addressing the causes and consequences of cross generational and transactional sex and, programs supporting faithfulness among the engaged and newly married, and in particular, programs reducing the risk of one partner in a marriage infecting the other. All three intervention areas address key legislative issues such as male norms and behaviours, reducing violence and coercion, and women's legal rights. In particular, programs seek to reduce the heightened risk of HIV infection among girls, addressing gender equity and male behaviors and norms. Grants supporting university based programs promoting abstinence, faithfulness, and partner reduction interventions with students were initiated with FY06 resources and will be strengthened during FY07. Grants will reach 682,000 youths with the following services: community mobilization and sensitization, training, Church-based youth clubs, media campaigns, role models, youth camps, Seminars, music dance and drama concerts, Peer Education, Parent-to child communication life skills training, VCT, Sensitization, Behavior change communication, rights-based training on sexual and gender-based violence, research and documentation, awareness creation, radio broadcast, community outreach communication, IEC, advocacy, truelove clubs, counseling and guidance. 440,000 youth will be reached with abstinence- focused messages. 15,000 engaged and newlyweds will be reached through initiatives focusing on faithfulness and 10,000 adults and girls will be reached with messages regarding cross generational and transactional sex. In this consolidation phase, the project will support close monitoring and supportive supervision of 30-grantees through quarterly coordination meetings, one-to one mentoring and information and networking exchanges. Coordination with other actors including USAID-supported youth prevention mechanisms and campaigns in Uganda as well as coordination between public and private sectors will be promoted using this funding to strengthen multi-sectoral and community-based responses to HIV prevention, stigma reduction and policy advocacy.

The second component of this activity is to support institutional capacity building for CSOs and FBOs. Particularly this funding will go to mobilizing technical & organizational capacity building support (including workshops, technical support visits, and networking exchanges) with CSOs and FBOs.

The last component of this activity will support a long-term strategic plan for sustainable comprehensive prevention programming including the underlying social and cultural issues which influence sexual behaviors in Uganda and are highlighted in the GOU's analysis of the drivers of the epidemic. This funding will go to support a UAC led effort to formulate a comprehensive HIV Prevention strategy following the Road Map to accelerated prevention launched this year by the GOU, and in particular, to formalizing the role of the Ministry of Gender, Labour, and Social Development in this effort. Needs based operational support will be provided for the youth program unit (potentially includes: office equipment, supplies, local travel support, departmental networking, internet access and telecommunications) to facilitate coordination and strategic planning.

Continued Associated Activity Information

Activity ID: 3198
USG Agency: U.S. Agency for International Development
Prime Partner: CARE International
Mechanism: The Core Initiative
Funding Source: GHAI
Planned Funds: $ 2,020,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	270,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	360,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	☐

Target Populations:

Community leaders
Street youth
Prisoners
Program managers
Seafarers/port and dock workers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Wrap Arounds

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	AB Track 1/ Round 2
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8411
Planned Funds:	$ 220,740.00

Activity Narrative: CRS Uganda Affirming life, Avoiding risk program will continue to work with a broad range of faith and community- based partners that share CRS's commitment to equip youth and married couples with the values, attitudes, skills and support to abstain from sex prior to marriage, revert to secondary abstinence and remain faithful in marriage. The goal of the project is to reduce the HIV/AIDS prevalence among youth and adults in Uganda.
Based on the results and achievements from FY06, as per the semi annual report , during which a total of 14149 individuals were reached via community outreach prevention programs that promote AB, 2119 individuals trained to promote AB and a total of 31 community outreaches , the program will continue to focus on a three fold approach which involves increasing individual skills for Behavior change, Increasing community discourse to allow for dialogue and lastly Assessing and scaling up best practices.

Increasing individual skills
Skills for youth both in and out of school and adults particularly the parents, clergy and other religious leaders, community leaders and teachers will be improved through life skills trainings and workshops. This will be with the use of 3 standard curricula which include Education for Life, PAPAS / In-Charge and the Faithful House.
In FY06, 18 in-charge and PAPAS (Life skills curricula) trainers were trained, over the course of FY07, these 18 trainers will be responsible for training 450 in-charge/ PAPAS facilitators. The 450 facilitators will conduct 150 in-charge sessions in schools through which 3600 youth will be exposed to this life skills methodology.
The education for life training will be conducted during the first quarter of the year by Sr. Kay Lawlor a Behavior change trainer. This training will yield 24 TOTs (4 trainers per diocese) who will train 450 youth facilitators (15 per parish- total number of parishes is 30) to conduct 48 life skills workshops and 225 adult facilitators (9 facilitators per parish) to conduct 24 adult life skills workshops respectively. In total the target for youth attending the life skills workshops is 2400 while adults are 1200.
In order to strengthen the Be faithful component, during year 06, a total of 24 master trainers were trained in the Faithful House curriculum that targets mainly the married and cohabiting partners with the aim of building stronger families to Affirm life and Avoid risk. During FY07, the 24 trainers will train 300 facilitators(10 per parish) who will conduct 30 life skills workshops targeting 720 couples/ married people.

During FY06, a total of 15 anti AIDS clubs with a total of 2250 members had been organized to mobilize and mentor youth for behavior change, in FY 07, CRS will continue to build the capacity of these clubs to provide effective programs. This will be done by providing the clubs with costumes, funds for implementing their activities, training for their leaders and IEC materials for information sharing with peers. The club will be trained in writing work plans and manage simple budgets. Through club activities the program is expected to reach out to 2250 youth in and out of school.

Increasing Community discourse:
In increasing community discourse the centre for discussion will continue to focus on social norms and behaviors contributing towards HIV/AIDS infections and seeking solutions to overcome these barriers. The solutions sought will then help to inform the AB implementer of the best strategies to undertake. During the first half of FY06, the community group discussions reached out to a total of 886 adults. During FY07 the program will reach out to 2250 adults in 90 sessions.
Music dance and drama show will continue to be staged for the community on a quarterly basis to provide youth with information about AB, share and receive information on prevention. A total of 10 music shows will be staged and targeting 5000 youth in and out of school. .
10 Debating sessions will also be conducted in schools as a new action point; these are estimated to target 3000 students.
Retreats will continue to be organized for the Anti Aids club members to help them meet and share experiences, testimonies and mentor one another while at the same time have time for play. The 6 retreats organized are expected to reach out to 600 anti AIDS club members(youth)

In order to have consistent and standardized IEc materials for all our 6 sub partners, CRS is to hire a local communication consultant to develop AB messages that will be used as a guide in selecting IEc materials from other organizations producing and disseminating IEC materials. The IEC materials are expected to reach out to 6000 youth in and out of school.

Assess what works and scale-up
Lessons learnt and promising practices observed during the implementation of AB activities will be shared at the annual diocesan meeting organized by the catholic secretariat. In this meeting which is scheduled for May 07 will provide an opportunity to share knowledge of what can work and also share ideas on how best to involve different influential groups with in our coverage area for purposes of sustainability of the program after completion.

Continued Associated Activity Information

Activity ID:	4029
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	AB Track 1/ Round 2
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,600	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,770	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,449	☐

Target Populations:

Adults
Community leaders
Community-based organizations
People living with HIV/AIDS
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Gulu

Kabarole

Kampala

Masaka

Mbarara

Luwero

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PIASCY/Accelerating Basic Education
Prime Partner: Creative Associates International Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8414
Planned Funds: $ 1,100,000.00

Activity Narrative: This activity also relates to Condoms and Other Prevention (8822).
The USG has supported President Museveni's Initiative on AIDS Strategy for Communication to the Youth – or PIASCY – as an institutional effort to improve communication on HIV and AIDS to young people since 2003. The major focus to date has been on upper primary school children aged 8-14 and has included technical assistance to develop PIASCY materials for teachers and students, printing and distribution of teacher handbooks with information and methodologies to teach numerous HIV-related topics, training primary school teachers to deliver prevention and life skills messages, and development of guidance and counseling materials and roll out of a guidance and counseling program. The guidance and counseling support has been a particular innovation of PIASCY, to support teachers as they approach sensitive topics with the children. With USG support, the program rolled out to all primary schools in Uganda in 2005. An independent evaluation of the PIASCY Program is being conducted in mid 2006, the results of which will help to strengthen and/or reorient the program as needed to reach more children with effective behavior change interventions. Based on implementation to date, it is already apparent that future efforts must include greater depth to teacher training and additional complementary activities such as guidance and counseling, establishment of anti-AIDS clubs, facilitating parental dialogue with teachers and with children, and provision of incentive grants to schools-- to support the teacher and head teacher efforts.

In FY06 efforts were launched to extend and adapt PIASCY to secondary school students and teachers. Handbooks were developed for O and A levels by a working group of stakeholders from the Ministry of Education and Sports, the faith-based and the non governmental organizations. Whereas materials developed for primary school were straightforward and abstinence-focused, the working group encountered difficulties reaching consensus on appropriate messages and materials for more comprehensive prevention materials for the older children enrolled in secondary schools, resulting in a delay as well as final agreement on acceptable content. Handbooks and other materials were piloted in 2006, along with the establishment of anti-AIDS clubs in secondary schools.

In support of the national policy of universal secondary education and the GOU eagerness to accelerate prevention efforts, in 2007 the PIASCY secondary school initiative will be rolled out to all public and private secondary, technical and vocational, and teacher training institutions in the country. O and A level books will be printed and distributed to reach all students. These student handbooks provide relevant, age-appropriate information about HIV transmission and promote activities that create life skills which can reduce vulnerability to the disease. The handbooks also encourage greater involvement of youth in providing care to HIV affected family and community members, as one way of increasing awareness of the disease and self-perception of risk among young people. An in-service training program for teachers will be developed to provide them with skills needed in forming anti AIDS clubs, and coordinate a rich set of activities, including debates, educational games, outreach to community, drama and panels of speakers that encourage learning, shape attitudes, and facilitate behavior change. A grants program will be developed to fund innovative anti-AIDS club activities that increase peer to peer education and facilitate outreach to communities. Club activities will include debates and discussions of various HIV-related topics and will address underlying cultural and gender norms which contribute to HIV transmission.

The USG has been the main financier of PIASCY interventions to date. To increase the long term sustainability of the program, concerted efforts will be made in FY 2007 to work with other development partners and faith-based groups to increase their financial and harmonized efforts at delivering effective HIV prevention messages. For example, discussions have begun with the Africa Development Back (ADB) to earmark funding for PIASCY activities in its new country program, and coordination mechanisms with the program and the USG team will be put in place.

OGAC Reviews: Is there any outcome data available for this activity documenting behavioral change? Again, the UPHOLD program has performed at or above expectations in the majority of areas as evidenced by the 2006 Annual Report and is an important tool to expand reach of services nationally and in key districts. Activity 8437 describes several efforts undertaken by UPHOLD to extend the reach of AB messages and skills. The

largest portion of the budget ($2,000,000) targets 4,000,000 children; 5000 teachers and contributes to the scaling up and strengthening of PIASCY, based on implementation to date. We agree with the review team that PIASCY could serve as a best practice model. It is the major reason why the USG Team planned an evaluation of the PIASCY program in FY06, in collaboration with the MOES – this will take place in FY07.

Continued Associated Activity Information

Activity ID:	4339
USG Agency:	U.S. Agency for International Development
Prime Partner:	Creative Associates International Inc
Mechanism:	PIASCY/ Basic Education and Policy support (BEPS)
Funding Source:	GHAI
Planned Funds:	$ 2,000,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	528,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	12,000	☐

Target Populations:

Adults
Teachers
Children and youth (non-OVC)
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers

Key Legislative Issues

Wrap Arounds

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: AB Track 1/ Round 2
Prime Partner: International Youth Foundation
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8421
Planned Funds: $ 939,803.00

Activity Narrative: The International Youth Foundation (IYF) is implementing the Empowering Africa's Young People Initiative (EAYPI) project whose goal is to scale up evidence-based programs that promote healthy behaviors to prevent the spread of HIV/AIDS among youth, aged 10 to 25 in Uganda. The project is implemented through 5 sub-grantee organizations: Uganda Red Cross Society (URCS); Uganda Scouts Association (USA); Uganda Girl Guides Association (UGGA); Young Women's Christian Association (YWCA) and the Source of the Nile Award (SNA). In FY06, 527 unique people were trained and 2511 individuals reached with AB messages. Other achievements included, completion of a qualitative study, developing of ABY focused peer education training manuals, establishment of an M&E and financial system and provision of 4 start-up sub-grants. Building on FY06 activities, 2497 unique individuals to promote abstinence and being faithful (AB) will be trained and 55,300 people (42,000 young people and 13,000 adults) reached with AB messages through 4 integrated and reinforcing Strategic Objectives (described below) in the 10 districts of Kampala, Iganga, Kabale, Hoima, Lira, Kayunga, Kamuli, Pallisa, Tororo & Wakiso.

Scaling up skills based HIV prevention education, especially for younger youth and girls: At least 2200 peer educators will be trained using the cascade peer training model. The purpose of the training is to equip peer educators with facilitation and communication skills for disseminating accurate and correct AB messages and life skills provision for practicing AB. The training will also equip peer educators with skills to deal with peer pressure, and for referral of young people that need clinical and social services for sexual violence, STD management etc. In addition, A team of 97 trainers and in life planning skills and peer education approaches in relation to AB, who will be charged with training of peer educators. The trained peer educators will reach a total of 42,000 young people, in and out of school, through a series of one-to-one contacts, guided group peer education interactions, community outreaches and enter-education youth activities, all focused on ABY topics. Other topics to be covered include VCT, vulnerability of girls to sexual exploitation and coercion as well as male norms and behavior. The objective will be to provide young people with accurate and correct AB information with the purpose of minimizing early sexual debut and increased abstinence. The young people will be reached through existing sub-grantee youth forums like youth clubs, school debates, sports activities, blood donor clubs, jamborees and expeditions. Support materials such as activity kits containing games, reference materials and real life stories will be provided to peer educators as a guide in performing their duties.

Stimulating broad based community discourse on health norms and risky behavior: In FY2007, a total of 6700 adults and other community members will be reached through community outreaches specifically, 40 district level meetings and 120 sub-county level meetings. Working through established sub-grantee adult and community networks, community participatory dialogue and action planning outreaches will be conducted in selected sites with a focus on identifying and recognizing prevailing youth health norms, gender issues, youth risky behaviors, advocacy issues related to stigma and discrimination, and ways that communities can address the identified risk behaviors predisposing young people to HIV. Target audience includes adult members and volunteers of the sub-grantees, parents, teachers, cultural leaders, Scouts and Girl Guides masters in schools, civic leaders, politicians, women and youth leaders, community resource persons, and volunteer groups. The target audience will be reached through forum such as, the YWCA adult clubs comprising parents, influential leaders and community members; Red Cross community blood donor clubs; Scouts and Girl Guides open troops in the communities, and be provided with accurate information to dispel misinformation, relevant AB BCC materials, and draw up action plans on identified issues. A cadre of community facilitators will be recruited from existing sub-grantee volunteer staff and equipped with facilitation skills to conduct adult and community meetings.

Re-enforcing the role of parents and other influential adults: A core team of 26 trainers and 154 community facilitators will be trained in parent to child communication, who will in turn reach 6600 parents and other influential adults through some of the existing forums described in SO 2, but focused on parent to child communication (PTC) and the role of the family. The training of trainers and facilitators in PTC and interpersonal communication skills will be done through a partnership with Population Services International (PSI) AIDSMark program utilizing existing Safe from harm curriculum and other PSI reference materials. The trained cadre of trainers and community facilitators will

in turn reach other parents and responsible adults to mitigate the difficulty many parents, teachers, leaders and other key gatekeepers face in communicating with teens and young people, regarding sexuality and the role of the family in providing an enabling environment for young people to delay sexual debut or be faithful. Here, a parent is defined as a "trusted adult' by the youth and communities and also in view of the high percentage of orphans. Sub-grantees already have existing structures such as teacher guiders, scout rangers, YWCA adult clubs, youth mentors and role models and other parent-elder programs that will be utilized as forums to strengthen communication skills, mentoring and role modeling. Furthermore, with adults, the aim will be to increase their self-esteem and skills to talk about youth sexuality, abstinence, fidelity and monogamy, and define parental responsibilities to help young people practice AB behaviors.

Reducing the incidence of sexual coercion and exploitation for younger people in the project sites: A total of 6700 adults and other community members targeted to be reached with outreaches in SO 2 will also be reached with interventions under SO 4, by trained community facilitators and older peer educators. This will build on activities already implemented in FY06 that included identification of key influential leaders within the communities, as well as identification of risky behaviors and areas for young people. Community advocacy and sensitization meetings will be conducted for younger and older males. For younger males, the focus will be on challenging gender norms about masculinity, the acceptance of early sexual activity and multiple sexual partners and transactional sex, which are among the drivers of the epidemic in Uganda. This will be a deliberate effort to impart positive gender sensitive interactions, attitudes, practices and behaviors in young males at an early age as a long term strategy to address sexual violence and exploitation of their female counterparts. While for older males, the focus will be to support counseling, peer education, and community interventions. These two reinforcing approaches are aimed at addressing equitable gender norms in ABY HIV/AIDS prevention and addressing high risk sex. Similar to strategic objective 2-3, activities for this strategic objective will target young males and other community members through the sub-grantee established structures described in SO 2, 3 and 4 above. In partnership with YEAH, the sub-grantees will be oriented in the promotion, use and dissemination of the 'Be a Man' media and print materials during community sensitization and advocacy outreaches that promote male participation to address transactional and intergenerational sex. New networks will also be established at community levels for referral services provision to augment on the existing referral networks.

Continued Associated Activity Information

Activity ID:	4384
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Youth Foundation
Mechanism:	AB Track 1/ Round 2
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	55,300	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,497	☐

Target Populations:

Adults
Community leaders
Refugees/internally displaced persons
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Traditional healers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Kampala

Lira

Hoima

Iganga

Kabale

Kayunga

Pallisa

Tororo

Kamuli

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism: IRCU
Prime Partner: Inter-Religious Council of Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8426
Planned Funds: $ 500,000.00
Activity Narrative: This activity is linked to Palliative care: Basic (8422), TB/HIV (8423), Treatment: ARV Drugs (8428), ARV Services (8425),Counseling and testing (8424),OVC (8427) and Laboratory Support (9455).

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. IRCU also works with other Pentecostal and independent churches. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. It has been receiving PEPFAR funds since 2004 to support a comprehensive HIV/AIDS prevention, care and treatment program. Using FY06 resources, IRCU has initiated an HIV prevention program using combined approaches including inter-personal communication, peer groups, mass media and community based approaches.

FY07 funds will be utilized to consolidate IRCU's prevention strategies and programs, under the ambit of the renewed government commitment to reposition prevention in its HIV/AIDS response. Key emphasis will be put on addressing sexual behavior, given that high risk sex, particularly multiple and concurrent sexual relationships remain the major drivers of the epidemic in Uganda. IRCU will strengthen its interventions focused on promoting abstinence for young people and mutual fidelity for couples. While the "being faithful" component of the IRCU program initially targeted married couples, emerging evidence shows that there are many individuals engaging in sexual relationship before transitioning into marriage. In addition, as youth mature, they need information and skills to prepare them to safely initiate sexual activity. In this context, IRCU will broaden its AB approach to prevention beyond a focus on abstinence only or until marriage but also to assist youth build appropriate norms and skills around faithfulness, open communication in relationships, mutual trust and healthy decision making. IRCU will also continue to address gender and other cultural norms that increase exposure and vulnerability to HIV infection by promoting activities that engender the independence of women and girls and those that seek to eliminate harmful cultural practices.

Through faith based associations and networks, IRCU will also target the hard to reach/ high risk and vulnerable categories of youths such as taxi drivers, as well as housemaids and barmaids. 800 community members will be equipped with life skills and behavioral change messages. Peer education approach will be implemented to reach out and to effect change in the hard to reach categories of people and this will be supported by provision and dissemination of IEC materials promoting A and B. Mass media such as print, electronic and outdoor approaches including bill boards will be used to relay age appropriate messages on abstinence and mutual fidelity. These will be reinforced by community approaches such as music, dance and drama, many of which are led by PLHA whose groups will be facilitated through training and other logistical needs to be able to conduct HIV/AIDS education in communities. Religious leaders will continue to play pivotal roles in this program, especially in the promotion of mutual fidelity among couples. The religious leaders will be trained in HIV/AIDS prevention and referral skills to enable them to pass on accurate and consistent information. IRCU targets to reach a total of 500,000 youths and 300,000 adults through this program.

Continued Associated Activity Information

Activity ID: 4685
USG Agency: U.S. Agency for International Development
Prime Partner: Inter-Religious Council of Uganda
Mechanism: IRCU
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	500,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	800,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	☐

Target Populations:

Adults
Community leaders
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arua

Bushenyi

Iganga

Jinja

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Mayuge

Mbarara

Mukono

Nebbi

Rakai

Rukungiri

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8437
Planned Funds: $ 2,550,000.00

Activity Narrative: The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

To date, 313,144 individuals have been reached through community outreach programs that promote HIV/AIDS prevention through abstinence and/or being faithful. 4,000,000 children and other 196,004 individuals have been reached through community outreaches that promote HIV/AIDS prevention through abstinence. 219 individuals have been trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Although there are positive trends among young people in regards to delayed sexual debut and increased abstinence, the secondary data HIV sero behavioral analysis shows that certain behaviors particularly among adults are regressing towards those of the late 1980s when HIV prevalence was at its peak in the country: there is an increase in casual sex, an increase in multiplicity of partners, and a decrease in condom use with casual partners. A secondary analysis of available faithfulness data from the Uganda HIV/AIDS Sero-Behavioural Survey 2004-05 shows that 88%of men are not lifetime faithful, compared to 56% of women, and only 10% of couples are mutually lifetime faithful.

UPHOLD will continue to support civil society organizations to improve on the gains attained through the existing abstinence programs for the 10-19 year olds, through a combination of in-school and out-of-school programs, media and community mobilization approaches. This activity involves further strengthening and scaling-up of the national Presidential Initiative for AIDS Strategy for Communication to Youth (PIASCY) targeting 4 million primary school children (Primary Three to Primary Seven) in 15,341 primary schools in all the current 76 districts in the country. PIASCY is implemented through the Teacher Development and Management System (TDMS) structure. UPHOLD will continue technical and financial support to core Primary Teachers Colleges (CPTCs) to enable them implement school-based abstinence only activities. This funding will support the increase in the number of PIASCY 'Centers of Excellence'/Model Schools in the country from 1,078 to 2,156 (from 7%to 14%) of all primary schools. The 'Centers of Excellence' will be nurtured through on-site supervision and will be expected to mentor other schools through the ripple effect of PIASCY best practices. A model school is a selected school with a catchment area where a comprehensive package of services is provided (training of more teachers in guidance and counseling, more PIASCY materials provided, strengthening PIASCY clubs, provision of incentive grant for outreach activities, support for talk shows and action oriented meetings with the surrounding community supported) so that other schools benefit from the lessons learnt.

This activity will contribute towards increasing the number of primary school children who delay sex until marriage. UPHOLD will support CPTCs through model schools to disseminate prevention communication messages to primary school children through interactive activities which include the strengthening of PIASCY-integrated school clubs, use of PIASCY assemblies and class room messages, and promotion of child-centered participation in use of performing arts festivals as a channel for prevention messages. Aware of the importance of involving parents and communities in promoting responsible sexuality among their children, UPHOLD will support school-community action-oriented meetings to address risky situations that lead to defilement and HIV/AIDS, stigma, and care for affected families with HIV/AIDS and discuss individual and facility roles and responsibilities regarding the same.

In addition, tailor-made talk shows on various topics aimed at creating more risk-free school and community environments will be produced and aired. This activity will address legal issues on sex abuse, harassment, value of virginity, stigma and discrimination, care for persons affected and infected with HIV/AIDS. A total of 6,468 additional teachers will be trained in PIASCY implementation and Guidance and Counseling and 16,170 sets of the

PIASCY, Guidance and Counseling and Community Involvement in Education Tool Kits will be printed and distributed in the 1,078 additional schools.

A component on Information, Education and Communication will target out-of-school youth, couples and the general community to create an enabling environment for sexually active youth to abstain from early sexual activity, reduce sexual partners and to remain faithful to each other. This mass media effort implemented through Radio Listening Clubs will be utilized to transmit messages on benefits of abstinence, reduction of sexual partners and Being Faithful. Experienced organizations such as The Straight Talk Foundation will continue to partner with UPHOLD to implement life skills youth programs aimed at empowering youth and their peers in adopting responsible sexual behavior among youth. The 40 radio journalists trained in promoting responsible sexual behaviors, abstinence and faithfulness in the previous financial year will continue to implement this activity to the targeted audiences and communities. UPHOLD will also continue to support CSO drama troupes to perform targeted music, dance and drama which enhance community dialogue and action planning to address among other things male behavior as a key driver of the epidemic, the dangers of early sexuality and multiple sexual relationships. These performances will also address couple dialogue, faithfulness and non violent behaviors. In addition to the above, UPHOLD will continue to support CSO activities that promote "Be Faithful" and gender based violence reduction among couples. In collaboration with partners such as Tuko Club and Raising Voices, CSO staff will be trained in 'Be Faithful' messages, couple counseling skills and prevention of gender based violence. It is expected that 5,000 individuals will be trained in this activity and these trained staff will reach out to audiences in their respective areas. All together, an estimated 4.3 million people will be reached by 'Abstinence and Be Faithful messages and these will include 4,000,000 people exclusive to primary school going children, 300,000 people who include couples and out-of-school youth.

OGAC Review: Again, the UPHOLD program has performed at or above expectations in the majority of areas as evidenced by the 2006 Annual Report and is an important tool to expand reach of services nationally and in key districts. Activity 8437 describes several efforts undertaken by UPHOLD to extend the reach of AB messages and skills. The largest portion of the budget ($2,000,000) targets 4,000,000 children; 5000 teachers and contributes to the scaling up and strengthening of PIASCY, based on implementation to date. We agree with the review team that PIASCY could serve as a best practice model. It is the major reason why the USG Team planned an evaluation of the PIASCY program in FY06, in collaboration with the MOES – this will take place in FY07.

Continued Associated Activity Information

Activity ID:	3956
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 1,700,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,300,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,000	☐

Target Populations:

Adults
Faith-based organizations
Most at risk populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Host country government workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: AB Track 1/ Round 2
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8448
Planned Funds: $ 1,071,918.00

Activity Narrative: With AB/Y Track 1.0 funding, PATH is implementing the Scouting for Solutions project in partnership with the Uganda Scout Association, with a focus of reaching young people with information and skills for HIV prevention through abstinence and being faithful messages. The SfS project is unique because it is targeting over 150,000 scouts, both boys and girls, aged 12-15 years with HIV prevention messages and building their life skills to empower them to make healthy choices and avoid risky behavior. The SfS project is also reaching parents of the scouts and other protective adults to create a supportive environment for behavior change. The project has a country-wide reach - working in 3150 schools in 45 districts. SfS messages and materials have been shared widely with school communities thus reinforcing the national PIASCY program within and out of school activities. During Year 2, SfS collaborated with other ABY partners through sharing of materials and technical expertise. YEAH materials were distributed together with the Scout Voice and colleagues from IYF participated during the training of scout leaders. A major achievement of FY06 was the training of approximately 2500 scout leaders on HIV prevention. They reached over 58,200 junior scouts. Recruitment of girls in scouting was boosted by training 334 female scout leaders in basic and advanced scouting. Activity packs and newsletters were used to deliver information and build skills among the scouts based on the scouts principle of "learning by doing". Two activity packs were completed and 121,500 newsletters were produced and distributed. A monitoring and data management system was installed to enable USA monitor program activities and share progress with donors and partners. HIV prevention messages were integrated in scouting competitions. In FY07, SfS plans to train 2500 scout leaders to provide information in HIV prevention to junior scouts. Scout leaders will be equipped with skills to reach approximately 64,000 junior scouts with information on how to protect themselves through abstinence and being faithful. Activity packs that emphasize learning by doing will be the main method of delivering information related to HIV prevention and other related issues. Efforts to promote gender equity in scouting will continue with advocacy at the policy level to allow more girls to join the movement at the junior level. Advocacy efforts will target policy makers, education officers, parents and other gatekeepers. Through drama, scouts will magnify project messages to communities within and outside the school. PATH will continue to work with USA to strengthen the organization's capacity to implement and monitor large HIV prevention programs and other scouting activities. SfS will continue to seek ways of closer collaboration with other ABY partners particularly those who are working in the areas of behavior change and gender as well as in and out-of-school youth. This will be done through meetings such as the Partners Leadership Group and the SfS Technical Committee whose members include YEAH, IYF and PIASCY and Girl Guides among others. This will help improve the implementation of project activities through sharing of lessons learned as well as avoid duplication of efforts among other ABY partners. Dialogue with parents and community members will be initiated through activity packs and newsletters. Advocacy with key stakeholders such as relevant government ministries will be actively pursued using the advocacy toolkit and talking points to be developed in FY07. Five New gender sensitive badges sponsored by SfS will be introduced in an effort to allow both boys and girls scouts compete equally. Badges are important in scouting because they provide motivation and recognition of the Scouts' journey of self discovery and attitude formation and behavior change. The monitoring system will be strengthened to capture data from new activities. Straight Talk Foundation and Instituto Promundo will continue to provide technical assistance to the project in newsletters and gender and advocacy areas respectively.

By reaching boys and girls aged 12-15 years, the project is reaching an often neglected target audience, and with its interventions, the SfS project is addressing issues critical to young people in HIV prevention. By building the capacity of USA, the project will by the end of 5-year period reach an estimated 150,000 boys and girls within and outside the school system. This includes providing information and building skills necessary for positive behavior formation, enhancing gender sensitivity among the boy scouts and scout leaders. The project is also reaching vulnerable groups such as girls and out of school youth. Through newsletters and activity packs, SfS is providing the youth with credible sources of information. The project is promoting broad social discourse on healthy norms and risky behaviors, reinforcing influence of parents and other primary care-givers, addressing sexual exploitation and coercion, which places young people at risk of HIV infection.

The SfS project also targets Parents, guardians and other protective adults so that they can provide the youth with the necessary supportive supportive environment for behavior

change. Training is a major component of the SfS project since it provides skills and opportunities for scout leaders and other adults to change their own behavior even as they assist the youth to change. The SfS project aims at building sustainability within the scouts association by training staff in financial and data management. More capacity building will be achieved through provision of equipment. The SfS project is also building the capacity of USA to design, implement and monitor large HIV prevention programs. Partnership will be established and maintained with key government ministries. FY07 activities will also include lobbying with policy makers within the scouting system, including Ministry of Education and Sports, to provide more support for scouting at the district level. Lobbying will also be done among members of parliament and other key private organizations to boost scouting. Parents/guardians and other protective adults who are not only influential sources of knowledge, beliefs, attitudes and values for young people but also important gatekeepers will be engaged in reinforcing the messages scouts are getting from the project. To some extent, the project is also impacting on orphans or those children in difficult circumstances through out of school scouts. It is also exploring ways of linking scouts to counseling services available outside the project. The SfS project targets boys and girl scouts aged 12-15 years, scout leaders who are mainly primary schools teachers, parents and guardians and members of the community. In addition, it is targeting the large pool of volunteers - the national level policy –making bodies, the Area Commissioners and their assistants who manage the scouting movement at the national and district levels. It also targets education administrators and head teachers as gatekeepers to schools as well as policy makers within the scout movement. The project also targets out-of-school youth and youths in difficult circumstances such as those in refugee camps in Northern Uganda. The project will facilitate promotion of gender equity in scouting through revision of scouting policies to make them more gender sensitive. A gender advocacy tool kit developed in FY06 will be instrumental in this process. In addition, the sexual harassment and abuse policy which was developed by World Scouts Bureau/Africa Regional Office will be adopted and operationalized. Plans will be initiated to amend the Boy Scouts Act to accommodate the inclusion of girls in scouting.

Continued Associated Activity Information

Activity ID:	4388
USG Agency:	U.S. Agency for International Development
Prime Partner:	Program for Appropriate Technology in Health
Mechanism:	AB Track 1/ Round 2
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	64,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	☐

Target Populations:

Adults
Community leaders
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Apac

Arua

Bugiri

Bushenyi

Busia

Gulu

Hoima

Jinja

Kabale

Kabarole

Kaberamaido

Kampala

Kamuli

Kanungu

Kasese

Kayunga

Kisoro

Kitgum

Kumi

Lira

Luwero

Masaka

Masindi

Mayuge

Mbale

Mbarara

Moyo

Mpigi

Mubende

Mukono

Nakasongola

Nebbi

Ntungaro

Pader

Pallisa

Rukungiri

Sironko

Soroti

Tororo

Wakiso

Yumbe

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1, Round 2 AB
Prime Partner:	Samaritan's Purse
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8450
Planned Funds:	$ 588,833.00

Activity Narrative: Samaritan's Purse Uganda (SP-U) implements an on-going abstinence and behavior change program for youth called MET (mobilizing, equipping, and training) whose goal is helping youth make healthy choices that prevent new HIV infections, especially through abstinence, secondary abstinence, and faithfulness. In support of prevention activities, there is also a minor element of basic health care and support (HBHC) that is limited to community-based support for vulnerable families in the form of non-medical care. To achieve this goal SP-U emphasizes two objectives:
1. Mobilizing the churches and communities to action in their spheres of influence by utilizing moral instruction for primary behavior change, focusing on abstinence, delay of sexual debut among youth and increasing secondary abstinence.
2. Building and expanding the capacity of communities, schools, and churches to reduce the risks of HIV infection in youth through new and existing programs of education, prevention, basic care, destigmatization, monitoring, testing, and training about AIDS.

In FY06 SP-U MET program started programs for mobilizing and training church, community and youth leaders having influence over youth in Kamwenge district and three SP-U MET program teams were established each to be in charge of three subcounties. These teams in FY06 held thirty "There is Hope" workshops which teach the youth leaders how to communicate with youth about HIV/AIDS, with an emphasis on how abstinence, secondary abstinence and faithfulness can prevent these diseases. A total of 1,383 youth leaders were trained by June 2006 and they had outreached 11,169 individuals with the AB message. Some of these youth who have been outreached have been involved in giving home basic care to households of PLWHAs. In FY06 training of youth leaders with the It Takes Courage Curriculum started, and twelve Community Based Volunteer Teams have been formed. SP-U MET staff have hosted meetings of community leaders and have opened up dialogue on child sexual abuse and exploitation. This has helped the leaders to identify the causes of sexual abuse and have come up with action plans of how they are going to fight it in their communities. MET program is working with YEAH to partner with them especially for YEAH to provide reading materials which can be given to the youth outreached through MET programs.

In FY07 SP-U MET program will strategically focus on increasing never-married male and female youth knowledge and practice of abstinence and faithfulness by adapting the curriculum to expand the effective communication skills given to youth educators and emphasize secondary abstinence during the training, expand coverage in terms of areas where training is going to be conducted, introduce radio messages and talk shows. SP-U MET program intends to reduce multiple sexual partner tendency through video shows on STIs, HIV/AIDS, and by taking music dance and drama acted by Community Based Volunteer Teams (CBVTs) to schools and churches, use bill boards bearing AB messages while promoting testing and networking for testing services availability. Further, SP-UG MET program will focus on increasing community conversation on sexual abuse and exploitation and involve youth more in home basic care activities for PLWHAs and vulnerable households to reduce stigma.

Activities for SP-U will train individuals to provide HIV/AIDS prevention programs that focus on AB under the theme "There is Hope" serving 36 communities in the nine sub-counties of Kamwenge district. The trained individuals will reach individuals with community outreach HIV/AIDS prevention programs that promote Abstinence, Secondary Abstinence and Be faithful in the same communities. After three to six months, the leaders will attend an advanced workshop for training youth leaders to teach a character and life skills curriculum that empowers youth to achieve abstinence and being faithful and how to develop a mentoring relationship with youth at risk, particularly youth who are sexually abused or exploited. At the end of the workshop each participant will commit to teach the youth he taught the initial workshop, 16 lessons of the life skills curriculum in a period of four months. During the workshop participants will be encouraged to form Community Based Volunteer Teams and 39 are expected to be formed in FY07. The team members will elect their leaders who will assist to follow them up to fulfill their commitment. The CBVTs will also hold 36 youth conferences and 21 sports competitions in FY07 which they will use as avenues to communicate AB messages to the youth. In each community where Advanced Workshop has been conducted, SP-U MET staff will host a two to three hour

conversation meeting for about 25 village leaders. The purpose is to open dialogue to discuss sexual abuse and exploitation of youth and children in the community and identify other traditions that are harmful and place them at risk of HIV infection. Six months following Advanced Workshop CBVT leaders assisted by SP-U MET staff will host a meeting in the community of their fellow participants bringing together some district level leaders to recognize their volunteerism. In this meeting CBVTs and other participants will share success stories, identify obstacles to reaching their goals of their commitments and discuss ways to link interventions with existing and future HIV/AIDS programs and find ways for sustainability. Nine months after the advanced workshop, a second meeting between CBVTs, participants, district level, church and government leaders will be held. CBVT leaders and their fellow trainees will receive certificates for completion of MET program and will be charged to continue their efforts to abstinence and faithfulness and other healthy behavior change among youth in the community.

Continued Associated Activity Information

Activity ID:	4813
USG Agency:	U.S. Agency for International Development
Prime Partner:	Samaritan's Purse
Mechanism:	Track 1, Round 2 AB
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	32,180	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,512	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Kamwenge

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8456
Planned Funds:	$ 343,319.00

Activity Narrative: This activityalso relates to Condoms and Other Prevention (8452), Palliative Care: Basic Health Care and Support (8454), Orphans and Vulnerable Children (8453), Strategic Information (8455) and Laboratory Infrastructure (8451).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

TASO will conduct prevention activities in line with the Uganda National Road-Map for HIV Prevention which aims at accelerating HIV prevention activities including reduction of sexual transmission of HIV, PMTCT, post-exposure prophylaxis, promotion of counseling and testing, disclosure, protection of vulnerable populations, integration of HIV prevention into treatment and prevention of sexually transmitted infections. TASO had earlier on established HIV and STI prevention and these were running routinely as part of the overall services. In FY07/08, there will be special emphasis laid on all HIV/STI prevention activities and the enhancement of quality more than in the past. TASO will also assess prevention activities in terms of contributing to the targets of national roadmap and value-addition to the overall national response. Prevention AB messages tailored to address the HIV/AIDS challenges of specific target groups will be provided. Abstinence-tailored prevention messages will target children, adolescents, students, out-of-school youth and HIV-infected children. In addition under this strategy, the Be-Faithful-tailored messages will target sections of the general adult population deemed to be sexually active and so vulnerable to HIV infection e.g. couples, men and women.

The first A&B component will be conducting Live Radio Talk Shows on key HIV/AIDS topics/themes. Presenters engage listeners in discussions and Q&A sessions through phone-in facilities. Presenters provide information for education and clarification on issues. TASO will conduct 182 radio talks tailored along Prevention AB (i.e. 50% of the total radio talks to be conducted by TASO Centres in Entebbe, Jinja, Mbale, Masaka, Masindi, Soroti Gulu and Rukungiri; each Centre will conduct 1 radio talk per week). The radio talks focusing on AB will be conducted in partnership with FM radio stations operating in various parts of Uganda.

Each TASO Centre will partner with the radio station most listened to by the intended target group. TASO teams comprising of staff and PHA will conduct live presentations over radio and interact with listeners through phone-in facilities. TASO teams will take questions and feedback from the listeners and provide answers, information and clarification. TASO will form the Teams to suit the needs and peculiarities of the target groups so as to ensure lively and effective engagement with the listeners over radio. Partner media houses will give TASO technical support on enhancing the effectiveness of the radio talks. The listener-ship of the radio stations is estimated at over 100,000 people. TASO and UPHOLD will coordinate their radio programming to ensure consistency and effect of messages.

The second A&B component will be Partnering with Schools to enhance effectiveness of the abstinence prevention strategy. Each of the 5 TASO Centres (Gulu, Entebbe, Jinja, Mbale and Masaka) will support 4 schools to update and disseminate messages on abstinence through student compositions of songs, poems, stories and art work. Although the previous work by other partners like PIASCY will be useful for this component, such messages need to be continually updated for more relevance in terms of content and medium as perceived by the youth themselves. This interactive upgrading of materials will allow for differences in perception by youths from different backgrounds thus resulting in more relevant and user-friendly messages. The supported schools will be those with functioning AIDS Challenge Youth Clubs (ACYC). This is an interactive youth-driven prevention programme involving several youths with personal or familial experience with HIV/AIDS. These youths base on their experience to mobilize their peers, seek technical support from TASO and reach out to fellow youths in families, schools and at-risk

communities. The schools to be supported are already identified and have ACYC clubs, but have skills gaps as they keep bringing new people on board and older members leave. ACYC activities during the school term will target in-school youths; and those during holidays will target out-of-school youths. The 5 TASO Centres will support ACYC club holiday activities involving 20 outreaches (i.e. 4 outreaches per each ACYC club operating at the Centre

The third AB component will be Staging PHA Drama Group Performances in the community. PHA Drama Groups in 8 Centres (Entebbe, Jinja, Mbale, Masaka, Masindi, Soroti Gulu and Rukungiri) will deliver messages and share knowledge with communities, schools, faith-based institutions and people in various other settings. These drama groups present vital HIV/AIDS information within the TASO, National and Global environment into songs, dances, plays and poems that simplify and clarify the messages for grassroots levels. PHA also give testimonials of personal experiences with HIV/AIDS (including issues like stigma, discrimination, human rights, gender inequality and others). TASO will conduct 400 AB-tailored performances reaching 100,000 people. TASO will also train 175 PHA (25 per each of the 7 Groups) in drama skills and message design on AB issues. In order to trigger off community and couple dialogue leading to reduction in HIV transmission TASO will: monitor more closely the message development and presentation for quality and effectiveness; undertake continual evaluation of drama practice/preparation sessions; access professional services in recruiting and training drama groups; ensure motivation/appreciation of PHA engaged in drama as key partners; and pay attention to geographical, social and cultural uniqueness to maximize relevance.

The fourth A&B component will be Community Capacity Building activities. TASO will support community-based HIV/AIDS programs in Jinja, Mbale, Eastern Region and South-Western Region. Community volunteers and service providers will be trained to conduct HIV/AIDS education tailored to AB in community venues such as village/parish/sub-county meetings, schools and funerals and places of worship. The community volunteers will reach 140,000 community members with HIV prevention campaign tailored towards AB. TASO will equip volunteers to appreciate and address gender issues pertaining to HIV infection and the higher vulnerability of women to infection. Reference to HIV testing services will also be made to mobilize community for HIV testing

Continued Associated Activity Information

Activity ID:	4420
USG Agency:	U.S. Agency for International Development
Prime Partner:	The AIDS Support Organization
Mechanism:	TASO USAID
Funding Source:	GHAI
Planned Funds:	$ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	200,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	385,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	695	☐

Target Populations:

Adults
People living with HIV/AIDS
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Jinja

Kampala

Masaka

Mbale

Mbarara

Mpigi

Tororo

Wakiso

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Amuria

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Routine Counseling and Testing in Two District Hospitals
Prime Partner: Research Triangle International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8540
Planned Funds: $ 82,000.00
Activity Narrative: This activity also relates to activities numbers: 8517-Palliative Care:Basic Health Care and Support, 8539-Palliative Care;TB/HIV, 8518-CT, 9636-Condoms and Other Prevention.

Research Triangle Institute (RTI International) is an international, independent not-for-profit organization dedicated to improving the human condition through multidisciplinary technical assistance, training and research services that meet the highest standards of professional performance. RTI is partnering with AIDS Healthcare Foundation (AHF) to support the Uganda Ministry of Health (MOH) in providing Routine HIV Testing and Counseling (RTC) and basic care (BC) services to patients in district hospitals and health center (HC) IV facilities. In this partnership RTI contributes to the national response to address the significant service gaps that still exist in the provision of HIV counseling and testing (HCT) and post –test support for individuals and couples aimed at preventing HIV acquisition or transmission.

RTI will support the promotion of abstinence and being faithful (A&B) interventions aimed at stemming HIV infections among patients and caregivers attending target health facilities and among residents in communities surrounding the target health facilities. Volunteers will be trained to conduct prevention education to patients on behavior change practices that emphasize mutual fidelity among partnerships. Health workers will also be trained to disseminate A&B prevention messages when counseling patients. In collaboration with the DDHS, local community groups and PHA networks, the program will also use a variety of communication channels; e.g., drama, community meetings, and where appropriate, radio programs at local FM stations that reach target groups such as women and adolescents to disseminate A&B HIV prevention messages in the catchment areas surrounding the target health facilities.

plus up: RTI will integrate AB messages in in the in the Hospital based Routine HIV testing and counselling (RTC) program and expand services to nearby communities. AB messages will be integrated in daily clinic talks at the waiting areas and during counselling session. Training will be provided to health workers and community educators who facilitate clinic talks and community education events. In collaboration with the DDHS, RTI will use IEC materials developed and translated in local languages.Referrals will be made to appropriate prevention, care and treatment centers in the district. This approach will complement RTC services implemented in clinical settings.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	100,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	96	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Kaberamaido

Kasese

Masindi

Mpigi

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Makerere University Walter Reed Project (MUWRP)
Prime Partner:	Walter Reed
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8544
Planned Funds:	$ 138,000.00

Activity Narrative: This activity also relates to other activities: 8526-Basic Health Care & Support, 8531-OVC, 8543-CT, 8527-ARV Services, 8528-Lab, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing. Also during FY06, MUWRP supported activities that improved the identification of and provision of services to the Districts' population of orphans and vulnerable children.
These activities link to MUWRP activities under Treatment, Care, OVC, CT, and Strategic Information. The Prevention/Abstinence and Being Faithful program as described below is part of a comprehensive program and activities do link to other program areas. Program activities that are included in this comprehensive program, such as care, treatment, OVC, and CT services will be budgeted under their respective earmarks. The Kayunga District Youth Recreational Center, which was founded in 2006 as a joint effort between the Kayunga District Hospital, the Kayunga District Government and MUWRP as an organization/facility to build district capacity in identifying and providing HIV prevention services to Kayunga Districts' youth population. The Center currently provides youth with counseling, care and clinical services in a manner which is specifically geared toward young persons. In 2007, they will continue to provide facility-based AB prevention counseling to youth, emotional support, and meet psycho-social needs through recreational games, sports, music, and drama. Community focused activities will include district-wide youth outreach and AB prevention counseling to schools and other youth appropriate venues. Also, in collaboration with Child Advocacy International (CAI), MUWRP will expand upon 2006 activities to support CAI in activities which include district-wide community sensitizations (24 scheduled for 2007) to combat HIV stigma and fear and promote HIV AB prevention and community education. As part of a community approach to increasing life expectancy of HIV infected persons in Kayunga, education must be provided to the community at large, including youth outreaches. Education of community members on issues specific to persons living with HIV/AIDS, especially pediatric HIV will not only help address stigma and discrimination directed against these persons but also assist in increasing successful identification of HIV positive persons and link them to care and treatment services. Under this submission, MUWRP, CAI, and the Kayunga District Youth Recreational Center will coordinate AB prevention and stigma activities through outreach, community mobilization and sensitization, often partnering with locally established civil society groups. This will ensure that consistent, fact based messages reach the maximum number of people through out the district.

11,000 youths, (aged 10-18) provided with HIV education and AB prevention messages through youth recreational facility and through weekly mobile outreaches to schools and youth groups. 10,000 individuals will provided with psycho-social activities, health promotion and HIV AB prevention messages through 24 community sensitizations. The role of men and how traditional male norms can impact HIV transmission will be addressed using drama. 10 staff will train in HIV AB prevention activities and conducting community sensitizations. Funding will support the youth center staffing needs, training, mobile outreaches to schools and youth groups, and the infrastructural integrity of a youth HIV prevention center. Funding will also support the costs of community sensitizations including staffing, training, community mobilizers, and sensitization resources.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	11,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	21,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10	☐

Target Populations:

Doctors
Nurses
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
Children and youth (non-OVC)
Out-of-school youth
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Kayunga

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Preserving the African Family in the face of HIV/AIDS Through Prevention
Prime Partner:	Children's AIDS Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8583
Planned Funds:	$ 131,666.00

Activity Narrative: The Children's AIDS Fund's Preserving the African Family in the Face of HIV/AIDS Through Prevention is a five year Abstinence and Being Faithful for Youth (ABY) initiative. Its vision is to provide youth, ages 10-24, with the optimum environment in order to live healthy, HIV-free lives. The project is envisioned as a partnership between CAF and two local sub partners: Uganda Youth Forum (UYF) and Campus Alliance to Wipe Out AIDS (CAWA). UYF will work through its existing network in the Kampala, Kanyunga, Luweero, Wakiso and Nukomo districts. CAWA will work in 10 universities: Makerere, Makerere Business School, Kampala International University, Gulu, Mbarara, Kyambogo, Mukono, Islamic University, Nkumba and Nkosi. The CAF Uganda office will undertake complementing activities which will expand the program target areas. CAF Uganda will conduct monthly meetings with the sub-partners and any independent contractors to review and evaluate progress, identify strengths and weaknesses for the purpose of improvement and capacity building.

Due to the delayed approval of the Cooperative Agreement and subsequent sub-partners' contracts, project activity began on July 1, 2006. Nevertheless, FY 06 activities not initiated prior to the end of FY 06 will be rolled over to FY 07 and scaled up during the fiscal year. In FY 07, CAF will continue to explore linkages with other AB partners working in Uganda, such as Samaritan's Purse, International Youth Foundation while maintaining close cooperative relationships with the Uganda AIDS Commission (UAC) and the Ministry of Gender, Labor and Social Development and the Uganda Alcoholics Anonymous. CAF will participate in ABY partner meetings for learning, coordination and standardization of AB related activities. CAF will also work closely with existing government structures such as the District AIDS Task Forces. CAF's strategic objectives will be realized through five core strategies: Peer Education, Community Mobilization, Media and Communications Outreach, Establishment of Referral Systems and Capacity Building.

The Peer Education strategy is to develop key messages targeting adults who have an influence on youth behavior which can be aired through media outreach. Key messages and materials targeting in-school and out of school youth will also be developed and disseminated. Within its project objectives, CAF will make use of IEC materials already developed by other NGOs, such as Straight Talk, and will align its messages with those developed under the national PIASCY initiative. The Peer Education strategy will engage 100,000 primary and secondary school-level, in-school and out-of-school youth, 50,000 of whom will be engaged as a direct result of CAF Uganda's parallel activities. Supplementary activities, including community youth discussions, video showings, youth-to-youth campaigns, national conferences and sporting events will be implemented to sustain engagement with youth participants. Additionally, CAWA's monthly publication distribution, The Prime Timer, and related campus workshops will reach 60,000 tertiary level youth. To enable the on-going peer education activities, preparatory training will be given to a total of 1190, representing UYF, CAWA and CAF Uganda, to equip them with the skills and age-appropriate materials and messages to engage targeted youth.

The Community Mobilization strategy will reach religious and community leaders, who will include the business and private sectors. When mobilized, the latter will participate in pro-bono community projects/activities which encourage positive, mentoring interaction with youth. The community mobilization efforts will capitalize on existing networks of non-governmental and faith-based organizations to build new networks where they have not existed and utilize a variety of activities to reach the general community.

The Media and Communications Outreach strategy will develop and disseminate key messages and materials targeting adults who have an influence on youth behaviors as well as in-school and out-of-school youth. CAF will make use of IEC materials already developed by other NGOs.

The Referral System will train several youth voluntary counseling and testing (VCT) promoters to support an anticipated need for HIV testing and counseling. This strategy will enhance uptake on VCT services among young people. Youth who express a desire will be referred to facilities for VCT testing, reproductive health services, as needed.

Technical Assistance/Capacity Building activities will be conducted throughout the grant period by CAF and its subcontractors and Direct Program Services will be conducted by the sub-partners. The capacity building strategy will focus on improving sub-partners' abilities

in program design and implementation, program and financial management, quality assurance and monitoring and evaluation processes. A capacity building plan will be developed based on the outcomes of ongoing needs assessment. Ongoing quality assurance and supportive supervision will ensure that program quality is closely assessed and maintained throughout the life of the project. Data collection tools have been developed to record attendance at all community outreach activities and specifically adapted to eliminate double counting of targets. Implementing staff will be trained in use of the data collection tools with ongoing support from CAF staff. Data quality audits will be executed bi-annually, to ensure that data summation errors are identified and corrected prior to programmatic reporting, quarterly assessments of sub-partners' proficiency in handling reporting requirements will be conducted with remedial steps and additional capacity building provided as needed.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	160,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,190	☐

Target Populations:

Adults

Primary school students

Secondary school students

University students

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gulu

Kampala

Kayunga

Luwero

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism: HIV/AIDS Project
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8641
Planned Funds: $ 135,000.00

Activity Narrative: This activity also relates to 8643-Condoms and Other Prevention, 8338-Palliative Care;Basic Health Care and Support, 8619-Palliative Care;TB/HIV, 8336-OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services; 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Mildmay and Mbuya are faith based organisations that have been providing AB counselling through the existing HIV testing programs. An emerging challenge is prevention counselling for adolescents that have improved as a result of ART (40% of all ART recipients at Mildmay are children < 18 years). Abstinence messages are emphasized for these youth. Family members of Mildmay clients tested through the VCT program are also targeted for AB messages. Couple counselling is offered to all patients and B messages are emphasized for these couples.

In FY07, AB activities will be strengthened targeting youth and adolescents in care, couples, family members of index clients, and health care providers through training. OVCs will be trained in 'life skills' and positive prevention by practicing AB interventions. Networking with other organisations to mobilise communities will be central in this work. TMC already works with a number of such organisations i.e. World Vision, Compassion International, Kamwokya Christian Caring Community, AIDChild, schools and other

organisations is already in place to ensure maximum benefit for the targeted adults and children. TMC will be developing its AB strategy during the course of the year. The funds will go towards community mobilisation, human resource needs and the training aspects of the programme. The funding in this program area will support the integration and strengthening of existing AB activities, support training of personnel, production of IEC materials, support couple clubs and improve data collection and reporting.

plus ups: Mildmay through Reach Out will expand AB activities in poor suburbs of Kampala. The program will target youths in and out of schools. IEC Materials will be developed and community volunteers trained to provide basic AIDS information and refer cmmunity members to prevention, care and treatment services.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	110	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers

Coverage Areas

Kampala

Mpigi

Mukono

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8702
Planned Funds: $ 38,000.00
Activity Narrative: This activity also relates to 8285-TB/HIV, 8282-Counseling and Testing, 8719-Other Prevention, 8286-OVC, 8283-ARV Drugs,8284-ARV Services, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	360	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8772
Planned Funds:	$ 58,000.00

Activity Narrative: This activity relates to 8313-Condoms and Other Prevention, 8315-Palliative Care; Basic Health Care and Support, 8317-Palliative Care; TB/HIV, 8318-ARV Drugs, 8319-ARV Services, 8320-Lab, 8321-OVC, 8316-CT.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

MJAP has been providing prevention counseling including AB counseling through the HIV testing programs. Prevention counseling has also been integrated into the care and treatment programs and OVC interventions (counseling and life skills training). In the RTC program, couple testing is encouraged thus promoting disclosure and strengthening the B messages for couples. 'A' messages are encouraged for single youth below 20 years. Family members who are tested through the HBHCT program also receive prevention counseling. Since November 2004, more than 5,000 children and youth have been served through the MJAP CT, care and treatment programs. We have provided HIV testing to over 1,500 couples, 19% of who were sero-discordant and 21% concordant negative.

In the next year (FY07), MJAP will strengthen the integration of AB activities into the existing programs. Through HBHCT program we will provide HIV counseling and testing to 2,000 households of index patients in care. We anticipate reaching 1,000 children and youth through the RTC program. The HBHCT and RTC programs will integrate AB activities. The AB activities will be integrated with other prevention to ensure a comprehensive HIV prevention package. Abstinence focused activities will primarily target children below 12 years while older children who are not sexually active will be targeted with age appropriate AB messages. Youths and older children who are sexually active

and/or married will also receive "B" messages and other prevention support including condom use, as appropriate. These will be reached through the HIV testing programs and the OVC services. The children will receive health education, counseling support and life skills training to enable them make informed choices. The B activities will also be integrated with couples counseling (in RTC and HBHCT) to encourage couples' HIV testing and mutual faithfulness to partners in concordant HIV negative partnerships. We will also integrate the entire spectrum of prevention activities within the care and treatment sites through the positive prevention and family planning interventions. The funding in this category will support the integration and strengthening of existing AB activities, support for personnel involved in AB activities, production and dissemination of IEC materials to support the AB programs, training of health care providers to integrate AB activities, improved data collection, reporting, and M&E. Requirements for HIV testing will be covered under the CT budget.

plus ups: Plus up funds will be used to develop IEC materials and training health workers to integrate AB messages during clinic talks and counselling sessions for couples and individual clients at Mulago STD clinic. Similar trainings will be extended to Community Educators to facilitate integration of AB messages in community STD/HIV education events

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8775
Planned Funds: $ 550,000.00
Activity Narrative: This activity relates to Condoms and Other Prevention (8467), Counseling and Testing (8470), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Palliative Care:TB/HIV (8469), Treatment: ART Drugs (8471), Treatment: ART Services (8472), Strategic Information (8474) and Laboratory Infrastructure (8473).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.

Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including A

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

The planned key achievements under this programme area in year 1 include reaching 212,000 individuals through activities that promote abstinence and/or being faithful, reaching 12000 school children with messages of HIV/AIDS prevention through abstinence and training 300 people to promote HIV/AIDS prevention through abstinence and/or being faithful.

Year 2 activities will build on year 1 achievements and will include supporting children, youth, families and communities to build skills that promote sexual norms and behaviors, addressing Gender Based Violence by promoting family life education; engaging uniformed services, including military, police, and community security guards in programs to reduce SGBV and to prevent HIV by empowering communities to promote societal norms that reduce the risk of HIV transmission, strengthening protection "systems" and promoting the use of and access to HIV counseling and testing services.

NUMAT will also support the review, revision and adaptation of other curricula, interactive materials, radio programmes and toolkits available in the country to make them suitable for the districts in Acholi and Lango regions. For out of school youth, HIV prevention messages will be linked to vocational training. The programme will link up with and help promote other effective prevention campaigns like the President's Initiative on AIDS Strategy for Communicating to Young People (PIASCY), Young Empowered and Healthy (YEAH) and 'Be A Man' which seek to enhance the youth's ability to be responsible and to protect themselves against becoming infected with HIV.

NUMAT will also leverage resources from USAID's SO11 (Mitigating Causes and Consequences of Conflict). Protection resources to strengthen protection programs aimed at reducing HIV transmission. AGDA with Coca Cola and Christian Children Fund to establish access to safe water supplies is currently under review.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.	314,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,400	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Community-based organizations
Faith-based organizations
Military personnel
Refugees/internally displaced persons
People living with HIV/AIDS
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9086
Planned Funds: $ 150,000.00
Activity Narrative: This activity also relates to Counseling and Testing (9080), Palliative Care Basic (9075) , HIV/AIDS Treatment/ARV services (9077), Other prevention(9084), Orphans and Vulnerable Children (9081) and Other/Policy analysis and system strengthening (9082). Building on USG existing private sector initiative which ends May 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

The Uganda HIV Sero Behavioral Survey (UHSBS) secondary data of faithfulness shows that 88% of men are not lifetime faithful, compared to 56% of women, and only 10% of couples are mutually lifetime faithful. The Private Sector Initiative shall implement activities in line with the Uganda National Road Map for Accelerated HIV Prevention that emphasizes the prevention of sexual transmission of HIV as the key priority area. Much as knowledge of HIV/AIDS is relatively high across all recent survey respondents, there is need for more mature BCC interventions provided to the company employees, dependants and surrounding community.

Building on current private sector prevention activities and in keeping with USG's mass media campaign promoting faithfulness and addressing issues related to gender roles and norms, interventions will be implemented at the workplace and surrounding communities through peer educators, community outreaches during CT promotion and through company leadership.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	☐

Target Populations:

Adults
Business community/private sector
Migrants/migrant workers

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Northern Corridor Program/Uganda Section
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9169
Planned Funds:	$ 250,000.00

Activity Narrative: This activity relates specifically to activities funded under Other Prevention (8416) and Counseling and Testing (8417). Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors.

The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With FY 2007 funds, ROADS will extend and strengthen ongoing activities in Busia and Malaba (Uganda-Kenya border) while expanding to Katuna (Uganda-Rwanda border). The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

At the end of 2003, approximately 5.7 percent of Ugandans (15-49) in the Eastern Region were infected with HIV, with prevalence rates among women significantly higher than those among men. In Busia, Malaba and Katuna?major hubs for goods transported from the Port of Mombasa to the Great Lakes Region?HIV prevalence exceeds the national estimate, with alarming levels of unprotected sex and untreated sexually transmitted infections. In Busia District, adult HIV prevalence is estimated to be 5.0 percent. Service statistics indicate that prevalence spikes to more than 20 percent in Busia Town. In Tororo District, location of the Malaba border crossing, adult HIV prevalence is estimated to be 6.3 percent, with prevalence increasing to approximately 15 percent in Malaba. Estimated HIV prevalence in Western Region, location of the Katuna border crossing, is 6.9 percent, with prevalence reportedly much higher in Katuna Town. These communities, ranging from 10,000-30,000 people??not including the mobile populations that spend time there?? are sizable. In the three sites, truck drivers can spend up to a week waiting to clear customs. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. Busia, Malaba and Katuna are important targets for HIV programming in their own right; they are also bridges of infection to the rest of the country. HIV services in Malaba and Katuna and, to a lesser extent, Busia remain underdeveloped. While abstinence/being faithful programming has reached some primary and secondary school students, it has not reached enough and has been less effective in reaching truck drivers, community men and women, and out-of-school youth. Programming has not addressed critical drivers of the HIV epidemic in these communities, including idleness and the absence of recreation beyond drinking. The result has been a high level of hazardous alcohol consumption in the community and alarming levels of gender-based exploitation and violence against women, young girls and boys.

Since launching SafeTStop in Busia and Malaba in mid-2006, ROADS has reached more than 10,000 people with abstinence/being faithful messages, including 5,000 youth with abstinence-focused messages. This has been accomplished in partnership with more than 50 community- and faith-based organizations, which were organized into "clusters" for joint program planning, training/capacity building and implementation. With FY 2007 funding, ROADS will strengthen work initiated with FY 2006 funds to reach 90,000 primary and secondary school students, out-of-school youth, truck drivers, other men and women, and PLWHA with AB messages. Recognizing from Uganda data that abstinence is an effective but temporary strategy, the project will not only promote abstinence-focused messages, but will also prepare youth for a safe and healthy future. This means that even with younger youth, ROADS will build norms around fidelity, communication and relationships and build the skills young people need to delay sexual debut and to make health choices when they become sexually active. The project will incorporate these message through faith-based, sports-based and school-based educational efforts. To accomplish AB goals for youth and adults, the project intends to train 400 people from approximately 100 community- and faith-based groups. ROADS will integrate with existing services, where possible, as a priority. This will include linking AB activities with such services as C&T (this service is particularly weak in Malaba and Katuna), antiretroviral therapy and prevention of mother-to-child transmission. ROADS will link and, where

feasible, strengthen these services through SafeTStop community branding, which mobilizes the community around HIV prevention, care, treatment and mitigation services. ROADS will continue to utilize the SafeTStop resource centers it established with FY 2006 funds as an alcohol-free environment for community outreach, including spiritual services, skills building in household management, and men's discussion groups on norms relating to faithfulness, hazardous drinking and gender-based violence. The project will also build on work initiated with FY 2006 funds to promote delay of sexual debut and address issues related to transgenerational sex. The project will continue strengthening linkages with local health facilities, including pharmacy/drug shop providers to promote expanded C&T and other services. ROADS will establish a similar community outreach model in Katuna, mobilizing local CBOs and FBOs to expand AB programming. As in Busia and Malaba, ROADS will establish a SafeTStop resource center in a strategic location to serve as a community outreach hub for AB as a complement to OP programming. The Katuna resource center will also provide an alcohol-free alternative recreational site for transient populations and the host community. The facility will offer adult education on life and job skills and link patrons with psychosocial and spiritual services. Working with Katuna community and religious leaders, ROADS will support community action to address alcohol use and gender-based violence against women and youth, as well as reduction of stigma, denial and discrimination, as key HIV prevention strategies. YEAH/B a Man and the Saf T Stop regional transport corridor project will ensure strong linkages with each other and will coordinate activities and share materials.

OGAC Review: #9169 (SafeTStop) What are the plans for collection of behavioral change data from this important intervention. This data would be very helpful for other countries focused on the same high risk corridor interventions

We will leverage FHI core funds in FY07 and plan to expand in FY08 with PEPFAR resources.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	☐

Target Populations:

Adults
Commercial sex workers
Community leaders
Truck drivers
People living with HIV/AIDS
Teachers
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Busia

Kabale

Tororo

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Health Comm Partnership; AFFORD
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9188
Planned Funds:	$ 450,000.00

Activity Narrative: This activity relates to activities in Condoms and Other Prevention (8439) and Palliative Care: Basic Health Care and Support (8440).

AFFORD is a Cooperative agreement awarded by USAID to Johns Hopkins University in October, 2005.

The AFFORD Health marketing initiative has the following objectives: 1. Increase the accessibility and affordability of HIV/AIDS, Reproductive health, Child Survival and Malaria Products and services for communities and families in Uganda using innovative private sector approache;. 2. Enhance knowledge and correct use of HIV/FP/CS/Malaria products and services to encourage and sustain healthy behaviors and lifestyles within communities and families; 3. Strengthen/establish indigenous organization(s) for the sustainable and self sufficient delivery of key health marketing functions, including product distribution and promotion. AFFORD is a consortium of six organizations, two international and four local. With sustainability being one of AFFORD's key results, all six partners are contributing their unique skills to set up an indigenous organization, the Uganda Health Marketing Group (UHMG), that will possess the Technical, Managerial and Financial capacity to continue in the footsteps of AFFORD at the end of the project. UHMG is currently fully staffed and is working alongside the consortium partners.

AFFORD took over the social marketing activities previously carried out by Population Services International (PSI). To date the program has achieved a seamless transition from PSI in the social marketing of three products including condoms without consumers feeling the impact of change of provider. Key highlights of the program after nine months of implementation include the distribution of 15 million condoms through over 20,000 outlets and the communication of key health and HIV prevention messages to over 100,000 people through community outreach programs targeting mainly most at risk groups including the military, migrant workers, commercial sex workers and truckers.

Gender and social norms are barriers to protective behavior change for HIV prevention and Uganda's recently developed Road Map for HIV Prevention highlights these issues as central in the fight against HIV/AID. In FY07, AFFORD will increasingly address gender and detrimental social norms through its varied HIV prevention communications activities. Working with mostly male target audiences like the Uganda Peoples Defense Force (UPDF), migrant workers in the agrarian sector and fishermen's associations, the program will use a variety of communication channels to examine, discuss and explore possibilities for change in existing gender and social norms which increase men's risk of HIV infection. Activities will be jointly designed and led by AFFORD staff and male Popular Opinion Leaders who have successfully adopted positive preventive behaviors and demonstrated strong commitment to countering gender and social norms that are harmful to the health and wellbeing of the community. Key areas to be addressed through these activities include existing concepts of masculinity and disassociating masculinity with higher risk behavior such as multiple sexual partners, excessive alcohol consumption, drug use, violence, gender violence etc. Community and peer outreach activities will promote couples communication and work with men on strategies for initiating discussions with their partner about HIV/AIDS prevention and couples counseling and testing. Activities will also focus on increasing men's sense of responsibility for protecting the health and wellbeing of their family and community through open communication and leadership and through modeling of positive preventive behaviors. These activities will also train them on how to reach out to younger men within their families and communities to discuss how current social and gender norms put them at higher risk of HIV infection and to support the next generation to emulate positive role models in this regard.

AFFORD, with its partner Communication for Development Foundation Uganda (CDFU), will train 200 popular opinion leaders at the grassroots. These actors will be provided with the skills and tools to effectively begin to shift gender and social norms to denounce forced sexual activity, discourage cross-generational sex, encourage reduction of partners and motivate communities to strengthen community sanctions against high risk behaviors. Gender training will also be a key component of this activity. UPDF commanders as well as other POLs working at the community level will be trained in social change techniques. In addition, 1000 peer educators will be trained through several workplace programs to reach over 50,000 men.

OGAC Reviews: #9188 (AFFORD) For this broad health initiative is there PMI buy-in and leverage?

AFFORD is an important implementing partner of the PMI here in Uganda. With PMI funds AFFORD has been distributing free nets through ANC clinics in the North and working with private providers to roll out the new MOH ACT guidelines in private sector. AFFORD coordinates PMI and PEPFAR activities in many ways including incorporating HIV prevention into PMI activities.

plus ups: Athough recent survey data highlight an increase in the number of recent, and lifetime sexual partnerships, particularly among men, there is not yet sufficient programmatic effort to reverse this trend, nor is the GOU leading a campaign on the scale of the Zero Grazing mobilization of the late 1980s. There are however smaller efforts, such as the Be a Man campaign, which can be amplified and can reach larger and larger numbers of men. AFFORD will complement Be a Man and work with men to realize the importance of reducing numbers of sexual partners, and to motivate them to change their attitudes and behavior toward casual sex, and build relationships on respect.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	85,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	☐

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Military personnel
Mobile populations
Truck drivers
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Partners/clients of CSW

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Health Comm Partnership; AFFORD
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9229
Planned Funds:	$ 1,100,000.00

Activity Narrative: This activity also relates to activities in Other Prevention, Counseling & Testing and Strategic Information. HCP's overall mission is to strengthen capacity and improve effectiveness of health and HIV/AIDS communication. This activity builds on and deepens the national YEAH communication initiative, particularly in its 2nd phase known as B a Man. This 2nd phase builds on "Something for Something Love" which continues alongside B a Man as both emphasize the male gender norms that underlie transactional sex. This 2nd phase has four components. The first component is a continuation of community mobilization and information, education & communication activities initiated during FY 06 to address male gender norms and expectations contributing to young people's increased vulnerability to HIV and AIDS. There will be a special focus on challenging male gender expectations, including concurrent multiple partnerships; discouraging alcohol abuse, gender based violence and transactional sex; encouraging faithfulness in marriage, HIV counseling and testing, disclosure of HIV status with sexual partners, and abstinence and partner reduction before marriage. Linguistically and culturally appropriate tools, media and materials that stimulate dialogue and personal reflection will be produced in consultation with a wide variety of organizations—faith based, local media, community based, government institutions, and other US government supported projects.
The second component involves training peer educators and facilitators in workplaces and among men's groups at community level to facilitate interactive exercises and discussions, using materials and tools produced by the project. HCP will work with community & faith-based organizations and workplaces in five regions of the country to facilitate group exercises and debates around masculinity, alcohol abuse, fidelity and partner reduction, HIV counseling & testing and gender based violence. HCP will provide refresher training on alcohol abuse and gender based violence for the approximately 300 facilitators trained during FY06, and will train 200 additional facilitators during the reporting period. Each will be expected to facilitate at least 4 sessions with approximately 15 young men & women for a total of 30,000 reached.
The third component involves strengthening the institutional capacity and sustainability of the Young Empowered and Healthy (YEAH) national communication initiative for young people. The focus will be on financial management and evaluation of communication programs. This is a continuation of work initiated in FY05 & 06. HCP will provide short training courses, and on-the-job mentoring and shadowing, including private sector volunteers, to reduce reliance on external technical assistance.
The fourth component of this activity is monitoring and evaluating the effects of community outreach and mobilization activities. HCP will assist YEAH to design and conduct a population based assessment among young people 15 – 24 years old to determine whether or not there has been a change in male gender norms; and the extent to which young men have been exposed to tools, materials and activities.

OGAC Reviews: #9229 (HCP) It is unclear how PIASCY, UPHOLD and AFFORD interact as their activities and age groups targeted (secondary school and 15 + yrs) are overlapping and all are focused on National reach. Together these groups are receiving 4.8M this year in AB and an additional 3.2M in OP. Also it appears some of the activities may have been delayed – is there money in the pipeline for these activities. (4.7M FY06 AB and 3M OP FY06)

This question actually concerns the YEAH Initiative, not AFFORD, and how it relates to PIASCY and UPHOLD given that they all target similar age groups. PIASCY is a Ugandan presidential initiative, which the USG has helped to operationalize. We have done that through two bilateral mechanisms: one BEPS, just ended and a new partner will be awarded the ABE project. As education experts, BEPS/ABE have worked with the MOES structures to integrate PIASCY into teacher training and the Ugandan school system, by developing handbooks, counseling and guidance skills and training approaches. ABE will additionally operationalize PIASCY for the post primary school settings, which is new. UPHOLD is a district level implementation project and supports the roll out of PIASCY at district level. UPHOLD additionally promotes ABC information, messages and skills to out of school youth at district level. YEAH, like PIASCY, is a national initiative targeting the 15-24 year olds in after school settings, providing them with entertainment education opportunities (games, comic books, radio drama…) and molding attitudes that are gender equitable, and against transactional sex.

All three projects collaborate with each to ensure common messages are reinforcing,

complementary and provide greater reach. There are no major delays to report in this activity.

plus ups: The recent survey data which indicate that multiple sexual partners are on the increase, also highlight that this behavior is much more common among men. Qualitative and anecdotal data suggest that having several sexual partners is normative, expected and acceptable for men. The YEAH / Be a Man Initiative has been addressing norms of malehood and ideals of masculinity that underlie several risky behaviors, including violence by men against women. The initiative will intensify efforts to reach men with male to male approaches and to challenge and positively channel these norms to ultimately decrese potentially harmful sexual behaviors within the general population.

Continued Associated Activity Information

Activity ID:	4385
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are exclusively focused on abstinence and /or being faithful.		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Factory workers
Faith-based organizations
Military personnel
Non-governmental organizations/private voluntary organizations
Volunteers
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9661
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).

Activities are continuing into FY07 but are funded by FY06 money.

Studies in conflict affected areas show low knowledge on HIV transmission and prevention strategies. In addition to the effects of on-going conflict, a number of social, cultural and economic factors were identified as contributing to spread of HIV infection. These include; polygamy, female genital mutilation, rape, defilement, wife inheritance and low socio-economic status. Stigma and discrimination were also seen as major barriers for people to seek HIV services. Within this context, CRD partners saw the need to intensify HIV prevention campaigns to change HIV risk behaviors among youths and adults.

AB activities will be implemented in five-conflict districts of Uganda (Gulu, Kitgum, Nakapiripirit, Moroto, and Kotido). Our past operations in these areas have shown the need to increase mobilization and awareness campaigns on HIV ransmission/prevention strategies. IRC will work with its partners, AVSI, and SCiU, to conductthe following AB activities.

IRC will operate in the 3 districts of the Karamoja region to conduct AB campaigns through open air, radio talk shows, sports, dramas by Post Test club members, and the production of IEC materials with AB messages. These activities will address economic factors contributing to the spread of HIV (polygamy, FGM, rape, defilement, and wife inheritance) and to further stigma and discrimination.

AVSI will train primary and secondary school teachers on HIV/AIDS prevention behaviors (AB) and will guide them to teach the same to students within the schools. AVSI will also support two local agencies (Meeting Point and CHAPS) to conduct HIV/AIDS awareness among the communities through the production of T-shirt with AB messages, IEC materials, and radio shows.

SCiU plans to collaborate with other partners in Gulu to design a communication strategy for youth between 10-18 years. Messages will emphasize abstinence as the best prevention method, but will also educate youth on life saving skills. In addition, SCiU will work with parents, religious leaders, teachers, and radio stations to encourage youth to adopt positive behaviors and reinforce these behaviors through peer-to-peer discussions in and out of school.

Continued Associated Activity Information

Activity ID: 3983
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 58,687.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,700	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Kitgum

Kotido

Moroto

Nakapiripirit

Pader

Gulu

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Health Comm Partnership; AFFORD
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12434
Planned Funds: $ 150,000.00
Activity Narrative: MC plus ups: The Government of Uganda has recently included medical male circumcision in its National Strategic Plan, which is near finalization. The MOH and the Uganda AIDS Commission have formed a task force, and are planning a national dialogue to present study results from Uganda and answer questions and concerns. The USG Uganda team will support the GOU efforts as they become detailed. clear area of support is for improved public info and dissemination of correct info. The purpose is to increase understanding that MC is effective, that it is part of a comprehensive prevention package, which includes counseling and testing adn the promotion of safer sex practices, including partner reduction and consistent and correct condom use. JHUCCP will provide TA to the appropriate GOU partners identified to lead the sensitization efforts in the development of public information campaings, strategies, and messages.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100

Key Legislative Issues

Gender

Addressing male norms and behaviors

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CSF/Deloitte and Touche
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19275
Planned Funds: $ 1,500,000.00
Activity Narrative: None provided.

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: $ 4,650,000.00

Program Area Context:

The Blood Safety Program under the Uganda Blood Transfusion Service (UBTS) helps prevent medical transmission HIV/AIDS by ensuring adequate quantities of safe blood and blood products for all Ugandans. UBTS is a semi autonomous institution of the Ministry of Health (MoH). Currently, about 100,000 patients are transfused annually in hospitals countrywide. Of those, nearly half are pediatric due to severe anemia resulting from malaria, a quarter are obstetric, and the rest are medical and surgical.

USG supports a comprehensive approach to blood safety to support national priorities and meet the needs of the Ugandan people. Key goals of the program are the 1) retention of low-risk, voluntary, non-remunerated repeat blood donors; 2) care referrals of HIV positive donors; 3) blood collection, testing, storage and distribution; 3) staff training; 4) quality assurance; and 5) monitoring and evaluation. In addition, adequate and appropriate infrastructure, transport, supplies and equipment must be made available to support program goals.

As blood transfusion needs are expected to grow by 20 percent annually to reach 400,000 units of blood in FY09, maintaining adequate quantities of safe blood and blood products becomes increasingly important. Community mobilization and education for donor recruitment is jointly implemented by the UBTS and the Uganda Red Cross Society (URCS), an indigenous charitable not-for-profit organization. These institutions have jointly built a countrywide network to access communities in schools and workplaces. Access to and communication with individuals and communities have greatly improved because additional staff were recruited and adequate transport secured for the field activities. Recruitment and retention of blood donors was enhanced through increased use of radio and newspaper advertisements, mobile phone text messages, and scheduled visits by counselors.

HIV sero-prevalence among voluntary blood donors has steadily declined from 2.1 percent in FY04 to 1.67 percent in FY05 to less than 1.5 percent in FY06. The success in lowering HIV prevalence among the donors is attributed to better methods of blood donor selection and counseling, and the increase in voluntary, non-remunerated donors. These methods will be duplicated in subsequent years of the program. Since HIV rates among replacement donors are about twice that of volunteer donors; efforts are in place to phase out replacement donors as repeat donors are maintained. Repeat donors currently represent 55 percent of total donors, and have a lower HIV sero-prevalence rate than new donors. The proportion of repeat donors is targeted to increase by 10 percent during FY06. Retention of voluntary, non-remunerated HIV negative donors is particularly vital for running a successful blood safety program. To encourage repeat donations, 90 percent of blood donors will receive post donation counseling in FY07, and referrals to HIV care services will continue for donors testing HIV positive.

Maintaining high standards for blood collection, testing, storage and distribution is also critical to UBTS's FY07 strategy. UBTS tests all transfusion bloods for HIV, Hepatitis B and C, and Syphilis using effective testing algorithm at the seven regional laboratories: Arua, Fort Portal, Gulu, Kitovu, Mbale, Mbarara and Nakasero Blood Banks. Laboratory equipment for this purpose has been purchased for all the centers. Improvements in the cold chain and distribution of blood have been made recently. In FY06, six blood bank refrigerators and seven deep freezers were purchased for blood storage, and 250 cool boxes were purchased for transportation of blood during collection and distribution to hospitals. While these purchases have helped, 10 refrigerators and freezers need to be purchased in FY07.

Availability of adequate transport is also crucial for running an effective blood safety program. To boost transportation, 11 large vehicles were purchased for UBTS to transport staff and equipment into communities for blood collection in FY06. In addition, nine smaller vehicles were bought to carry out community mobilization of volunteer donors, and one vehicle was purchased to facilitate monitoring and evaluation of the project activities. All vehicles were distributed to Regional Blood Banks according to the needs of each center. Three motorcycles were bought for distribution of blood in urban areas. Two

vehicles were bought for URCS to facilitate mobilization of volunteer blood donors. These efforts have resulted in a 13 percent increase in blood collection from volunteer donors. In FY07, maintenance costs for blood collection and distribution vehicles will have to be met.

Training is also a critical component of UBTS's strategy. In FY06, a total of 737 health workers received training, including blood transfusion staff, blood donor recruitment officers, hospital based blood bank laboratory assistants/technicians and clinical officers from Health Centre IVs. The purpose of the training was to improve skills for procurement of safe and adequate quantities of blood. Two seminars on clinical interface were held for senior doctors at the Mulago referral Hospital. CDC provided technical assistance for strengthening the Management Information Systems for the program. Reporting forms have been revised to enable the program to generate reports for all vital activities on daily, weekly and monthly basis. Also, program personnel were trained to use Personal Digital Assistants (PDAs), and 10 computers and fifteen PDAs were purchased. Computerization of laboratory equipment is now in progress. In FY 07, the program plans to train an additional 475 persons in blood safety.

In FY07, the USG will continue to support the Blood Safety program to consolidate achievements of the past years and bridge gaps in service delivery. The main challenge for the program lies in maintaining the operations so far attained including the constant supply of blood bags, screening reagents and waste disposal management. Fortunately, the UBTS has been granted a reasonable degree of autonomy by government, which has recently enabled it to expedite all operations, including procurement of vital items. Increase in total blood collection has been modest, and occasional stock-out of blood for transfusion is still reported in some hospitals and Health Center IVs. Inadequate infrastructure and space at all the 7 regional blood banks and national referral laboratory at UBTS headquarters is another big challenge to the expansion of the program operations and meeting the increasing demand for safe blood in the country. Most of the current regional blood banks operate in small 2 room spaces some of which are loaned to the program by the regional hospital laboratories. This constraint can only be addressed by construction of buildings to house the blood banks' activities, some of which is currently ongoing; the construction of the two regional blood banks, Mbale in eastern Uganda and Mbarara, in southwestern Uganda, which are expected to be completed by December 2006. The laboratories at these facilities will receive power backup generators. In FY 07, construction of a regional blood bank in Gulu, and the national referral laboratory at Nakasero Blood Bank will be carried out. UBTS priorities for FY07 will include quality assurance activities such as the completion of related manuals, introduction and refinement of processes, and training and supervision of staff.

Program Area Target:

Number of service outlets carrying out blood safety activities	230
Number of individuals trained in blood safety	1,575

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Uganda Blood Transfusion Services
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	8368
Planned Funds:	$ 3,000,000.00

Activity Narrative: This activity relates to 8585-CT. Blood safety is a crucial element in the prevention of HIV/AIDS transmission, and a life-saving treatment for children with severe anemia, due to malaria, and management of severe anemia and hemorrhage as complications of pregnancy and childbirth. Currently, the majority of patients that need blood transfusion in medical wards are HIV/AIDS patients. Safe blood therefore, is important in the overall management of AIDS patients and in supporting the national anti-retroviral therapy program. The main goal of the Uganda Blood Transfusion Service (UBTS) is to attain and maintain an adequate, sustainable supply of safe blood and blood products for treatment of all patients in Uganda's hospitals. Our sub partner in the blood safety program, the Uganda Red Cross Society (URCS), also shares this goal. URCS implements activities that involve community mobilization, blood donor recruitment and counseling. UBTS on the other hand, conducts some counseling, blood collection, transportation, testing, storage and distribution. Other activities of UBTS include training, monitoring and evaluation, and appropriate clinical use of blood. The rehabilitation of the two regional blood banks, Mbale and Mbarara, is expected to be completed by December 2006. The laboratories at these facilities will receive power backup generators in addition to the laboratory at Nakasero Blood Bank. No new equipment or vehicles will be purchased in FY06. In spite of budgetary constraints, UBTS/URCS will be able to collect 150,000 units of blood and thus attained their target for this indicator. Performance targets originally set for FY06 were revised downwards because of funding constraints. By the end of FY06, 100% of all blood donors will be voluntary non-remunerated donors. The main focus in FY 07 is to increase the proportion of repeat donors by 10% to 60%, and increase the number of blood donor clubs, a strategy aimed at increasing the proportion of low-risk donors. The main goal is to recruit 130,000 low-risk volunteer donors to provide the estimated 180,000 units of blood needed by about 230 health facilities mandated to conduct blood transfusion in the country in FY 07. These activities are jointly planned with the URCS. The current average frequency of donation per donor is about 1.25 donations a year. This will be increased to a frequency of 1.3 donations per year, which will be made possible through improved communication with blood donors, a process initiated in FY06. The planned increase of blood collection teams, which could not be effected in FY 06, will now be realized; 20 blood collection teams will be operational in FY07 to complete the expanded network planned under this PEPFAR support. Daily monitoring of the operations of these field teams and provision of necessary logistical support will ensure increased efficiency of the teams. Strategies that have been developed for effective recruitment of low risk donors will be further reviewed to ensure that HIV prevalence among blood donor population is less than 1.5%, a target originally set for FY 06. Post-donation counseling, which is effective in eliminating blood donors testing positive for TTI from the donor pool will be further emphasized; UBTS with URCS will target 60% of all donors to receive their TTI results. In FY 07, the communication strategy will continue to be implemented to encourage behavior change among blood donors and the general public. More materials will be developed for effective blood donor education including leaflets, television programs and video shows. The use of personal digital assistants (PDA) to collect, store and retrieve donor information has proven to be an effective strategy in the field to access information on any donor, including identifying TTI positive blood donors, who may return to donate. Training on the use of PDA was started in FY 06, and will be completed in all the regions in FY 07. The rollout of the PDA for donor screening and registration will improve efficiency and accuracy of blood collection activities. Retraining of counselors in the use of revised data collection instruments for both pre- and post-donation counseling will continue in FY07. Procurement of reagents for testing of TTI - HIV, Hepatitis B and C and syphilis will continue in FY07. Test kits for all TTI are the most costly component of the program, taking up about 30% of the funds. For 180,000 units of blood to be collected, 216,000 tests (180,000 plus 20% for repeats and QA) are expected for each of the four TTI. Testing algorithms will be reviewed to ensure that the most effective methodologies continue to be used. Work on development of standards and quality manuals, and training in use of these materials will continue as a step towards completion of the Quality Assurance program. To address the inadequate infrastructure at the national referral laboratory at UBTS headquarters and a regional blood bank in northern Uganda construction of new structures in collaboration with Regional Procurement and Services Overseas (RPSO) will be undertaken in FY 07. The expansion of the work space area of the national referral laboratory will enable testing of increased amounts of blood, and quality assurance support to UBTS regional laboratories; and construction of a regional blood bank in the north will address the need for increased services. As a new proposed activity, UBTS intends to extend laboratory quality assurance support to other PEPFAR

funded programs performing HIV counseling and testing activities. More equipment will be purchased for testing, and proper storage of blood. In view of erratic supply of electricity in the country, backup generators will be purchased for regional centers that have not benefited from the FY06 provision of generators. Vehicles will be purchased for half (10 in each category) the blood collection and community mobilization. These teams did not receive vehicles in FY 05. During the FY07 the M & E program will be strengthened by the appointment of a specific person for this activity. Further collaboration with CDC partners, in-country, will be sought to ensure more effective M&E that will support efforts to realize our stated goal and objectives. Training in all UBTS departments will continue to reflect the need for improvement in those areas identified through M&E. Specific training is planned for the following cadres of staff: UBTS Technicians (20), UBTS mobile team staff (40), UBTS and URCS Blood Donor Recruiters (20), UBTS and URCS Counselors (40), MIS staff (25), Finance and Personnel (15), Medical Doctors and Clinical Officers (150), Hospital Blood Bank Technicians, one from each of the 165 hospitals (165). Development of efficient IT program initiated in FY06 will also be finalized in FY07. UBTS in collaboration with the PEPFAR blood safety technical assistance Sanquin Consultants and the Makerere University Medical School, in FY 06 started training programs in appropriate clinical use of blood for doctors and medical students. This activity will continue in FY07 with further plans to integrate specific training in blood safety in medical school curriculum. The Ministry of Health adopted a National Blood Transfusion Policy in 2005; the legal framework for UBTS will be finalized in FY07. This will support further development of enabling policies and the establishment of a strong autonomous institution and largely ensure sustainability. The staff structure for UBTS currently being formulated will be finalized to enable all key staff to be recruited; this is a pre-requisite for efficient operations. In FY 07 UBTS plans to have a motivated and self-driven workforce in place as well as a human resource development plan with conducive human resource policies catering for training, improved facilitation including provision for allowances.

Continued Associated Activity Information

Activity ID: 4014
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Uganda Blood Transfusion Services
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	230	☐
Number of individuals trained in blood safety	475	☐

Target Populations:

Adults
Infants
Pregnant women
Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Sanquin Consulting Services
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 10334
Planned Funds: $ 300,000.00
Activity Narrative: This activity relates to: Uganda Blood Transfusion Services (UBTS) activity # 8368.

Sanquin Consulting Services(SCS) was founded in 2001 as an autonomous part of the Sanquin Blood Supply Foundation, Netherlands, with the goal of providing technical assistance on safe and sustainable blood supply systems in resource limited countries including Uganda.

For the last two years, in collaboration with UBTS, the Sanquin team has provided clinical interface courses to health providers involved in medical transfusion services and assisted in quality assurance/quality control system strengthening within the regional blood banks and in blood collection procedures. Their assistance has led to marked increase of both quantity and quality of blood collected by the national program. Their involvement has also led to increased professional awareness of donor care, counseling and collection procedures by the health workers, of which more is to be done over the next year.

Their main focus for FY07 will be on improving data collection and database management to contribute to an increase of repeat donors and further reduction in their HIV prevalence. Other areas of emphasis will include quality assurance and further development of processes and standards, monitoring & evaluation to ensure effectiveness and efficiency, and the continuation of the program for the clinical interface of blood transfusion.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	230	☐
Number of individuals trained in blood safety	475	☐

Target Populations:

Doctors
Nurses
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: RPSO Blood Safety
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 11496
Planned Funds: $ 1,350,000.00
Activity Narrative: This activity will contribute to the Uganda Blood Transfusion Services (UBTS)activities in Blood Safety #8368 and Counseling and Testing #8585. In FY07 RPSO will contribute to strengthening the UBTS blood bank services throughout Uganda.

Specific activities are to construct a regional blood bank in Gulu, northern Uganda and expand capacity at the national referral laboratory at UBTS headquarters.

The regional blood bank in Gulu currently operates in 3 rooms provided by Gulu regional hospital within the hospital laboratory. It supports 25 health facilities in the region and has a current capacity of 10,000 blood units per year which is expected to increase to 20,000 blood units per year after construction is completed. This new premises will house a blood donor area, blood collection, processing, testing and storage area, blood reception and issuing area and staff offices.

Expansion of the national referral blood bank laboratory at UBTS headquarters is critical as currently the workspace is inadequate to accommodate increased blood processing activities and the new laboratory equipment required. This blood bank laboratory supports 60 health facilities including the national referral hospital in Kampala. The current capacity of 20,000 blood units per year does not meet national demand and will be expanded to accommodate 60,000 blood units per year. This expansion will also provide for increased blood donations, expanded testing and processing areas, and a new reference laboratory with a dedicated quality assurance area, as well as the necessary office space for the Nakasero blood bank staff.

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	2	☐
Number of individuals trained in blood safety		☑

Target Populations:

Public health care workers
Laboratory workers
Private health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area: $ 868,336.00

Program Area Context:

According to the recently conducted literature review to identify the drivers of the HIV/AIDS epidemic, medical transmission modes are not key drivers in Uganda. Medical transmission modes do, however, deserve continued attention because of their potential for spreading HIV/AIDS. USG supports a comprehensive approach to injection safety to support national priorities and meet the needs of the Ugandan people.

The Expanded Program on Immunization (UNEPI) is the first Government of Uganda program to implement injection safety practices. Using the bundling system, UNEPI provides injection materials and safety boxes for all immunizations. USAID provides auto disable (AD) needles and syringes for contraceptive injections and curative services, and safety boxes for disposal of sharps waste. In the past, however, the supply of safety boxes has occasionally not kept up with demand.

Uganda's Ministry of Health (MOH) seeks to establish an environment where health workers, patients, and communities are better protected against transmission of blood borne pathogens. With Track 1.0, USG supports a Making Medical Injections Safer (MMIS) project in 20 districts. A key project goal is to assist the MOH in preventing medical transmission of HIV through rapid reduction of unsafe and unnecessary injections. Increasing the number of districts with MMIS projects is critical, as only MMIS districts receive needles and syringes from National Medical Stores (NMS) with accompanying safety boxes for immediate sharps disposal. Most health units have tried to improvise containers for sharps disposal, but these improvised containers are often ineffective, leaving sharps to be disposed of in a manner that poses a risk of needle stick injuries.

In FY06, MMIS projects trained over 1191 health workers from hospitals and lower level health facilities. The project procured 6,187,600 syringes, 261,275 safety boxes and 995 needle cutters, out of which 2,850,658 syringes and 29,004 safety boxes were distributed through March 2006. The stock status of total syringes at Central level by 28/02/2006 was 4,286,150. Also, in FY06, posters developed in English promoting oral formulations were translated into eight languages and distributed in the relevant districts. In FY07, the MMIS project will continue training and education activities, including conducting monthly radio and TV talk shows both at the National and district level. A community video that focuses on early treatment, use of oral formulations (in preference over injectable formulations), compliance with treatment and appropriate sharps and waste management will be viewed by an estimated 400,000 community members.

While the MMIS project addresses the procurement of AD and needle cutters, the design does not fully address medical waste management. However, through partnerships with WHO and others working in the area of safe injection, MMIS has provided support to the MOH in the area of proper waste management. The WHO/JSI module on Healthcare Waste Management was reviewed and adapted for the situation. Approved structural plans of waste pits by MOH Infrastructure were developed by engineers and eleven four-layered pits are now under construction. Healthcare Waste Handlers in the project districts have been trained and now know the basics about waste segregation and appropriate disposal of healthcare waste. Color coded waste bins and bin liners have been provided for segregation of the waste.

A national policy on health care waste has been finalized and is pending dissemination. Guidelines addressing waste management have also been finalized and are currently being disseminated. Unfortunately, the guidelines do not address all of the issues, especially in the area of final waste disposal. Incineration services, which are the recommended method of final disposal by the country, are not readily available. Recent surveys indicate that only 1 -2 % of health units have access to incinerators. That said, existing incinerators are not functioning to full capacity and some have been vandalized. Burning on the open ground or in a pit are the most common methods of final waste disposal being practiced at lower levels. Some health units are disposing of waste directly into pits without burning it first.

Recognizing that final disposal of healthcare waste is one of the biggest medical safety challenges; in FY07, the MMIS project will continue to support the MOH in promoting proper waste disposal. Specific activities will include quarterly meetings of the waste management subcommittee of the Uganda National Injection Safety Task Force (UNISTAF) and the finalization of a comprehensive national final waste disposal plan. Also, it is expected that the national committee will pilot different waste disposal options in the project districts. The MMIS projects will map existing waste disposal options in each district and attempts will be made to establish waste destruction facilities, such as incinerators, where necessary. Waste segregation bins and bin liners will be used to promote the idea of segregation. All waste handlers in the project districts will be trained in safe waste handling. A communication strategy will be developed in partnership with the USG funded projects (blood transfusion project, TASO, AIC) and other stakeholders to promote proper medical waste disposal. Finally, the MMIS project will collaborate with DOD/UPDF officials to integrate injection safety practices to the health facilities managed by the UPDF.

Program Area Target:

Number of individuals trained in medical injection safety	6,250

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner: Ministry of Health, Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8344
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to 8340-AB, 8342-CT, 8343-Palliative Care;Basic Health Care & Support, 8346-ARV Services, 8341-PMTCT, 8347-Lab, 8345-SI, 8348-Other Policy.

This activity also supports and relates to the broader activities of the Uganda health sector including scaling up of accelerated HIV Prevention, care, support and treatment in the country as an integral part of the National Minimum Health Care package outlined in the Second Health Sector Strategic Plan 2006-2010 (HSSP II), and the National Strategic Framework for HIV Control in Uganda. The main role of the Infection Control Unit of ACP/MOH is to prevent medical transmission of HIV/AIDS of which injection safety is a key component. Infection control is mainly in health care setting, however recently, medical transmission of HIV in the community has aroused interest because of the shift in health care provision to include home based care for AIDS patients.

This activity has continued to build capacity of districts to initiate and implement Infection Prevention Programmes. The main focus of activities has been promoting standard precautions against blood borne pathogens. Coverage has been Hospitals and HC IVs, and a few of the busy HC IIIs. The Infection control unit which leads this activity operates in collaboration with the injection safety program of the clinical services department of the MOH. The main activities implemented under this program in FY06: evaluation of Infection Prevention and Control practices and technical support supervision in 5 districts, on the job training covering 160 health care workers in the same districts and training of 67 trainers drawn from districts in most need. The Infection Control Unit recently developed a draft policy on Post Exposure Prophylaxis (PEP) and it awaits review before the final document is ready for printing. Auditing of infection prevention and Injection safety in health units has commenced in the districts of Masaka, Kamuli, Kiboga and Nakasongola. The out put will be an audit report that will be used to monitor quality of infection prevention practices in future. Training of 80 health unit managers and setting up of Infection Control Committees.

Despite the above achievements, coverage of districts is still very limited. More districts need to be brought on board to generate a desired impact of infection prevention interventions. There is a need to scale up training to cover 10 more districts. A training of trainers is planned. The principle of choosing districts in most need will be upheld.

During the FY 2007 the activity will cover the following: training of Infection Control Committee members in hospitals and Home Based Care trainers in Infection Prevention and Injection Safety, and procurement of injection safety demonstration materials. We will continue to sensitization of district leaders, District Health Management Teams and Health Unit Managers on basics of Infection prevention, Injection safety, and their roles and responsibilities. Furthermore, auditing of infection prevention and Injection safety practices will be carried out as well as developing infection prevention standards. In addition, development of a policy on Post Exposure Prophylaxis and Post Exposure Prophylaxis implementation guidelines will be implemented. 7 more districts will be targeted in the FY07 plan. Training of 140 health unit managers and Infection Control Committees will continue in the targeted 7 districts. Training of district trainers to meet a target of 10 trainers per district in 11 districts (total 110). Printing of 5,000 copies of PEP policy, launching of the policy and dissemination workshops. The need to initiate and strengthen community involvement is very critical. We plan to train 110 Home Based Care trainers. Hazardous waste disposal in health units using safe boxes for sharps will be supported.

Continued Associated Activity Information

Activity ID: 4405
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 65,466.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of people trained in universal precautions	1,100	☐
Number of people trained in PEP	1,100	☐
Number of individuals trained in medical injection safety	1,100	☐

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8430
Planned Funds: $ 318,336.00
Activity Narrative: Major emphasis in FY 2007 will be put on ensuring full supply of injection commodities and training of health workers in expansion areas.

Procurement:

Using a ratio of 1.5 injections per person per year; adequate needles and syringes with re-use prevention features will be procured and distributed with the aim of ensuring that 70% of health facilities in the project districts report no stock outs through out the year. For facilities that may happen to get stock outs, the duration of stock outs should not last more than 28days. This will be achieved by sourcing for reliable suppliers through our implementing partners (PATH). Primary beneficiaries will be adults including men and women of reproductive age. Once in the country the commodities will be distributed through Uganda National Medical stores. Client exit interviews will be done from time to time to check whether the last needle used on them came from a sealed pack.

Training:

The project will expand to cover 5 new districts with training. It is estimated that there are 2000 health workers in the expansion areas targeted for 2007 and an additional 1500 in the old districts that will need re-training. A total of 3500 health workers will be trained. The project will work closely with the Ministry of Health to train 80% of all the workers both in public and private facilities in safe injection practices, appropriate health care waste management, logistics management and communication and behavior change. This will be achieved through the creation of a central team of trainers who train a team of district trainers in each district. The district trainers will then train health facility based health workers within their districts. The W.H.O./AFRO/JSI facilitator's guide on injection safety will be adapted in the country and will be used as the basis for all trainings. Desired practices will be further enhanced through on job support supervision and cross unit visits. Targets for the training will include public and private health workers including doctors, nurses, clinical officers, nursing assistants, waste handlers, logisticians and cleaners.

Continued Associated Activity Information

Activity ID: 4383
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: Track 1
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of people trained in universal precautions		☑
Number of people trained in PEP		☑
Number of individuals trained in medical injection safety	1,000	☐

Target Populations:

Adults
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Education

Coverage Areas

Hoima

Kabale

Kamuli

Mbale

Mbarara

Mpigi

Nebbi

Pallisa

Wakiso

Yumbe

Kabarole

Kampala

Kayunga

Luwero

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8856
Planned Funds: $ 50,000.00
Activity Narrative: The activity is relates 8390-PMTCT, 8385-Condoms & Other Prevention, 8386-Palliative Care;Basic Health Care & Support, 8987-Palliative Care;TB/HIV, 8853-OVC, 8388-CT, 8391-ARV Services, 8387-SI, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (ref. FY06 COP-$250,000 for ARVs, $250,000 for services).

In FY07, the UPDF proposes to initiate a new activity in the area of Injection Safety. The UPDF medical staff provides services to many HIV infected clients throughout their medical units, as well as patients with other blood and respiratory borne diseases. There is therefore potential for patient-health worker inter-transmission of HIV and other infections in the clinical settings. The UPDF intends to strengthen its infection control prevention strategies in the health units and hospitals to address risk factors and implement control measures. Safe injection practices and PEP will be promoted consistent with the existing national guidelines, in collaboration with the USG program being implemented by John Snow, Inc. (JSI) Rapid Interventions to Decrease Unsafe Injections and Preventing the Medical Transmission of HIV.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of people trained in universal precautions		☑
Number of people trained in PEP		☑
Number of individuals trained in medical injection safety	250	☐

Target Populations:

Doctors
Nurses
Military personnel
Laboratory workers

Coverage Areas

Gulu

Kampala

Lira

Mbale

Mbarara

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	12446
Planned Funds:	$ 300,000.00
Activity Narrative:	plus ups: Recognizing that final disposal of health care waste is one of the biggest challenges in medical transmission of HIV/AIDS, Plus up funds will be used to support the Ministry of Health to roll out the health care waste management policy in the 25 districts of operation. This activity addresses the final stage of the injection safety disposal process. Efforts will be put on establishing an environment where health workers, patients, and communities are better protected against transmission of blood borne pathogens. Health workers and waste handlers working on all USG funded programs like CT, Blood and injection safety, and laboratory services will be trained in proper disposal of used needles and syringes, and other health care medical waste like used blood transfusion sets, needle pricks, and laboratory waste. Such activities will include promotion of health worker safety related policies like immunization of health workers with Hepatitis B vaccine, establishing exposure management systems, and provision of waste management commodities and facilities. Additional funds will be used to develop waste management plans and support development of waste destruction facilities. Behavior change campaigns will be launched targeting communities and prescribers with the major aim of reducing unnecessary injections. All activities will e implemented in a manner that will offer men and women equal opportunity to access information and services.

Emphasis Areas	**% Of Effort**
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of people trained in universal precautions		☑
Number of people trained in PEP		☑
Number of individuals trained in medical injection safety	2,500	☐

Coverage Areas

Adjumani

Jinja

Masindi

Soroti

Table 3.3.05: Program Planning Overview

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: $ 10,644,812.00

Program Area Context:

USG will support of a mix of prevention approaches to support national priorities and meet the needs of the Ugandan people. Data from national surveys and two longitudinal study sites in Uganda indicate that HIV prevalence and incidence rates appear to be stabilizing. The Uganda HIV Sero-Behavioral Survey (UHSBS) reveals an HIV prevalence of 6.4% among the Ugandan adult population. This rate, combined with an estimated 135,000 new infections in the last year, has fueled concern that successes to date could be threatened. As a result, the Government of Uganda (GOU) has placed a renewed emphasis on HIV prevention and has commissioned a series of studies to identify the drivers of the epidemic and to shape an appropriate response. GOU's plan is described in Uganda's recently launched Road Map to Accelerated HIV Prevention. Studies confirm that sexual transmission remains the predominant mode of HIV transmission in Uganda. The key driver is high-risk sex, defined as multiple concurrent partners and unprotected sex. USG and other partners have pledged support for increased prevention activities, and have expressed interest in securing the supply of condoms. USG supported activities in FY07 will be aligned with Uganda's "Road Map" as well as global OGAC guidance. USG will support HIV prevention strategies that target youth, the general population (particularly men), and high-risk groups. USG will also support prevention strategies that address the social and gender norms that underlie risky sexual behavior, and tailor approaches to relevant groups, behaviors, and underlying factors. The USG portfolio includes comprehensive ABC programming.

An analysis of trends in the HIV epidemic in the last decade shows some positive behaviors (an increasing delay in age at first sex among young women and an increase in the practice of abstinence among young people). However, the analysis also shows that risky behaviors have been on the rise since the late 1980s (particularly an increase in casual sex and sex with multiple partners, and a recent decrease in condom use by men with casual partners). A burden of disease analysis of the UHSBS data finds that multiple partners and genital herpes are two key drivers. A serology-based HIV incidence assay (BED) was conducted to assess recent HIV infections, and found that compared to those with one sex partner in the last 12 months prior to the survey (recent faithfulness), those with two or more sex partners had twice the risk of acquiring HIV. The authors of the drivers study caution in their recommendations that "high risk and vulnerable populations should be especially approached with renewed interest." These high risk populations -- commercial sex workers truck drivers, fishermen, Internally Displaced Persons (IDPs), and other mobile populations -- remain drivers within a generalized epidemic. Highly mobile populations have many sexual partners and use condoms inconsistently; consequently, they increase the risk of transmitting HIV to several partners, in addition to their regular cohabiting spouses. In FY07, USG will strengthen its focus on the most at-risk populations.

In FY07, USG will also address the areas with highest prevalence, based on the UHSBS, including urban areas and the Northern districts where armed conflict and insecurity have contributed to high risk sex, including forced sex. Support to Northern Uganda will remain a particular focus in FY07. USG will continue to target IDPs as well as members of the Uganda People's Defense Forces (among whom HIV prevalence is estimated at 24%) by strengthening prevention programs for servicemen and their families through BCC interventions, counseling and post-test clubs. In addition, USG will support innovative work targeting low income women, who often supplement their income with sex work "boda boda", (motorcycle) drivers, long distance truck drivers, and the communities they serve. Commercial outlets existing within a specified radius of lodges, nightclubs and bars will be targeted for condom distribution and with messages to raise awareness of risk and risky behaviors. Substance abuse, particularly alcohol consumption, is associated with an increased risk of high-risk behavior. In FY07, alcohol consumption and its link to HIV will be highlighted in a number of projects and potential alliances with Ugandan breweries. In addition, alcohol messages will be integrated into several media programs targeting youth and men. USG-supported programs are among the few focusing on high risk populations and high risk sex. Youth (such as street children), housemaids, and other vulnerable children, are at particular risk of sexual exploitation. In FY07, USG will support outreach to at-risk youth with comprehensive ABC programming.

Another finding of concern is that overall, 5% of cohabiting couples are HIV discordant, with one partner infected while the other is not. This translates into an estimated 40% of new infections occurring among

individuals who are part of an established discordant couple. HIV-negative partners in discordant couples are at very high risk of being infected (more than 10% per year). As a result, USG will focus prevention strategies on discordant couples. Strategies will include promoting responsible behaviors that reduce the risk of transmission (including couple testing and mutual disclosure within established couples), as well as consistent and correct use of condoms, within discordant couples and with casual partners. USG will support the development and dissemination of Information, Education, and Communication (IEC) messages and interventions targeting couples to test together, to encourage mutual disclosure and to increase awareness of discordance. At least two key factors may contribute to low non-disclosure rates among discordant couples: stigma, and fear of a violent reaction, particularly by men against women. Gender based violence is another cross cutting theme supported by USG in FY07.

"Prevention with Positives" remains a key component of USG's overall prevention efforts, especially as data from the UHSBS and other population-based surveys indicate that less than 15% of Ugandans are aware of their own HIV status, and even less of their partner's status. Positive prevention interventions, including partner testing, STI diagnosis, treatment and prevention, family planning and PMTCT were piloted in FY06 and will be expanded in FY07. The expansion will cover national care and treatment partner organizations as well as People Living with HIV/AIDS (PHAs) associations.

The results of the UHSBS indicated that Genital Herpes (HSV-2) is a strong driver of the HIV epidemic, with close to 50% of Ugandans infected (49% of women; 38% men aged 15-49), and that HSV-2 infected persons were four times more likely to be HIV-infected. The USG team will support the Ministry of Health (MOH) in developing and disseminating policy guidelines for HSV-2 management and control. These guidelines will focus on messages for prevention among vulnerable population groups such as youth and couples. In addition, the guidelines will address active suppression of HSV-2 for HIV positive individuals and discordant couples. Increased awareness of HSV-2 disease burden and its association with HIV can help to prevent new infections, especially among the young.

Finally, in FY07, USG plans to review the forthcoming results of the male circumcision trial in Rakai and to conduct a formative assessment to gauge community and facility preparedness. The assessment will particularly focus on the acceptability of the procedure among males and females, the factors that increase its appeal, and the barriers that will slow its acceptability as a preventive measure.

Program Area Target:

Number of targeted condom service outlets	28,360
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,535,031
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	27,079

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8300
Planned Funds: $ 24,506.00
Activity Narrative: This activity complements activities 8304-CT, 8302-TB/HIV, 8298-PMTCT, 8301-Basic Health Care & Support, 8303-OVC, 8299-AB.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

In FY06, IMC will support four condom outlets, two of which will be established with PRM/PEPFAR funding in villages furthest from the base camp. As this activity has only just commenced, IMC is not in a position to provide information on accomplishments to date.

In FY07, IMC will establish an additional seven condom outlets to ensure that all eleven villages have one condom outlet and that all eleven are maintained on an ongoing basis. Using data collected in FY06 on HIV-related knowledge, attitudes and practices of other high-risk groups (men and women with multiple sexual partners, sex workers and persons with disabilities), IMC will implement HIV/AIDs prevention activities additional to those focusing on abstinence and fidelity. During impromptu discussions, door to door visits and social forum meetings Community Educators will provide IEC materials to those high risk groups identified. These materials will emphasize the importance of condom use in the prevention of HIV/AIDs and will promote the early diagnosis and prevention of STIs, given that the presence of an STI promotes the transmission of HIV. Utilizing existing community structures established through the ongoing SGBV program, it will be important that this activity will also serve the needs of those women in stable, single partner relationships, who are not otherwise considered as 'high-risk' but for whom it is necessary to build up confidence to negotiate with partners for safe sex.

Continued Associated Activity Information

Activity ID: 4803
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI
Planned Funds: $ 17,784.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	6	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	9,433	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Commercial sex workers
Community leaders
Disabled populations
Most at risk populations
Refugees/internally displaced persons
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Refugee HIV/AIDS services in northern Uganda
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8306
Planned Funds:	$ 50,625.00

Activity Narrative: This activity complements activities in 8307-PMTCT, 8305-AB, 8311-OVC, 8310-TB/HIV, 8309-Basic Health Care & Support, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006 with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.
The 2004-2005 Uganda HIV Sero Behavioral Survey (UHSBS) revealed a national HIV prevalence of 6.4% among the adult population, increased from 6 % in 2000. (In Yumbe district, the HIV prevalence is 2.3% according to the UHSBS and in Masindi district, the prevalence is 6.9%.) The increase in national HIV prevalence has raised concerns that successes to date in controlling the AIDS epidemic in Uganda could be threatened. In response, the GOU has renewed the emphasis on HIV prevention in Uganda and has declared 2006 the Year of HIV Prevention. According to the Ministry of health, in their stepping up the pace of HIV prevention in Uganda, package of August 2006 an analysis of trends in the Ugandan HIV epidemic between 1995 and 2005 shows some positive behaviors, especially an increasing delay in age at 1st sex young women. The trend is not as clear among young men. Data also show abstinence among young people has increased. On the other hand, the analysis shows that risky behaviors are on the increase from the late 1980s. In particular, there is an increase in casual sex, an increase in multiple partners, and a decrease in condom use with casual partners.(Prof Wabwire Mangeni IPH August 2006)
In May 2006, IRC conducted an HIV/AIDS Knowledge, Attitudes, and Practices survey among the youth in Kiryandongo and Ikafe refugee settlements, which indicated that the vast majority of youth have heard of HIV/AIDS (96.4%) but that knowledge on ways to prevent HIV/AIDS is low, particularly amongst female youth. 55.9% of the youth surveyed reported using condoms; 52.3 % reported that they abstained from sex; and 44.6% reported that they were faithful to one partner. Although this was an improvement from a previous KAP survey done in 2003, the results demonstrate a need to strengthen knowledge about HIV prevention and to increase HIV/AIDS-related behavior change activities among the refugee population.
These factors, along with the move toward repatriation of Sudanese refugees, have contributed to IRC's decision to increase the focus on promotion of prevention (AB and Other prevention) in 2007, in an effort to minimize the risk of HIV transmission during the repatriation process and upon return to communities of origin. Interventions promoting other forms of prevention will strengthen the existing prevention initiatives in Kiryandongo and Ikafe refugee settlements.
From October 2005 through March 2006, IRC reached 8,532 individuals in the two refugee settlements with AB messages and 14,376 with other prevention messages. This was achieved with support of network of 337 trained community condom distributors and youth mobilizers. In 2007, these activities will continue and IRC shall identify and train more community-based mobilizers in preparation for repatriation, ensuring that at least one mobilizer accompanies returnees as they travel to Sudan. BCC materials with prevention messages for refugee and host populations in the two beneficiary camps and surrounding areas will be developed or adapted, as appropriate, with particular emphasis being placed on prevention of HIV during the return process. Prevention activities will be closely linked to BCC and two community mobilizers in each camp will be responsible for the distribution of BCC materials within their communities. Recognizing the particular vulnerability of in and out of school youth, IRC will direct activities in the area of other

forms of prevention to target these groups, using survey data on HIV/AIDS-related knowledge, attitudes and practices (KAP) collected in 2006 to direct programming. Communications strategies developed to address social, cultural and gender-related barriers to behavior change, which were identified in the 2006 KAP survey, will be updated and used. Through community participation, IRC will target high risk groups and areas of high transmission within the refugee community (e.g. areas of commercial sex and high alcohol consumption) to effectively focus specific HIV/AIDS activities.

In addition, emphasis will be placed on prevention of HIV transmission during the return process. IRC will support condom procurement, training of condom distributors, establishment of condom outlets and distribution networks, and production / distribution of BCC materials promoting consistent and correct use of condoms. IRC will also support mobilization and sensitization activities on the safe use of condoms. 50 condom outlets will be supported, which is calculated on the basis of one outlet per 1000 population. 50 existing condom distributor / promoters will receive refresher training and new condom distributors will be trained, depending on the need. Community based sensitization and health facility based early diagnosis, proper management and prevention of STIs will be continued and strengthened, as the presence of STI promotes the transmission of HIV. IRC HIV/AIDS program will work closely with the IRC's Gender Based Violence(GBV) program in raising community awareness on the risks of GBV and HIV during repatriation and on the and medical management of GBV survivors, including the provision of PEP (post-exposure prophylaxis).

IRC's activities in the area of other forms of prevention will be complimentary to activities promoting abstinence and being faithful and will aim to achieve the following: HIV infection risk in returning refugees reduced; HIV infection risk in vulnerable and hidden populations reduced; access to HIV/AIDS prevention services for high risk populations (including returning refugees) increased; awareness and knowledge about HIV/AIDS preventive practices increased; and full supply of condoms achieved.

Continued Associated Activity Information

Activity ID:	4755
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	International Rescue Committee
Mechanism:	Refugee HIV/AIDS services in northern Uganda
Funding Source:	GHAI
Planned Funds:	$ 19,084.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	50	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Target Populations:

Community leaders
Volunteers
Girls
Boys
Primary school students
Secondary school students
University students

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Basic Care Package Procurement/Disemination
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8354
Planned Funds:	$ 250,000.00

Activity Narrative: This activity also relates to activities numbers: 8353-Basic Health Care and Support, 8355-OVC.

Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people world wide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. In September 2004, PSI received support from CDC to implement the HIV Basic Care and Prevention package (BCP) program targeting people living with HIV/AIDS (PLHAs) in Uganda. The program goal is to help reduce the morbidity and mortality caused by opportunistic infections (OIs) in PLHA and to reduce HIV transmission. The program purpose is to increase access to and use of HIV Basic Care and Preventive and Palliative Care products and services among PLHAs.

The program combines key informational messages, training and provision of affordable health commodities with evidence-based health benefits, and simple to implement for PLHAs and their families. The commodities include information brochure on the benefits and accessibility of cotrimoxazole prophylaxis for prevention of OIs, 2 long lasting insecticide treated nets for malaria prevention, a safe water system comprising a 20 liter water vessel, filter cloth and water treatment product (WaterGuard), male condoms for adult clients and information brochure on strategies to prevent transmission of HIV to sexual partners and unborn children. PSI manages the manufacture, procurement, packaging and distribution of all commodities to ensure consistent supply of Basic Care starter kits and re-supply of commodities through already existing HIV/AIDS care and support organizations (Implementing partners) in Uganda.

A key activity of the program, complementary to the distribution of the basic care kits, and aimed at supporting and reinforcing usage of the kits is provider training. Service providers, peer educators and drama groups are trained to provide HIV-related palliative care including cotrimoxazole prophylaxis, malaria prevention, prevention of diarrhea and other waterborne diseases, prevention with positives interventions. The training provided to these groups also emphasizes the Information Education and Communication (IEC) materials given to PLHAs. The training provided to these groups also reinforces the Information Education and Communication (IEC) materials given to PLHAs. Another important component of the program is promotion of prevention with positives interventions, in harmony with the overall PEPFAR Other Prevention strategy. Prevention with positives interventions aim to avert HIV transmission to sexual partners and unborn children through promotion of family based counseling and testing, partner disclosure and discordance counseling, safe sex practices including abstinence, fidelity with condom use; sexually transmitted infections management, family planning, and prevention of mother to child transmission of HIV. The output of this activity is to ensure regular and constant availability of condoms to PLHA in Uganda. This will be achieved through the distribution of the complete Basic Care starter kit and annual replenishment of 60 pieces of condoms per adult client. Free condoms for the program are sourced from the Ministry of Health stock. In FY 06 this stock fell short of the national requirements and resulted in disruption of assembly and supply of Basic Care starter kits to PHLAs. Considering the past erratic supply of government condoms, in FY 07, US$250,000 has been allocated to the procurement, shipping, handling, post shipment testing and packaging of a condom buffer stock. This will ensure that PLHA continue to access condoms through the stock out periods. This activity is part of the larger project which includes Basic Health Care and support and OVC.

PSI is currently working with 43 implementing partners, 38 of which are distributing condoms to their adult clients. 51,498 basic care starter kits containing 3,089,800 condom pieces for adult PLHA have thus far been distributed and 20,809 adult clients re-supplied with 1,248,500 condoms. PSI has continued to implement a communications campaign to support the Basic Care and prevention package. The campaign includes development and production of prevention with positives IEC materials for clients, caregivers, health providers and counselors. These materials include posters, brochures, client guides, and stickers in 7 local languages. So far 29,797 clients' guides, 43,750 posters and brochures have been distributed. Development and implementation of IEC interpersonal communication (peer education activities and drama) has occurred with 444 peer education and 264 drama sessions so far conducted. Through these activities PSI has reached 95,877 adults with prevention with positives messages. The Basic care drama-

Lucy's choice video has been produced in 5 local languages and distributed to 43 implementing sites. All 43 sites offering the basic care package have a positive living outdoor signage. To support the IEC print campaign PSI working together with Straight Talk Uganda has supported airing of radio messages in 8 local languages on 27 radio stations countrywide and the parent talk program in 3 local languages on 6 radio stations in the eastern, western and northern regions of Uganda. The messages are aimed at providing information to the general public and PLHAs in particular, and focus on the basic care package components that are opportunistic infection prevention with cotrimoxazole prophylaxis, safe water system use, malaria prevention using the long lasting insecticide treated net and prevention with positives interventions. 19,440 messages that focus on the prevention with positives interventions (family based counseling, disclosure, discordance, FP, PMTCT, STI management, abstinence and condom use) have been aired. PSI has also developed BCP Training of Trainers & Peer Education manuals. To date 2,020 health service providers and counselors and 494 peer educators have been trained. A preliminary BCP component utilization monitoring and evaluation survey has been conducted to further inform program activities. A follow up monitoring and evaluation survey is currently on going.

Planned activities for FY07 include: 1. Procurement of a condom buffer stock for PHAs; 2. Continue to implement the Basic Care Package program at 43 sites catering for 110,000 clients, while expanding to 11 USG supported sites of HIV/AIDS care and treatment implementation partners and 60,000 new clients bringing the total of clients to 170,000 by end of year 3 (FY 07) throughout Uganda. All new clients shall receive a basic care starter kit with 60 condom pieces except the 7,000 children while replenishment of condoms shall be done for the current adult clients. 47 implementing sites shall be involved in condom distribution to the adult clients;
3. Conduct training of new health service providers and refresher trainings for current providers on BCP and prevention with positives interventions;
4.Continue to make available on the open market all the elements of the Basic Care and Prevention package to enhance their availability to all PLHAs and in effect reduce stigma;
5. Ongoing distribution of prevention with positives IEC material to PLHA and health service providers;
6.On going peer education and drama activities to support the uptake and use of the basic care and prevention package;
7.On going airing of radio messages on about the BCP and prevention with positives interventions;
8.On going monitoring and evaluation activities to track program progress.

Continued Associated Activity Information

Activity ID:	4410
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Basic Care Package Procurement/Disemination
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	47	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	138,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,350	☐

Target Populations:

Community-based organizations
Discordant couples
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Public health care workers
Other Health Care Worker
Other Health Care Workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8385
Planned Funds: $ 150,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8987-Palliative Care;TB/HIV, 8388-CT, 8391-ARV services, 8386-Palliative Care;Basic Health Care & Support, 8387-SI, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (ref. FY06 COP:$250,000 for ARVs, $250,000 for services).

Uganda initiated programs for high-risk groups in the early phases of the epidemic that have a basis of excellent principles of nondiscrimination and span the spectrum of Abstinence, Be Faithful, and use of Condoms. The UPDF supports this National Framework, and has utilized post test clubs as one of the cornerstones for prevention strategies. Formed mainly from persons who have tested positive, the clubs are open to all military personnel, their families, and the people from the surrounding community who has tested for HIV. The clubs are also seen as an important link for care and treatment services and for follow-up for psychosocial support. Another common practice which has been highly effective for the commanders to reach through to the troops, has been the use of military parades, to pass on information using open discussions with disclosure by the PTC members. Current activities are the development of IEC materials that are contextualized for the military setting and to step up the BCC campaign, a training of trainers to have 'focal points' of peer educators within these PTCs, expanding the peer education program to include an emphasis on gender issues, family planning, challenging male norms, and addressing stigma and discrimination. Distribution of condoms from the Ministry of Health has been extended to 12 centers, which will continue to be a focus of prevention activities.

For 07, the cadre of peer educators within the PTCs associated with each of the 13 VCTs will be expanded, with a concomitant increase in the HIV Prevention activities of awareness, abstinence and being faithful, and delaying of sexual debut, and pre and post test counseling. Training for these PTC counselors will also include prevention for positives and better inclusion of family members with testing, counseling, and clinical care. Extending the reach of these PTC counselors via mobile services is also planned. Specific individuals will be identified within each military unit as a distribution point for peer education and condom distribution to increase distribution beyond the 12 fixed sites.

Continued Associated Activity Information

Activity ID: 3967
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	22	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	☐

Target Populations:

Community leaders
Discordant couples
Military personnel
People living with HIV/AIDS
Widows/widowers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8397
Planned Funds: $ 313,000.00

Activity Narrative: This activity also relates to 8398-AB, 8395-Palliative Care;Basic Health Care and Support, 8396-OVC, 8400-Management & Staffing.

The Peace Corps Uganda Emergency Plan program supports the USG Strategy of the Emergency Plan (the EP) for Uganda. By supporting the PEPFAR Strategy Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and, in turn, to the goals and objectives of our partner organizations which are hosting Volunteers. The program is designed so that Volunteers are closely engaged with a community through one or more hosting organizations, providing technical assistance for capacity building, and developing close personal relationships necessary for effective innovation in underserved areas. The PEPFAR program allows Peace Corps Uganda to strengthen community and Volunteer HIV/AIDS expertise, and to support highly focused community organizations in a variety of HIV/AIDS functions. Volunteers and partner organizations work together to identify areas of need and develop appropriate evidence based strategies that support sustainable HIV/AIDS interventions

Peace Corps Volunteers have been involved in planning and facilitating HIV/AIDS community outreach prevention education activities to increase awareness among different groups of the population in rural settings. Under this program, Volunteers and partner organizations have been trained community members in life skills and peer education for secondary school, and out- of school youth and adult groups; trained community health workers and trained counselors. Volunteers through the Volunteer Activities Support and Training program have organized and facilitated outreach activities for promotion of PMTCT including HIV/AIDS awareness and education among pregnant mothers to stop young babies from getting infected'; have promoted counseling and testing with a strong emphasis on male involvement in couple testing; and promoted of condom usage for most at risk populations. Peace Corps Volunteers and partner organization counterparts have developed appropriate HIV/AIDS information, education and communication tools targeting vulnerable and most at risk groups of individuals in the community. Peace Corps Uganda has facilitated a number of in-service training workshops for Volunteers, counterparts and community members and equipped them with skills and knowledge of designing evidence based prevention strategies including prevention for positives and other risky populations.

Activities in this area include capacity building support for Community based organizations, Non governmental organizations, faith based organizations, and government health facilities aimed at strengthening prevention of HIV programs. These activities will include information dissemination through various channels; education and age appropriate communication on reproductive health issues; sexually transmitted infections management' education about condoms and usage, and other related areas that support HIV prevention. These activities will target vulnerable groups, most at risk populations, and community members at large through activities implemented by Volunteers and their counterparts in partner organizations. Promotion of counseling and testing, and PMTCT for prevention purposes will also be encouraged. Community members will be encouraged to be tested for HIV, hence further preventing transmission. HIV positive pregnant mothers will be better equipped to prevent transmission of HIV to their babies. The Technical Advisor requested to support our programming will enhance the prevention programs through provision of support to the six (6) PEPFAR-funded two year Volunteers and will also be the key resource person on all training activities related to PEPFAR. He or She will provide technical guidance during pre-service training, in-service training and PEPFAR specific workshops on different program areas planned for Prevention.

This program area supports Volunteer Activities Support and Training activities implemented by Volunteers and their partner organizations. VAST grants may be used for community health trainings, life skills activities, HIV/AIDS prevention activities that incorporate sports and entertainment, the development of HIV/AIDS materials in accordance with USG and in country policy, and the development of HIV/AIDS resource centers.

Continued Associated Activity Information

Activity ID: 3993
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	50	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Religious leaders
Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Increasing women's access to income and productive resources

Stigma and discrimination

Reducing violence and coercion

Wrap Arounds

Coverage Areas

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Pallisa

Rukungiri

Tororo

Wakiso

Kayunga

Kampala

Kabale

Kanungu

Ibanda

Ntungamo

Table 3.3.05: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8403
Planned Funds: $ 135,000.00
Activity Narrative: This activity also relates to Abstinence/Be Faithful (8406), Counseling and Testing (8404), Palliative care: Basic Health Care (8405) and Palliative Care: TB/HIV (9058).

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide the public with Voluntary Counseling and Testing (VCT) services on the premise that knowledge of ones own sero-status is an important determinant in controlling the spread of HIV. AIC also uses HCT as an entry point to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, PMTCT services and ART referrals and other care and support services. In FY 07 AIC will continue contributing towards the national efforts of decreasing the gap of 79% of Ugandans who would want to know their HIV status but are unable (Uganda Behavioral sero-survey 2005).

To date, 13,730 individuals reached through community outreach programs that promote HIV/AIDS prevention through other behavior change activities (beyond AB). 8 condom service outlets are currently targeted.

AIC will continue promoting HIV prevention activities and messages that focus on most at risk populations (MARPS) who are the "drivers" of the epidemic and are the heart of the GoU's new Road Map to Accelerated HIV Prevention . With a renewed focus to reach high risk and vulnerable populations, AIC will target sexually active youth in institution of higher learning, where transactional and cross generational sexual relationships occur most; fishing communities; IDPs and other mobile populations; uniformed forces; and discordant couples. AIC will reach these target audiences with appropriate IEC materials through HCT services and other community outreach activities such as MDD. In collaboration with MoH and AFFORD program involved in condom distribution, dissemination of information on correct and consistent use of condoms as well as consistent supply and availability of condoms will be a key intervention to be supported in coordination with other stakeholders.

AIC will work very closely with the targeted audiences to identify focal persons who will ensure that activities related to condom promotion including supplies are directed to highly mobile populations involved in increased casual sex with multiple partners. These persons will be trained and oriented in management of condoms, basic counseling skills on correct condom use and reporting on related activities. A total of 500 Condom distributors will be identified from various institutions of higher learning and trained in counseling for referral services and condom distribution. In addition couple clubs will be used as a channel for condom distribution during their monthly meetings. Appropriate IEC materials and other teaching aides will be procured to facilitate condom education. AIC will support approximately 175 condom service outlets. Approximately 570,400 people (male and females) will receive condoms.

Music Dance and Drama activities mainly through PTC members will be used to promote prevention BCC interventions. Some of the prevention BCC interventions will focus on substance abuse particularly alcohol consumption which increases risk of engaging in high risk behavior. In addition members of Philly Lutaya Initiative will also be supported to share with communities their life testimonies and experiences (PLI) in living with HIV and challenges of future prevention and coping mechanisms. The PLI will be complemented by the discordant couples club dialogues intended to promote behaviors that reduce the risk of transmission. Their performances and life testimonies respectively, will also encourage community dialogue activities related to HIV prevention, reduction of stigma and discrimination and prevention of gender-based violence in their communities.

Continued Associated Activity Information

Activity ID: 3193
USG Agency: U.S. Agency for International Development
Prime Partner: AIDS Information Centre
Mechanism: AIC USAID
Funding Source: GHAI
Planned Funds: $ 100,180.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	175	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	570,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

Target Populations:

Discordant couples
Mobile populations
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Arua

Jinja

Kabale

Kampala

Kamuli

Kayunga

Mbale

Mbarara

Nebbi

Soroti

Tororo

Mpigi

Rukungiri

Wakiso

Amuria

Isingiro

Table 3.3.05: Activities by Funding Mechanism

Mechanism: The Core Initiative
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8410
Planned Funds: $ 350,000.00
Activity Narrative: This activity also relates to Abstinence/Be Faithful (8409) and Orphans and Vulnerable Children (8408).

Through its Prevention/Abstinence and Being Faithful program, CORE Initiative is supporting 1) grants to FBOs, NGOs and CBOs reaching youth through community outreach activities with prevention messages and support focusing on abstinence and faithfulness/partner reduction 2) capacity building with civil society grant recipients, and 3) strengthening MGLSD's participation and role in HIV Prevention among youth.

Other Prevention resources will complement the AB program with three interventions: 1) Universities being supported to ensure that Abstinence and Faithfulness are vital elements of HIV Prevention efforts on their campuses. Prevention efforts on university campuses must attract sexually active students and provide them with accurate information about HIV, STIs and the full range of prevention options The CORE Initiative will ensure that university health services units as well as dorms and other student centers are supplied with and able to distribute condoms to sexually active students and equip them with information about correct and consistent condom use. . This will ensure also that universities are able to offer integrated prevention efforts and that separately supported prevention interventions do not undermine each other. 2) Several AB grantees working with out of school youth frequently encounter high risk sexually active youth in need of comprehensive prevention information and services, including condoms. The CORE Initiative will help these grantees offer integrated ABC programs by ensuring that they develop outreach efforts for high risk youth and train their peer educators to counsel and inform at risk youth on correct and consistent condom use, as well as to distribute condoms to high risk clients 14-19, in addition to counseling them about AB options. 3) CORE Initiative grantees working to support engaged and newly married couples in being faithful to each other are frequently unable to meet the needs of discordant couples. The CORE Initiative will ensure that outreach workers who counsel and inform couples about partner reduction and being faithful to each other know to refer couples for VCT, if their status is unknown. Couple counseling and mutual disclosure will be strongly encouraged. Counselors will counsel discordant couples on the importance of protecting each other, through correct and consistent condom use and will provide them with condoms or refer them to an outlet Counseling about the importance of partner reduction and faithfulness will be promoted among all couples.

Continued Associated Activity Information

Activity ID: 6551
USG Agency: U.S. Agency for International Development
Prime Partner: CARE International
Mechanism: The Core Initiative
Funding Source: GHAI
Planned Funds: $ 550,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	8	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	☐

Target Populations:

Community leaders
Program managers
Volunteers
Girls
Boys
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Commodity Security Logistics
Prime Partner: Commodity Security Logistics
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8413
Planned Funds: $ 1,500,000.00
Activity Narrative: This activity also relates to activities in Logistics. USAID procures condoms directly from Commodity Security and Logistics (CSL) in USAID/Washington for distribution through targeted promotion activities, where indicators are reflected. In addition to procuring condoms at the lowest possible price, the contract provides independent testing for quality assurance and pre-shipment testing for product compliance to the specifications in the contract. Forecasting of commodity needs is done by USAID/Uganda with assistance from the logistics project.

It is estimated that between 24 million and 60 million condoms will be procured with these funds and will reach a range of 200,000 to 500,000 people at high risk of HIV infection. There are currently two companies that provide condoms to USAID/Uganda; the price range across the two companies is from $0.0495 to $0.022 per condom. The actual cost per unit charged will vary by contract and availability of the supply. Condoms procured will be made available to high risk groups at military and refugee camps, lodges and bars, prisons, sea ports and docks, Truck drivers' stop points and homes for discordant couples.

OGAC Review: #8413 (CSL) Condom procurement – large cost range.
We expect CSL to procure the lowest cost condoms of the best quality for PEPFAR program from the range they offer. We are working closely with USAID Washington to source the lowest cost condoms.

What happens if the condoms are more expensive – how will the program assure the required supply of condoms if condoms are bought at the higher price?

As above our expectation as in the past is that CSL will procure the lowest costs condoms of the best quality. However we have made sure that we will be able to supply the required number of condoms for our programs even if bought at the higher price. Any "residual" funds resulting from purchases of lower cost condoms will be used to purchase additional condoms that will be absorbed into appropriate programs.

Continued Associated Activity Information

Activity ID: 3966
USG Agency: U.S. Agency for International Development
Prime Partner: Commodity Security Logistics
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,500,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Discordant couples
Men who have sex with men
Street youth
Military personnel
Mobile populations
People living with HIV/AIDS
Prisoners
Out-of-school youth
Partners/clients of CSW

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Northern Corridor Program/Uganda Section
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8416
Planned Funds:	$ 750,000.00

Activity Narrative: This activity relates specifically to activities funded under Abstinence/Being Faithful (9169), Counseling and Testing (8417) and Orphans and Vulnerable Children (9176). Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With FY 2007 funds, ROADS will extend and strengthen ongoing activities in Busia and Malaba (Uganda-Kenya border) while expanding to Katuna (Uganda-Rwanda border). The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

At the end of 2003, approximately 5.7 percent of Ugandans (15-49) in the Eastern Region were infected with HIV, with prevalence rates among women significantly higher than those among men. In Busia, Malaba and Katuna?major hubs for goods transported from the Port of Mombasa to the Great Lakes Region?HIV prevalence exceeds the national estimate, with alarming levels of unprotected sex and untreated sexually transmitted infections. In Busia District, adult HIV prevalence is estimated to be 5.0 percent. Service statistics indicate that prevalence spikes to more than 20 percent in Busia Town. In Tororo District, location of the Malaba border crossing, adult HIV prevalence is estimated to be 6.3 percent, with prevalence increasing to approximately 15 percent in Malaba town. Estimated HIV prevalence in Western Region, location of the Katuna border crossing, is 6.9 percent. These communities, ranging from 10,000-30,000 people??not including the mobile populations that spend time there??are sizable. In the three sites, truck drivers can spend up to a week waiting to clear customs. The combination of poverty, high concentration of transient workers, high HIV prevalence, sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. Busia, Malaba and Katuna are also bridges of infection to the rest of the country. HIV services in Malaba and Katuna remain significantly underdeveloped. Historically, other prevention programming has been ad hoc and generally has not reached the most critical populations: commercial sex workers and truck drivers, who are typically low users of available government health services. Programming has not addressed critical drivers of the HIV epidemic in these communities, including poverty, underemployment, idleness and the absence of recreation beyond drinking. The result has been a high level of hazardous alcohol consumption in the community and alarming levels of gender-based exploitation and violence against women, young girls and boys. Pharmacists/drug shop providers, who play an important role in providing health services to these populations, have had little training in HIV and AIDS beyond what the ROADS Project provided with FY 2005 USAID/East Africa funds.

Since launching SafeTStop in Busia and Malaba in mid-2006, ROADS has reached more than 10,000 people with other prevention, though much work remains to be done. This has been accomplished in partnership with more than 70 community-based organizations, which were organized into "clusters" for joint program planning, training/capacity building and implementation. With FY 2007 funding, ROADS will strengthen work initiated 2006 to reach more than 120,000 MARPs in Busia, Malaba and Katuna. This will include special emphasis on youth over age 14. Programs will promote: dignity and self worth; abstinence in reducing HIV transmission; delaying sexual debut; skills for practicing abstinence and, where appropriate, secondary abstinence; elimination of casual sexual partnerships; mutual faithfulness; C&T; and full and accurate information about correct and consistent condom use. To accomplish OP goals for adults and youth, the project intends to train 400 people from more than 150 community- and faith-based groups. AB activities will be linked with C&T, care, antiretroviral therapy and prevention of mother-to-child transmission. In Busia and Malaba, ROADS will mobilize the private sector, especially brothel/bar/guest house owners, and promote joint action to reduce risk for bargirls and patrons. This will include work with the AFFORD Project and other PEPFAR partners to provide condoms through 300 outlets. To enhance the community education effort, local pharmacists/drug shop providers will receive refresher training in managing sexually transmitted infections (STI), condom promotion and referral for C&T. SafeTStop resource centers will continue

to serve as a central focus for community outreach, including peer education, magnet theatre, condom promotion/distribution and potentially as sites for C&T. ROADS will strengthen its community-outreach model in Busia and Malaba, building on the emerging community networks to address key issues of alcohol use and gender-based violence. ROADS will establish a similar model in Katuna, mobilizing the private sector (bar and guest house owners, pharmacy/drug shop providers) and local CBOs to expand programming, including condom promotion and distribution, for MARPs. ROADS will establish a SafeTStop resource center in a strategic location near the bars to serve as a community outreach point for truck drivers and sex workers, providing HIV and AIDS education, counseling and support services. It will provide an alcohol-free alternative recreational site for transient populations and the host community. As in Busia and Malaba, the facility will offer adult education on life and job skills and link patrons with psychosocial and spiritual services. In coordination with Kabale District health officials, the resource center will provide on-site C&T services as well as referral to pharmacies/drug shops for STI management and other health needs. In the three SafeTStop resource centers, the project will provide a platform for men's discussion groups on male social norms and their impact on HIV. Working with community and religious leaders, health providers and local law enforcement, ROADS will support community action to address stigma, denial and discrimination, alcohol use and gender-based violence against women and youth as a key HIV prevention strategy.

plus ups: Recent national survey data indicate that high risk sex, particularly having multiple sexual partners and engaging in casual sex without a condom, is on the increase. Much of this activity takes place in bars and lodges, along trading centers, in fishing villages, where cash, women and leisure time are plentiful. Child prostitutes along the transport corridor may also be on the increase. The Safe T Stop project will reach out to these vulnerable populations and establish social safety nets to protect them.

Continued Associated Activity Information

Activity ID:	4508
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Northern Corridor Program/Uganda Section
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

Target Populations:

Adults
Business community/private sector
Brothel owners
Pharmacists
Truck drivers
People living with HIV/AIDS
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Public health care workers
Other Health Care Worker
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Coverage Areas

Busia

Kabale

Tororo

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8432
Planned Funds:	$ 950,000.00

Activity Narrative: This activity also relates to activities in Counseling and Testing (8433), Treatment:ART Services (8845),PMTCT (8434), Palliative Care: Basic Health Care and Support (8435), Palliative Care: TB/HIV (8431), Strategic Information (8436), Other Policy Analysis and Systems Strengthening (8838) as well as Abstinence/ Being Faithful (8437).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

To date, 34 individuals have been trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful reaching 59,486 individuals. In Fy07, UPHOLD will continue to support interventions targeting most-at-risk populations in 28 districts excluding the Acholi-Lango sub-region where a new USAID funded project implementing HIV/AIDS activities among other interventions is slated to begin.

Recent findings have shown that high risk populations, such as commercial sex workers (among whom prevalence is thought to be as high as 50% and on the increase), long distance truck drivers, urban motorcycle riders (commonly referred to as 'Boda boda' in Uganda), discordant couples, fishermen and the communities living at the landing sites, internally displaced persons and other mobile populations remain major pockets of HIV prevalence within the generalized epidemic in Uganda..

Through UPHOLD financial and technical support, Civil Society Organizations (CSOs) will continue to reach out to most-at-risk populations with HIV/AIIDS education, HIV counseling and testing as well as condom education and distribution services in collaboration with other key stakeholders such as the Ministry of Health and organizations involved in social marketing activities. Key commercial outlets existing in proximity to specified radius of lodges, nightclubs and bars (areas where high risk sex often takes place) will be targeted for condom distribution and with messages to raise awareness of and reduction in risky behaviors. A total of 500 condom service outlets will be targeted. Additionally, communities living near landing sites for fishing will be specifically targeted for prevention interventions mainly through support to CSOs to implement HIV/AIDS related activities in these high risk populations. Another key component of this activity relates to supporting HIV prevention interventions that aim at promoting responsible behaviors such as couple testing and mutual disclosure, as well as consistent and correct use of condoms among discordant couples and with casual partners. Supported CSOs will also focus on factors that are responsible for the low rate of partner disclosure, including stigma, and fear of a violent reaction, particularly by men against women.
Training of CSO staff and community volunteers in issues and skills related to working with couples will be a key area of intervention. The community owned resource persons will be trained to undertake community based mobilization and education on gender based violence prevention and HIV/AIDS. All activities will aim at empowering communities and more so couples to promote societal norms that reduce the risk of HIV transmission and promote use and access to HIV counseling and testing services. UPHOLD will continue to provide support to CSOs in development and dissemination of IEC and behaviour change communication (BCC) messages and materials promoting and encouraging couples testing together, promotion of mutual disclosure and increasing awareness of discordance among couples.
Prevention interventions among positives will bepromoted through PLHA network activities which will aim at increasing knowledge on the importance of partner testing, diagnosis of sexually transmitted infections (STIs), treatment and prevention, family planning and PMTCT. Regarding prevention of STIs, UPHOLD will support its partners to access existing MOH and AIM information to disseminate STI treatment guidelines and education on Herpes simplex type 2 virus (HSV-2) which is one of the factors closely associated with increased vulnerability to HIV infection. Sexually active youth who are mainly out-of-school will be reached with youth friendly services which will be supported to provide facility based and outreach counseling and testing, treatment, information,

entertainment and recreational services.
A target of 5,000 community volunteers including staff from CSOs and most at risk population will be reached for training in different aspects and skills related to HIV sexual prevention.

Continued Associated Activity Information

Activity ID:	3951
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 800,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐

Target Populations:

Adults
Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Disabled populations
Faith-based organizations
Most at risk populations
Discordant couples
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Partners/clients of CSW
Religious leaders

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's legal rights

Coverage Areas

Bugiri

Bundibugyo

Kamuli

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Arua

Bushenyi

Katakwi

Mubende

Pallisa

Rukungiri

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Wakiso

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Health Comm Partnership; AFFORD
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8439
Planned Funds:	$ 2,450,000.00

Activity Narrative: This activity also relates to activities in AB (9188) and Palliative Care: Basic Health Care and Support (8440).
AFFORD is a Cooperative agreement awarded by USAID to Johns Hopkins University in October, 2005.

The AFFORD Health marketing initiative has the following objectives: 1. Increase the accessibility and affordability of HIV/AIDS, Reproductive health, Child Survival and Malaria Products and services for communities and families in Uganda using innovative private sector approaches. 2. Enhance knowledge and correct use of HIV/FP/CS/Malaria products and services to encourage and sustain healthy behaviors and lifestyles within communities and families. 3.
Strengthen/establish indigenous organization(s) for the sustainable and self sufficient delivery of key health marketing functions, including product distribution and promotion. AFFORD is a consortium of six organizations, two international and four local. With sustainability being one of AFFORD's key results , all six partners are contributing their unique skills to set up an indigenous organization, the Uganda Health Marketing Group (UHMG), that will possess the Technical, Managerial and Financial capacity to continue in the footsteps of AFFORD at the end of the project. UHMG is currently fully staffed and is working alongside the consortium partners. AFFORD took over the social marketing activities previously carried out by Population Services International (PSI). To date the program has achieved a seamless transition from PSI in the social marketing of three products including condoms without consumers feeling the impact of change of provider. Key highlights of the program after nine months of implementation include the distribution of 15 million condoms through over 20,000 outlets and the communication of key health and HIV prevention messages to over 100,000 people through community outreach programs targeting mainly most at risk groups including the military, migrant workers, CSWs and truckers.

This activity has three major components. 1. Condom Social Marketing 2. Interpersonal Behavior Change Communication 3. STI treatment
With FY07 funding the program will carry out direct condom promotion at locations with high incidence of risky behavior including truck stops, bars, lodges and landing sites for fishermen. Target audiences such as truckers, CSW and mobile populations will be encouraged to use condoms correctly and consistently. Retail outlets frequently used by the target (such as bars and lodges) will be recruited to sell condoms and the owners oriented to provide information on correct use and storage of condoms. Print material promoting condom use and highlighting location of availability will be distributed through these and other sites. Direct consumer activations using entertainment and drama skits will be used to stimulate discussion on the need for partner reduction and correct and consistent use of condoms with non-regular partners. Working with 11 national distributors and over 100 wholesalers nationwide, AFFORD plans to distribute 25 million condoms through 27,000 retail outlets.

Interpersonal behavior change communication is intended to change and sustain positive behaviors and to increase knowledge about ways to prevent HIV and STI transmission and equip the target with skills to maintain healthy lifestyles. AFFORD will carry out interpersonal communication using three primary approaches. The first approach will rely on community mobilization targeting at risk populations including migrant workers on tea and coffee plantations, fishermen in fishing communities and truckers. Using music, film and drama coupled with interactive question/answer sessions hosted by peers, the target audience will be challenged to look closely at behaviors which increase risk of HIV infection and will have an opportunity to interact with peer counselors in ways that give deeper understanding of the social, gender and economic issues associated with risky behaviors. Key messages to be delivered include the correct and consistent use of condom in risky sexual encounters, the importance of remaining faithful to one partner and/or reducing one's number of sexual partners, the promotion of VCT and the importance of seeking early treatment for STIs. AFFORD partners PULSE Communication and Tungase Cinema Group have in the past few months reached over 60,000 people in high risk locations across Uganda. It is expected that about 150,000 people will be reached in the same manner through this approach in FY07. Direct condom promotion and sales events will be organized alongside these community outreach programs. Bar and lodge owners around high risk locations will also be sensitized to support enter-education activities that are employed to promote correct and consistent condom use. The second communication

approach works through institutions to reach captive audiences who can be reached easily and. One major institution the program will be working with is the Uganda People's Defense Force (UPDF). AFFORD will support peer education training and other HIV prevention activities that educate the young men in the armed forces as well as members of the surrounding communities about the risk factors associated with HIV infection. These communication activities will also support and promote VCT. The armed forces will be encouraged to avoid risky sex or to correctly and consistently use of condoms and encouraged to seek early treatment for STIs. AFFORD will scale-up its work with CSWs through partnering with Women at Work International (WAWI), who will implement peer education activities, train CSWs in HIV prevention and condom negotiation skills. AFFORD will link these women to STI and VCT service sites and to other important wrap around initiatives such as income generation programs. The third communication approach will involve Communication for Development Foundation Uganda (CDFU), another AFFORD partner, who will train Popular Opinion Leaders (POLs) at the grassroots to educate members of their communities about HIV and serve as role models. Key messages will include condom use among discordant couples, early treatment for STIs, social and gender norms as well as raise awareness of the links between alcohol intake and HIV. In FY07 AFFORD plans to train and work with 200 POLs who will operate in over 60 sub-counties throughout the country reaching approximately 40,000 people.

Programming to raise awareness of links between alcohol intake and HIV and other STIs will also be addressed through partnering with two major breweries in Uganda, Uganda Breweries and Nile Breweries to implement a 'responsible living' campaign. The breweries will carry HIV/AIDS prevention message on each bottle of beer and will support work with their client bars owners, as well as direct consumer activations, emphasizing the dangers of alcohol use in terms of inhibition and the increased potential of risky sexual behavior. AFFORD will also work with private sector service providers offering STI treatment to improve the quality of services offered and will socially market STI treatment kits. AFFORD will train 1000 service providers to offer syndromic treatment of STIs.

Through the activities described above, AFFORD will deliver 25 mil condoms through 27,000 retail outlets, and reach 200,000 people through community outreach.

*Plus up funding will expand activities to address links and risks between alcohol consumption and risky behavior that potentially leads to HIV infection, as well as increased violence particularly against women. AFFORD will work with breweries to raise awareness among bar goers and owners in key cities, towns and semi-rural trading centers. AFFORD will design and pilot approaches to reach dealers, brewers, and traders of the local brew in the relatively large informal sector. There is a potential for matching funds from the industry to increase the reach of this effort.

Continued Associated Activity Information

Activity ID:	4399
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	AFFORD
Funding Source:	GHAI
Planned Funds:	$ 2,150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	27,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,300	☐

Target Populations:

Brothel owners
Commercial sex workers
Most at risk populations
HIV/AIDS-affected families
Military personnel
Mobile populations
Truck drivers
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Migrants/migrant workers
Partners/clients of CSW

Key Legislative Issues

Stigma and discrimination

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8452
Planned Funds:	$ 634,681.00

Activity Narrative: This activity relates to Abstinence/Being Faithful (8456) , Palliative Care: Basic Health Care and Support (8454), Orphans and Vulnerable Children (8453), Strategic Information (8455) and Laboratory Infrastructure (8451).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

To date, 89 service providers trained in other HIV/AIDS prevention (not AB) to reach 89,474 individuals through community outreach programs that promote HIV/AIDS prevention through other behavioral change activities (beyond AB). 11 condom service outlets targeted.

TASO will conduct prevention activities in line with the Uganda National Road-Map for HIV Prevention which aims at accelerating HIV prevention activities including reduction of sexual transmission of HIV, PMTCT, post-exposure prophylaxis, promotion of counseling and disclosure, protection of vulnerable populations, integration of HIV prevention into treatment and prevention of sexually transmitted infections. TASO had earlier on established HIV and STI prevention and these were running routinely as part of the overall services. In FY07/08, there will be special emphasis laid on all HIV/STI prevention activities and the enhancement of quality more than in the past. TASO will also assess prevention activities in terms of contributing to the targets of national roadmap and value-addition to the overall national response. Prevention AB messages tailored to address the HIV/AIDS challenges of specific target groups will be provided. Abstinence-tailored prevention messages will target children, adolescents, students, out-of-school youth and HIV-infected children. In addition under this strategy, the Be-Faithful-tailored messages will target sections of the general adult population deemed to be sexually active and so vulnerable to HIV infection.

The first Prevention-Other component will be Prevention with Positives. TASO is currently serving over 75,000 PHA and will undertake a deliberate effort to mobilize, sensitize and empower these clients into undertaking fresh commitment to contribute to preventing HIV infection in their households and communities. TASO will enhance partnership with PHA in HIV prevention activities. Prevention with Positives is also a new strategic approach that promises great potential because the PHA constituency forms the largest single stakeholder in HIV/AIDS. TASO will train 70 service providers at 7 Centres (i.e. Entebbe, Jinja, Mbale, Masaka, Masindi, Soroti and Rukungiri) to be able to provide supportive counseling to the PHA (including discordant couples) to enable them develop HIV prevention strategies beyond AB that work in their circumstances. Special focus on discordant couples will include establishment of Discordant Couples Clubs at the 7 Centers so as to support them in addressing challenging issues and adopting risk reduction plans. Support will also be given to clients enrolled on ART towards making risk reduction plans. The Strengthen Counselor Training in Uganda (SCOT) consortium will provide technical assistance to equip TASO counselors to support discordant couples and PHA in sexuality issues with an aim to have them contribute to scaling up prevention. Target will be people living with HIV/AIDS and discordant couples

The second component for prevention beyond A&B will be through conducting Drama Group Performances tailored towards prevention strategies beyond AB. TASO will train the 175 PHA involved in Drama Group activities in developing/adapting and delivering prevention messages tailored to strategies beyond AB such as correct and consistent condom use. The 8 PHA Drama Groups in Entebbe, Jinja, Mbale, Masaka, Masindi, Soroti Gulu and Rukungiri will conduct performances in communities through which they will reach 100,000 people through songs, dances, plays and poems. Target will be community – men and women plus people living with HIV

The third component of this activity will involve promotion of prevention strategies beyond A&B through Community-Based Programs. TASO will train/re-train 300 community

resource persons (volunteers) in promoting HIV prevention at community level. The community volunteers will provide prevention information beyond AB to 280,000 community members through organizing community HIV/AIDS education talks and drama performances by some communities with organized HIV/AIDS drama groups.

The fourth component for prevention activities beyond AB will be Provision of Condoms. TASO will operate condom service outlets located at the 11 TASO Centres and 40 community outlets located strategically in specified communities supported by the 11 TASO Centres. TASO staff will provide condom education and distribute condoms at the TASO Centres and volunteers in the communities. Condom distribution will be limited to adult and sexually active clients expressing need for strategies beyond AB. Target will be men and women plus people living with HIV including discordant couples.

Other sub-components under this activity will include mass media programmes aimed at behavioral change, condom promotion and reduction of stigma and discrimination; establishing peer support groups within communities to promote positive living and behavior change; and developing peer counseling skills among PHA. TASO will continue to collaborate with Ministry of Health and AFFORD program in the procurement and distribution of HIV/AIDS prevention commodities. Messages to clients on PMTCT and STI prevention will also continue.

Continued Associated Activity Information

Activity ID:	3973
USG Agency:	U.S. Agency for International Development
Prime Partner:	The AIDS Support Organization
Mechanism:	TASO USAID
Funding Source:	GHAI
Planned Funds:	$ 634,681.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	51	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	385,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	575	☐

Target Populations:

Adults
Commercial sex workers
Discordant couples
Mobile populations
Refugees/internally displaced persons
People living with HIV/AIDS
Volunteers
Out-of-school youth

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Jinja

Kampala

Masaka

Mbale

Mbarara

Mpigi

Rukungiri

Soroti

Tororo

Wakiso

Amuria

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8467
Planned Funds:	$ 250,000.00

Activity Narrative: This activity also relates to Abstinence/Being Faithful (8775), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Palliative Care: TB/HIV (8469), Counseling and Testing (8470) , Treatment :ARV Services (8472), Treatment: ARV Drugs (8471), Laboratory Infrastructure (8473), Strategic Information (8474) and Other /Policy Analysis and System Strengthening (8475)

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.
Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end next year.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations

The planned key achievements in year 1 include supporting 90 condom service outlets, reaching 550,000 people through community outreach that promotes HIV prevention through other behaviour change beyond abstinence and/or being faithful.

Year 2 activities will build on year 1 achievements and will include promoting IEC/BCC activities in collaboration with community-based initiatives in the camps and villages. Together with the district teams, particularly the District Health Educators, HIV/AIDS radio programs will be expanded to cover all districts. Mobile audio-visual vans run by the MOH will be supported to reach IDP camps, and will complement existing activities, through CBO's, with music, dance and drama (MDD) shows. Support will also be provided to develop the most appropriate print materials in the local languages and also reprint relevant materials produced by AIM and other partners. These will include posters, leaflets, brochures, job aides, and flip charts in the local languages with messages promoting positive behaviors for the prevention of HIV infection, TB and malaria. Of particular interest will be messages regarding alcohol consumption and risk taking behaviors.

Working with NGOs and CSO, as well as the UPDF to increase access to and demand for condoms, targeted messages for IDPs, sexworkers and uniformed officers will be developed, as well as determining best locations and distribution points for condoms. The project will also work with PHA groups to integrate condom messages and distribution into ongoing service provision activities.

Screening for and promoting syndromic management of STIs will be integrated into Counseling and testing and palliative care services. This will include integrated training of health workers in management of STI and HIV/AIDS, support supervision of STI with HIV/AIDS activities, and supporting logistics for STI drugs including procurement of STI drugs, should situations of stock outs occur. STI clients will be referred to HCT within their treatment areas and through referral from lower units.

Continued Associated Activity Information

Activity ID:	4698
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	90	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	550,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	125	☐

Target Populations:

Commercial sex workers
Community-based organizations
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Girls
Boys

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Education Sector Workplace AIDS Policy Implementation
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8478
Planned Funds:	$ 148,000.00
Activity Narrative:	This activity also relates to activities in Palliative care: Basic Health/Support (8480) and Counseling and Testing (8479). Building on USG public sector programs, this activity continues to serve as the USG prime mechanism for leveraging the public sector support to increase access to and use of AIDS treatment, prevention and care services in the Education sector. Achievements to date: The program has also trained 146 Behavior Change Agents (BCAs) from CCTs, NTCs, MoES and PTCs. Reached 3,300 individuals from the Ministry of Education and Sports (MoES), Coordinating Center Tutors (CCTs), National Teachers Training Colleges (NTCs) and Primary Teacher Training Colleges (PTCs) with prevention messages from BCAs. This activity addresses a problem identified in the Uganda HIV Sero Behavioral Survey (UHSBS) where HIV prevalence is 6.4% among the adults including teachers. The Uganda National Roadmap for Accelerated HIV/AIDS Prevention has therefore given good focus to behavior change for risk reduction and risk avoidance among Education Sector employees – MoES employees, practicing teachers and teachers within the training institutions. Through the ESWAPI program, BCAs will be used to influence change and model positive workplace behaviors for HIV/AIDS prevention in their respective workplaces. Special focus will also be given providing information on substance abuse, particularly alcohol consumption which is associated with increased risk of engaging in high risk behavior. Reinforcing the face-to-face (interpersonal) behavior change communication by BCAs, ESWAPI will extend dissemination of developed/adapted IEC messages from the eastern to northern, western and central regions. The messages will influence teachers on how to reduce the risk or avoid the two strong drivers of HIV spread in Uganda -- HSV-2 and high-risk sex-- notably multiple/concurrent partners and unprotected sex. ESWAPI dissemination strategy uses various media including posters, a newsletter, drama, essay competitions, debates and quizzes. Additionally, the project will use a quarterly communication channel (either teachers' newsletter or newspaper pull out) to facilitate interactive discussion on HIV/AIDS in the education workplace and give updated facts about AIDS.

Continued Associated Activity Information

Activity ID: 4446
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: Education Sector Workplace AIDS Policy Implementation
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,084	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	439	☐

Target Populations:

Teachers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Busia

Gulu

Kabale

Kaberamaido

Kapchorwa

Katakwi

Kiboga

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Luwero

Masaka

Mubende

Nakasongola

Pallisa

Rakai

Sembabule

Sironko

Soroti

Tororo

Kibale

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8513
Planned Funds:	$ 390,000.00

Activity Narrative: This activity relates to 8772-AB, 8315-Palliative Care;Basic Health Care and Support, 8317-Palliative Care;TB/HIV, 8316-CT, 8318-ARV Drugs, 8319-ARV Services, 8320-Lab, 8321-OVC.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

MJAP has integrated HIV prevention services into all the existing HIV counseling and testing, care and treatment interventions. We have integrated prevention with positives interventions into the HIV/AIDS clinics and the Routine HIV Testing and Counseling (RTC) units. All patients receive health education and prevention counseling, and are encouraged to disclose their HIV status to their partners. Partner HIV testing is also provided at all the HIV/AIDS clinics and RTC wards. Through the HIV testing programs, we provide couples' HIV testing, counseling support and condom provision for discordant couples. Over the past year, the program has provided HIV testing to more than 1,500 couples, 19% of who were sero-discordant. MJAP has also been engaged in activities to prevent HIV transmission in the health care setting. These include training of health care providers in universal precautions, development and distribution of IEC materials, assessment and provision of post-exposure prophylaxis for health care providers following exposure to infectious materials. To date, we have trained over 400 health care providers and provided post-exposure prophylaxis (PEP) to more than 70 health care providers in Mulago and Mbarara teaching hospitals.

In FY07 the program will continue to provide training for health care providers and provision of PEP in all the care and treatment sites that are supported by MJAP including three regional hospitals. We will strengthen the prevention with positives and family

planning activities in all clinics, and will involve People living with HIV/AIDS (PHAs) in prevention education and counseling for patients. We will also strengthen the support for discordant couples identified through the HIV testing programs. All HIV testing facilities and care and treatment sites will provide condoms to support the discordant couples, in addition to the prevention counseling. The 'other prevention' budget will cover training, IEC materials, health education and support for the PHAs who will be involved in the prevention interventions. We will also improve on the data management, reporting and M&E for 'other prevention' programs. The ARV drugs for PEP and supplies for HIV testing will be covered under the ART drugs and CT budgets. Training in PEP for Health care providers and service provision at the clinic sites will be continued.
plus ups: Makerere Faculty of Madicine and the STD clinic in Mulago hospital will develop prevention intereventions that target Most at risk groups in Kampala including; commercial sex workers and their custromers, Truckers and bar atendant. The program will work with owners of bars and places of entertainment to establish condom distribution points. Targeted HIV/STI prevention and awareness activities will be conducted through outreach programs. Peer educators will be trained to provide basic HIV/STD information and refer clients for care and treatment. This approach will promote networking and referral between the the STD clinic and community groups. This model will be eveluated and documented to be replicated in other referral hospitals. In addition, the the STD clinic in Mulago will be upgraded to provide diagnostic services for selected STIs and training for health workers. The STD clinic is mandated with the provision of diagnostic, care, and treatment services for selected sexually transmitted infections, including HIV. STDs are a known risk factor for the acquisition and transmission of HIV, hence, diagnosing, counseling, and treating (non-HIV) STDs facilitates HIV prevention.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	27	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	450	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	HIV/AIDS Project
Prime Partner:	Mildmay International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8643
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to 8641-AB, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336-OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services; 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organization operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognized internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the program, targeting doctors, nurses, HIV/AIDS counselors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training program reaches participants throughout Uganda via a diploma/degree program, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma program targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular program with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centered approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighborhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO. Mildmay and Mbuya are faith based organizations that have been providing AB counseling through the existing HIV testing programs. An emerging challenge is prevention counseling for adolescents that have improved as a result of ART (40% of all ART recipients at Mildmay are children < 18 years). Age appropriate ABC messages are emphasized for these youth. Family members of Mildmay clients tested through the VCT program are also targeted for AB messages in line with the Government of Uganda and PEPFAR guidelines. Couple and partner CT is offered to all patients to identify discordant couples and provide support to prevent HIV transmission to negative partner. Couples in discordant relationships and other clients in risky situations are targeted with other prevention messages including condom use, STI prevention/ treatment and family planning. In FY07, OP activities will be strengthened by targeting adolescents, youths and couples in care, couples, and family members of index clients through positive prevention interventions. Health care providers, community volunteer and PHA peer educators will receive training to facilitate positive prevention interventions . OVCs will be trained in 'life skills' to enhance their capacity to deal with challenges of HIV/AIDS. Networking with other organizations to mobilize communities will be central in this work. TMC already works with a number of such organizations i.e.

World Vision, Compassion International, Kamwokya Christian Caring Community, AIDChild, schools and other organizations is already in place to ensure maximum benefit for the targeted adults and children. TMC will be developing its OP strategy during the course of the year with support from TASO- SCOT. The funds will go towards community mobilization, human resource needs and the training aspects of the program. The funding in this program area will support the integration and strengthening of existing AB and OP activities, support training of personnel, production of IEC materials, support couple clubs and improve data collection and reporting.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	3	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner:	Baylor College of Medicine Children's Foundation/Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8719
Planned Funds:	$ 300,000.00
Activity Narrative:	This activity also relates to activities numbers: 8702-AB, 8285-Palliative Care;TB/HIV, 8282-Counseling and Testing, 8286-OVC, 8283-ARV Drugs,8284-ARV Services, 8745-Laboratory. The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC). Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities. In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	8	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	360	☐

Target Populations:

Doctors
Nurses
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	PIASCY/Accelerating Basic Education
Prime Partner:	Creative Associates International Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8822
Planned Funds:	$ 400,000.00

Activity Narrative: This activity also relates to Abstinence/Be Faithful (8414).
The USG has supported President Museveni's Initiative on AIDS Strategy for Communication to the Youth – or PIASCY – as an institutional effort to improve communication on HIV and AIDS to young people since 2003. The major focus to date has been on upper primary school children aged 8-14 and has included technical assistance to develop PIASCY materials for teachers and students, printing and distribution of teacher handbooks with information and methodologies to teach numerous HIV-related topics, training primary school teachers to deliver prevention and life skills messages, and development of guidance and counseling materials and roll out of a guidance and counseling program. The guidance and counseling support has been a particular innovation of PIASCY, to support teachers as they approach sensitive topics with the children. With USG support, the program rolled out to all primary schools in Uganda in 2005.

An independent evaluation of the PIASCY Program is being conducted in mid 2006, the results of which will help to strengthen and/or reorient the program as needed to reach more children with effective behavior change interventions. Based on implementation to date, it is already apparent that future efforts must include greater depth to teacher training and additional complementary activities such as guidance and counseling, establishment of anti-AIDS clubs, facilitating parental dialogue with teachers and with children, and provision of incentive grants to schools-- to support the teacher and head teacher efforts. This set of activities is likely to be even more pertinent to the teachers and student populations in post primary settings, as students become more mature and experiment with relationships and emotions.

In FY06 efforts were launched to extend and adapt PIASCY to secondary school students and teachers. Handbooks were developed for O and A levels by a working group of stakeholders from the Ministry of Education and Sports, the faith-based and the non governmental organizations. Whereas materials developed for primary school were straightforward and abstinence-focused, the working group encountered difficulties reaching consensus on comprehensive prevention messages and materials that are appropriate for the older children enrolled in secondary schools. The process was lengthy and laborious, yet it culminated in final agreement on overall content acceptable to all stakeholders. Student handbooks include facts and information on a variety of preventive behaviors, including delayed sex, abstinence as well as correct and consistent condom use. Handbooks and other materials were piloted in 2006, along with the establishment of anti-AIDS clubs in secondary schools.

In support of the national policy of universal secondary education and the GOU eagerness to accelerate prevention efforts, in 2007 the PIASCY secondary school initiative will be rolled out to all public and private secondary, technical and vocational, and teacher training institutions in the country. O and A level books will be printed and distributed to reach all students. These student handbooks provide relevant, age-appropriate information about HIV transmission and promote activities that create life skills which can reduce vulnerability to the disease. The handbooks developed for secondary school students also encourage greater involvement of youth in providing care to HIV affected family and community members, as one way of increasing awareness of the disease and self-perception of risk among young people. An in-service training program for teachers will be developed to provide them with skills needed in forming anti AIDS clubs, and coordinate a rich set of activities, including debates, educational games, outreach to community, drama and panels of speakers that encourage learning, shape attitudes, and facilitate behavior change. A grants program will be developed to fund innovative anti-AIDS club activities that increase peer to peer education and facilitate outreach to communities. Club activities will include debates and discussions of various HIV-related topics and will address underlying cultural and gender norms which contribute to HIV transmission.

The USG has been the main financier of PIASCY interventions to date. To increase the long term sustainability of the program, concerted efforts will be made in FY 2007 to work with other development partners and faith-based groups to increase their financial and harmonized efforts at delivering effective HIV prevention messages. For example, discussions have begun with the Africa Development Back (ADB) to earmark funding for PIASCY activities in its new country program, and coordination mechanisms with the

program and the USG team will be put in place.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful	800,000	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	272,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	☐

Target Populations:

Adults
Teachers
Children and youth (non-OVC)
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers

Key Legislative Issues

Wrap Arounds

Education

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9084
Planned Funds: $ 150,000.00
Activity Narrative: This activity also relates to Counseling and Testing(9080), Palliative Care (9075), Prevention/Abstinence and Being Faithful (9086), HIV/AIDS Treatment/ARV services (9077), Orphans and Vulnerable Children (9081) and Other/Policy analysis and system strengthening (9082). Building on USG private sector initiatives which ends in may 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

Selected achievements to date: 200,000 individuals reached through HIV/AIDS prevention messages. The numbers are reached through the peer education program currently sponsored by the current private sector initiative. Currently 26 community outreach programs mainly covering plantation-based companies (tea and sugar estates) are being supported to reach approximately 40,000 individuals. The individuals are reached through awareness campaigns and one-on-one peer talks where HIV/AIDS brochures, materials and/or messages are also distributed.

The Private Sector Initiative will emphasize provision of relevant information to both stationed and highly mobile worker populations (migrant workers). For example, sugar cane and tea grower companies that have very high seasonal labor turn over during the harvest season will be supported by peer educators to provide information focusing on risks of having more than one sexual partners, use of condoms consistently, increasing risk of transmitting HIV to several partners (including sexually transmitted diseases), in addition to their regular cohabiting spouse. Private companies will be supported to maintain prevention programs that benefit employees, dependants and the surrounding community. The prevention programs will include focus on problems related to alcohol consumption, substance abuse, promoting responsible behavior that reduces risk of transmission, including couple testing and mutual disclosure within established couples, as well as consistent and correct use of condoms within discordant couples, but also with casual partners. The private sector will leverage other USG and non-USG activities to strengthen the private sector interventions through linking up private companies with testing, STI diagnosis, treatment and prevention, family planning and PMTCT services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	26	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐

Target Populations:

Adults

Business community/private sector

Migrants/migrant workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Contraceptive and Reproductive Health Technologies and Utilization (CRTU)
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9097
Planned Funds:	$ 300,000.00

Activity Narrative: Data from the recently completed randomized clinical trial in Orange Farm, South Africa showing a 76% protective effect against HIV infection in circumcised men has attracted attention from public health practitioners. Male circumcision is now viewed as a potential intervention that may be added to HIV prevention efforts particularly in developing countries. Decisions on whether to recommend male circumcision as a HIV prevention strategy await results from two ongoing trials of HIV acquisition in circumcised men and one trial of male-to-female transmission in Uganda and Kenya. As the results from the remaining trials are awaited, public health leaders are preparing for an anticipated rollout of endorsed male circumcision practices. As some of the awaited results will come from Uganda, and since the GOU has identified an urgent need to accelerate prevention efforts, it is timely for the USG to support some formative research on male circumcision to facilitate the implementation of policies and programs, in the event of global endorsement of male circumcision as an HIV preventive measure.

In consultation with the USG team, the MOH, the Uganda AIDS Commission and other local implementation partners in Uganda, FHI will design and implement a formative needs assessment to generate strategic information that will facilitate and support the design and implementation of a quality and cost-effective male circumcision intervention for HIV prevention. Results from this activity will complement other ongoing or planned international and regional efforts to prepare for the introduction and roll out of male circumcision as an HIV prevention intervention. Toward this end, it is proposed that FHI conduct a needs assessment and gather strategic information at the policy, program design, service delivery, community and client levels. This will involve the use of qualitative data collection approaches to gather and synthesize information relevant to the introduction and roll out of a public sector male circumcision strategy. Current policies will be reviewed to identify gaps that may hinder the implementation of this strategy at a scale where it will have a meaningful impact. Service delivery infrastructure, staffing and commodity needs will be assessed to identify gaps that need to be addressed prior to the implementation of large scale male circumcision intervention. At the community level, key informants (including men, women, traditional circumcisers, religious leaders, opinion leaders) from communities that practice circumcision as part of their tradition and those that do not will be interviewed using in-depth interview techniques to establish any socio-cultural barriers that may inhibit or facilitate the implementation of a male circumcision intervention. These data will be analyzed and packaged for use as advocacy tools at the policy, program and community levels. The data will be shared with all key stakeholders for use in their policy and program formulation.

It is expected that this activity will generate strategic information that will facilitate and inform the timely development of quality and cost-effective male circumcision interventions in Uganda and the region. In addition, data generated from this USG supported activity will complement other ongoing or planned international and regional efforts to prepare for the introduction and roll out of male circumcision as an HIV prevention intervention. For example information generated will inform efforts by UNAIDS to inform the roundtable discussions they are holding in some countries within Africa. In addition, a male circumcision consortium (MCC) has been formed and is preparing a proposal to be submitted to the Gates Foundation to support preparations in Africa for the potential introduction and roll out a male circumcision strategy.

Therefore data gathered through this needs assessment would contribute greatly to this process and continue to position Uganda at the forefront of HIV/AIDS prevention efforts in Africa.

OGAC Review: #9097 (FHI) The activities noted in the narrative overlap with activities that have been untaken by UNAIDS already. Please describe how this activity is complementary to the UNAIDS activities in this area and how this is coordinated.

We are not aware of any activities being undertaken by UNAIDS in this area at the present time, however we are closely engaged in the National Prevention Working Group to discuss collaboration. We are awaiting results of the trial in Rakai being supported by NIH and are fully aware of NIH plans for dissemination of results.

plus ups: Family Health International (FHI) will undertake a comprehensive assessment of preparedness for medical male circumsision at the facility and the community levels to

inform policy and program roll out. FHI will use the WHO developed needs assessment guidance and forms as these become ready.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Community leaders
Most at risk populations
Mobile populations
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Public health care workers

Key Legislative Issues

Gender

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Support to National Drug Authority
Prime Partner: National Drug Authority
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9225
Planned Funds: $ 100,000.00
Activity Narrative: This activity also relates to Treatment/ARV Services (9226). In 2004, the Government of Uganda established policies for confirmatory testing of all condoms shipped to Uganda. In conjunction with this regulation, it was decided to also establish condom testing capability within the National Drug Authority (NDA) at the National Drug Quality Control Laboratory (NDQCL). Although the laboratory is considered operational, its capacity is limited. The current testing capacity of the male latex condoms at the NDQCL is two batches per week (based on complete regimen testing). This rate of testing is not adequate considering the country's high demand. Also, the distribution of condoms to end users is restrained as the condoms are held in quarantine pending testing. Consequently, the shelf life of the condoms is considerably reduced. Therefore the procurement and installation of a four-chamber condom-testing machine at the NDQCL would double the testing capacity and increase the output from 2 batches to 4 batches a day.

It is the Ugandan policy to post-shipment test all condoms before they are distributed to the public. After the machine is installed, the current output of tested condoms will be increased to 4 batches a day. It is estimated between 200,000 to 500,000 people of the special population group will be able to access the condoms without restraint. Tested condoms will be available to Community outreaches to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. Condoms will be available to commercial sex workers, Discordant couples, Military personnel, refugees, migrant works, Truck drivers, prisoners, Street youth and out-of-school youths.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Health Comm Partnership; AFFORD
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9231
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to activities in Abstinence and Faithfulness, Counseling & Testing, Support for Orphans and Vulnerable Children and Strategic Information. HCP's overall mission is to strengthen capacity and improve effectiveness of health and HIV/AIDS communication. This activity works in tandem with HCP's abstinence and faithfulness program aimed at community mobilization, information, education and communication to change male gender norms associated with gender based violence, alcohol abuse, multiple sexual patners, and risk taking behaviour. The activity deepens the YEAH/ B a Man initiative with a special focus on highly vulnerable out of school young people: men in military service, young people in conflict affected areas, street children, adolescent orphans and vulnerable children, youth living in fishing villages and in stop-over towns along major transport corridors. YEAH/B a Man and the Saf T Stop regional transport corridor project will ensure strong linkages with each other and will coordinate activities and share materials. The activity will also work with HIV-positive young people to encourage abstinence; and disclosure of status and condom use among those who choose to become sexually active. The activity will have three components:

The first component involves adapting tools and materials developed for young people under the AB programming for use with highly vulnerable young people. Linguistically and culturally appropriate tools, media and materials that stimulate dialogue and personal reflection will be developed in consultation with a wide variety of organizations—faith based, local media, community based, government institutions, and other USG -supported projects—working with highly vulnerable young people. Representatives of the target populations will actively participate in the development of tools and materials.

The second component involves training peer educators and facilitators among youth groups in high risk communities, military services, and internally displaced camps to facilitate interactive exercises and discussions and interactive drama, using materials and tools produced by the project, to facilitate introspection and dialogue around masculinity, alcohol abuse, partner reduction, HIV counseling & testing, gender based violence, and condom use. HCP will train 120 facilitators and peer educators during the reporting period. Each will be expected to facilitate at least 4 sessions with approximately 15 young men & women for a total of 7,200 vulnerable young people reached.

The third component involves partnering with groups working with young people who are HIV positive to develop and implement a communication intervention to encourage disclosure to potential sexual partners and consistent condom use with sexual partners among HIV-positive young people. Approaches will assist young people who are HIV positive to deal with stigma and discrimination and may include activities to reduce stigma and discrimination among their un-infected peers. HCP will assist with the development of counseling and training materials for counselors and peer educators, will train counselors and peer educators in their use, and will assess their effectiveness. An estimated 20 peer educators and counselors will receive training and will, in turn, counsel and train 10 HIV-positive young people for a total of 200 HIV positive young people reached.

Continued Associated Activity Information

Activity ID: 6552
USG Agency: U.S. Agency for International Development
Prime Partner: Johns Hopkins University Center for Communication Programs
Mechanism: Health Communication Partnership
Funding Source: GHAI

Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,400	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	140	☐

Target Populations:

Community-based organizations
Faith-based organizations
Most at risk populations
Military personnel
Mobile populations
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Migrants/migrant workers
Out-of-school youth

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Routine Counseling and Testing in Two District Hospitals
Prime Partner: Research Triangle International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9636
Planned Funds: $ 40,000.00
Activity Narrative: This activiy relates to 8540-AB, 8517-Palliative Care;Basic Health and Support, 8539-Palliative Care;TB/HIV, 8518-CT.

Research Triangle Institute (RTI International) is an international, independent not-for-profit organization dedicated to improving the human condition through multidisciplinary technical assistance, training and research services that meet the highest standards of professional performance. RTI is partnering with AIDS Healthcare Foundation (AHF) to support the Uganda Ministry of Health (MOH) in providing Routine HIV Testing and Counseling (RTC) and basic care (BC) services to patients in district hospitals and health center (HC) IV facilities. In this partnership RTI contributes to the national response to address the significant service gaps that still exist in the provision of HIV counseling and testing (HCT) and post –test support for individuals and couples aimed at preventing HIV acquisition or transmission.

During FY07, RTI will support other HIV prevention approaches with emphasis on prevention with positives (PWP) interventions that can be incorporated into HIV-related counseling of patients, palliative care and treatment. Interventions will include counseling of patients on disclosure of sero-status to partners, partner testing and promotion of behavior change that emphasizes correct and consistent condom use among sero-discordant couples and populations that engage in high-risk behaviors. Working with local community groups, and PHA networks, RTI will support the set up or strengthening of clinic-based support groups and post-test clubs to assist in providing psychosocial support to persons who test for HIV. The program will also support efforts to reduce HIV/AIDS-related stigma and discrimination by providing information and education aimed at changing people's perceptions and attitudes about HIV/AIDS. Through radio programs, community meetings, education sessions at health facilities and other similar forums, the program will foster a dialogue among residents, with a view towards reducing negative attitudes about persons infected and affected by HIV/AIDS.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promotion of abstinence and/or being faithful		☑
Number of targeted condom service outlets	14	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,100	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	☐

Target Populations:

People living with HIV/AIDS
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers

Coverage Areas

Kaberamaido

Kasese

Masindi

Mpigi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9666
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), AB (3983), Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).

Activities are continuing into FY07 but with FY06 funding.

This component is related to activities of abstinence, being faithful and CT, as information regarding other forms of prevention provided in counseling services. The activities will be implemented directly by IRC and its sub-grantees. IRC's 3 local partners, one in each of the three districts of Karamoja region, will identify and train community immobilizers to provide support to abstinence, faithfullness and other activities that include condom education and promotion. Given that condom knowledge and use are still low in Karamoja, training involving leaders in program ownership and promotion will be conducted. Condom distribution guidelines from the MOH will be used in training. PLWHA with success stories on condom use will be supported to give their testimonies/ messages to encourage those at high risk to adopt safer sex practices. The gender issues associated with condom use will be explained through promotion activities some of which will be spearhead by women. This component will supplement A/B activities in Karamoja region. The target is to establish 50 condom service outlets, 50 individuals trained in promotion of HIV/AIDS behavior beyond A/B, and that 75,000 community members are reached with such messages.

Continued Associated Activity Information

Activity ID: 3988
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 8,952.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	30	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12431
Planned Funds: $ 54,000.00
Activity Narrative: plus up MC: The Government of Uganda has recently included medical male circumcision in its National Strategic Plan, which is near finalization. The MOH and the Uganda AIDS Commission have formed a task force, and are planning a national dialogue to present study results from Uganda and answer questions and concerns. The USG Uganda team will support the GOU efforts as they become detailed. The Rakai Health Sciences Program is ideally suited to support the GOU and USG Uganda program in training and service delivery, upon request from the MOH, and following the WHO surgical manual. RHSP has three fully equipped theaters, recovery room, experienced surgeons and nusing staff to provide training for 40 physicians; to provide circumcision services to about 2700 men in the 1st year, and to conduct a public health evaluation to compare 3 the safety, adverse effects, costs and ease of surgery of 3 different surgical procedures (forceps guided, dorsal slit, sleeve procedure).

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CSF/Deloitte and Touche
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 19276
Planned Funds: $ 500,000.00
Activity Narrative: None provided.

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: $ 24,669,565.00

Program Area Context:

Over 800,000 people are living with HIV (PHAs) and in need of palliative care. Although current data collection and reporting systems make it difficult to accurately reflect the total number of PHAs accessing palliative care (PC) services through USG support, the number is currently estimated at 25% of the total population. This number is expected to increase in FY07. In addition to placing a key priority on improving monitoring and reporting systems in FY07, The USG will continue to strengthen the capacity of government and civil society partners to provide comprehensive, quality PC for more clients. USG/Uganda is also prioritizing improved access to critical care and treatment services for children through linkages with counseling and testing (CT), orphans and vulnerable children (OVC) and antiretroviral treatment (ART) services.

PC services comprise prevention and treatment of opportunistic infections (OIs), psychosocial support, home-based care, nutrition, basic preventive care, tuberculosis (TB) Management, pain and symptom control, spiritual care and culturally appropriate end of life care. The USG supports a variety of approaches to improve comprehensive access to palliative care services. These approaches include a family approach, which targets the index client and their family as a means of improving support for the HIV positive client but also to refer other family members for CT and early referral to care and treatment services. The network approach, which serves to improve access for a client and their family to critical prevention, care and treatment services through linkages and referrals, is also is implemented using a number of different models. The different models include intra and inter-facility based referrals as well as developing strong linkages between clinic and community support particularly through faith networks and decentralized delivery systems. Family members, PHA groups, post test clubs and other civil society partners play critical roles in raising community awareness, motivating clients to seek care services and offering intermediate care and adherence support at the grassroots level. As such, families and communities are the cornerstone of the USG strategy. New elements to the strategy include expanding access to symptom and pain management as well as end of life care.

Uganda has pioneered and continues to expand access to the basic care package comprising cotrimoxazole prophylaxis, long lasting insecticide treated bed nets (LLINs), safe water system and prevention with positive interventions, targeting over 65,000 HIV positive clients and their families. Throughout the past 18 months, cotrimoxazole has become a mainstay or OI prevention. The USG is currently employing a variety of models to expand and ensure access of basic care elements to as many PHAs as possible through a variety of public and private delivery channels. The commercial sector is currently expanding delivery for LLINs, condoms and safe water and has established a virtual facility for civil society organizations to access key commodities at subsidized prices. Basic care elements have also been packaged and are being distributed through key partners supporting PHAs.

OI drugs are sourced through the Uganda Essential Drugs Program, with the support of USG and other partners. However, the availability of PC commodities and supplies remains a challenge. Stock-outs, especially for OI drugs, HIV testing kits, and other medical commodities largely obtained through the national supply chain system are common. Over the next year, the USG will work through SCMS to continue to build capacity for logistics management at the central (National Medical Stores—NMS and Joint Medical Stores—JMS), district and facility level. NMS and JMS manage the national public and private supply chain management respectively. Direct procurement of commodities will be considered as needed.

In Uganda, key wrap around services include improved access to family planning, counseling and broader reproductive health services, supplemental feeding, livelihood and economic emancipation, housing, and access to water and sanitation. Over the last two years, the USG has intensified networking with other sectors and partners to facilitate access to these services for PHA. For example, in partnership with Food for Peace, food commodities worth $30 million will provide ongoing support to 60,000 PHAs, OVCs and their families. In FY07, USG will work with Uganda's Ministry of Health (MOH) to develop guidelines for

addressing therapeutic feeding in HIV/AIDS settings. Efforts are also underway to integrate reproductive health in HIV/AIDS care to address the growing need expressed by PHAs, especially those on ART, to make informed reproductive health choices. USG will continue to explore opportunities to link PHA groups and individuals to household economic strengthening initiatives.

USG/Emergency Plan will leverage PMI to complement palliative care resources. For example, our social marketing program will distribute free and subsidized LLINs in addition to other key elements of basic care. Several PMTCT partners will strengthen the delivery of intermittent preventive treatment through ANC and PMTCT programs. Emergency Plan partners will also support home based management of fever.

The MOH has developed several policies and guidelines to support delivery of quality palliative care including the Cotrimoxazole prophylaxis Policy, the Home Based Care Policy, the Essential Drugs Policy, and National Guidelines for Care of PHA. However, implementation of these policies has been constrained by systemic challenges such as human resource shortages, infrastructure and limited dissemination. The USG is currently supporting several initiatives at the national level to improve human resource management including MIS strengthening, a retention and recruitment survey and improved communications between central and district levels.

Standardizing the quality of care and harmonizing interventions across the various USG partners remains a major gap in palliative care. USG is planning a comprehensive assessment of its palliative care activities beginning later this year. The assessment will provide insight into the degree to which components of palliative care are being offered, and how results are measured. This assessment will assist in further understanding and addressing issues of double counting as well as improving the quality of services offered. Standardized approaches and quality indicators that support improved palliative care delivery are expected outcomes. Uganda will also participate in OGAC's centrally funded PC targeted evaluation, which will address issues specific to services offered, costs and short-term outcomes.

Tracking and reporting individual clients receiving palliative care services remains an ongoing challenge. The comprehensive and complex needs of clients as well as the availability of a variety of established palliative care service providers (public, private, facility and community-based) coupled with a system without unique identifiers makes it difficult to effectively track service utilization. Through data quality assessments and semiannual reporting, USG/Uganda currently estimates a 40% duplication in reporting. This information will be further validated through the planned assessment and evaluation.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	835
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	225,571
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	14,368

Table 3.3.06: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8292
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to activities; 8584-PMTCT, 8289-ARV Services, 8288-ARV Drugs, 8290-Laboratory, 8291-AB, 8293-TB/HIV, 8294-OVC, and 8295-CT.

This program area also relates to activities in HIV/AIDS Treatment/ARV Services, HIV/AIDS Treatment/ARV Drugs, Laboratory Infrastructure, Prevention Abstinence and Being faithful, Palliative Care – Basic Health care & support, Orphans and Vulnerable Children, and Strategic Information.

AIDSRelief (AR) is a comprehensive HIV care and treatment program, providing ARV drugs, preventive, curative, palliative, social and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group provides assistance for Strategic Information which provides essential clinical and programmatic information for high quality care whereas Institute of Human Virology (IHV) guides and informs the establishment of treatment, adherence and care protocols. The Children Aids Fund is a sub-grantee supporting 5 sites. Based on its successes and lessons learned, AR will maintain 12,000 patients on ART until February 28, 2008. Additionally, AIDSRelief will provide care services to 17,170 HIV positive patients. AR services will be offered through 15 Local Partners Treatment Facilities (LPTF), distributed throughout Uganda.

Under Cop07, AR will specifically strengthen the diagnosis and treatment of an estimated 5200 HIV+ patients who may also be co-infected with Tuberculosis (TB). TB drugs and basic laboratory investigations are already sponsored by MOH through the National TB and Leprosy Program. In year 4, AR will provide training and clinical preceptoroships to raise awareness and clinical skills among LPTF staff on the linkages between HIV and TB and TB diagnosis. In doing this AR will follow the recently launched Government of Uganda policy guidelines on TB/HIV integration and a TB/HIV communication strategy. This training will target nurses (67), adherence counselors (83) and the community workers (450). As part of the technical assistance to the LPTFs, the Institute of Human Viorology will provide the clinicians with guidance on managing co-infected patients so that they have the capacity to provide the highest quality of care. Clinicians will be trained in the topics including the following: diagnosis of TB in the HIV infected, which ART regimen for patients starting therapy for TB, and when the ART should be started in a patient who is currently on anti TB therapy. Constella Futures will provide on-site training and hands-on technical assistance that will reinforce the need for good patient record keeping. This will enhance AR's ability to capture information on TB and HIV through CAREWare and IQCare. This will form the basis of continuous quality improvement at the LPTFs, enabling clinicians to provide better care to their patients. TB/HIV reporting systems will continue to be developed and TB registers will be modified to capture information on HIV counseling and testing, and provision of cotrimaxazole prophylaxis and ART to TB/HIV co-infected patients. Indicators for TB screening among the HIV-positive clients will be captured in the HIV registers.

Linkages and referrals to other ART and palliative care providers will be taken under consideration as part of the overall development of health care treatment networks. This would mean dealing with sites managed by the local government as well as other USG implementing partners.

Continued Associated Activity Information

Activity ID: 4395
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 110,362.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	989	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8301
Planned Funds: $ 47,012.00
Activity Narrative: This activity complements activities 8304-CT, 8302-TB/HIV, 8300-Condom & Other Preventions, 8298-PMTCT, 8303-OVC, 8299-AB.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC). It is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. German Development and Technical Cooperation (GTZ) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

In FY06, IMC will establish two service outlets providing palliative care. IMC will also provide training/capacity building for health care providers in facilities, support with supply of related drugs and materials and training/support to community active groups to provide home-based support to HIV+ patients and affected families. HIV+ will receive OI/STI diagnosis and management; wellness programs for PHAs and home based services for PHAs will be arranged and supported; and safe water, cotrimoxozole and Long Lasting Insecticide Treated Nets (LLITNs) provided. The effort will also aim to provide psychosocial support and reduce discrimination and stigma associated with HIV status. As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

IMC will continue to strengthen service provision in the settlement in FY07. This will be achieved through the provision of refresher training for 10 health care providers in the two health facilities and the continued provision of related drugs and materials to support ongoing palliative care and OI/STI diagnosis and management to 30 HIV/AIDs patients. Based upon a prevalence rate of 7.4 percent, it is anticipated that 444 of those 6,000 expected to present for testing (further to rigorous awareness-raising campaigns in FY06) will test positive. As a result, a training-of-trainers workshop on home-based care for HIV positive patients will be provided to 10 Community Health Workers (CHWs). These CHWs will, in turn, each train 44 care-givers to HIV+ patients.

Continued Associated Activity Information

Activity ID: 4806
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI
Planned Funds: $ 33,910.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	450	☐

Indirect Targets

N/A

Target Populations:

Refugees/internally displaced persons
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Refugee HIV/AIDS services in northern Uganda
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8309
Planned Funds:	$ 61,875.00

Activity Narrative: This activity complements activities in 8307-PMTCT, 8305-AB, 8306-Other Preventions, 8311-OVC, 8310-TB/HIV, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006 with additional PEPFAR funding. Program areas include AB and other prevention activities, VCT, PMTCT, basic care and support, HIV/TB palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, and facilitating cross-sectoral linkages key to HIV/AIDS programming.

The 2004-2005 Uganda HIV Sero Behavioral Survey (UHSBS) revealed a national HIV prevalence of 6.4% among the adult population, an increased from 6% in 2000. In 2004-2005 Yumbe district, the HIV prevalence was 2.3% according to the UHSBS and in Masindi district, the prevalence was 6.9 %. From these prevalence rates, it is expected that 1,855 HIV+ individuals live in Kiryandongo refugee settlement and 452 live in Ikafe. In 2007, IRC hopes to counsel, test, and provide results to 3,466 in Kiryandongo and 2,534 in Ikafe. Based on the numbers of VCT clients and recent sero behavioral prevalence rates, as indicated above, we estimate that we will identify about 300 HIV+ clients eligible for palliative care services in 2007.

IRC will provide basic care and support services to newly identified HIV+ clients as well as to over 400 HIV+ clients enrolled in the program during 2005 and 2006. In 2005, IRC enrolled 375 clients on cotrimoxazole prophylaxis, 23 in ARV treatment, and 200 in HBC programs; this number is anticipated to increase in 2006. There will be 2 basic care and support outlets, one located in the level 3 health centers of each refugee settlement. Staff at the lower health units will refer clients to these two outlets. Services provided will include prophylaxis and treatment of opportunistic infections, treatment of malaria, and referral of clients requiring higher levels of care. IRC will also provide quality basic clinical health services for HIV+ patients, including the provision of the Basic Care Package for PLWAs (safe drinking water, cotrimoxazole and isoniazid prophylaxis, insecticide-treated bed nets, and micronutrients). Treatment of malaria will be provided and referrals will be supported for those clients requiring a higher level of care through its health program, which receives funding from other USG sources. IRC will continue supporting community-based networks providing psychosocial, spiritual, and nutritional support, as well as providing home based care kits to 300 PLWAs. Training and support to palliative care providers will continue. Community HIV/AIDS assistants, who will coordinate outreach and referral activities benefiting PLWAs, will receive refresher training in palliative care, and IRC will support and strengthen referral systems by providing transportation, food, and communication for PLWAs and their attendants during the referral process. With the current move toward repatriation of Sudanese refugees, IRC will work with its Regional Refugee Repatriation Program to facilitate linkages with government and non-government agencies providing basic care and support services in Sudan for HIV+ returnees. IRC will provide training for community based palliative care providers to ensure continuation of support to PLWAs during the repatriation process. IRC will support the development and distribution of BCC materials on palliative and home-based care, including continuation of care after repatriation.

The expected results of activities in this program area include: (1) strengthened organizational capacity to promote long-term sustainability of palliative care services; (2) increased use of wellness programs by PLWAs and their families; (3) community-based groups providing home-based services to PLWAs identified and strengthened; and (4) improved quality of basic health care clinical services for HIV+ patients.

Continued Associated Activity Information

Activity ID: 4759
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Rescue Committee
Mechanism: Refugee HIV/AIDS services in northern Uganda
Funding Source: GHAI
Planned Funds: $ 63,037.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	☐

Target Populations:

Adults
Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Masindi

Yumbe

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Full Access Counseling and Testing
Prime Partner:	Kumi Director of District Health Services
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8314
Planned Funds:	$ 423,500.00

Activity Narrative: This activity relates to 8313-CT and 8550-Palliative Care; TB/HIV.

In September 2005, Kumi District Local Government received USG funding to implement a Full Access Homebased HIV Confidential Counseling and Testing Program using Outreach Teams in Kumi District, Uganda. The overall goal of this program is to provide counseling and testing services to the entire population residing in Kumi district and refer all those testing HIV positive to sources of ongoing psychosocial support, basic preventive and palliative care, and treatment services.

This activity is closely linked to activity 4046, Counseling and Testing and Palliative care: (TB/HIV). In implementing this activity, Kumi District Directorate of Health Services proposes to work with USG, MOH, indigenous NGOs, CBOs, FBOs and local communities. This activity compliments the HBCT activities whose overall goal is to identify HIV positive clients and refer them to appropriate sources of Care, Treatment and Psychosocial support services within the District. The key components of this activity include strengthening the referral systems in the District including public and NGO health units to be able to provide basic preventative and palliative care. It also focuses on building a local and coordinated indigenous capacity of NGOs, FBOs and CBOs to provide on going psychosocial support and effectively respond to HIV/AIDS issues at the communities. This activity targets all HIV positive clients identified through the home based counseling and testing activities of this project. With an estimated prevalence of HIV in Kumi at 6%, an approximate 7,200 clients will be identified by March 2008.
In the Financial Year (FY06), under this activity, 1,177 HIV+ clients were identified through the home based counseling and testing project activities. 407 Males and 1,177 females and were referred for basic care services to the health facilities in the District. Four thousand one hundred and twenty three (4,123) were couples of which 119 were discordant and 125 were concordant positive. Of those referred for basic care 566 have been enrolled on cotrimoxazole prophylaxis and 517 have received basic care starter kits which comprise of safe water vessel, insecticide treated mosquito nets. Cotrimoxazole was procured and distributed to public and NGO health facilities within the District. Starter kits were supplied to the program by Population Services International (PSI). 57 Health Unit Incharges and HBCT core teams were trained by PSI in provision of Basic HIV Care Package. The trained health workers thereafter conducted full site training of other health workers in provision of basic care package services. HIV positive clients also identified by other partners and HIV/AIDS organizations like TASO, AIC and Facility-Based HCT (Static outreach) Sites in the district have received starter kits and cotrimoxazole from the health facilities.

In the FY07, the funds under this activity will be used for procurement of commodities including lab supplies, cotrimoxazole for prophylaxis, safe water vessels, mosquito nets, patient care kits, training of health workers and community care givers in caring for HIV positive clients and supporting the District Health System in managing and monitoring the HIV positive clients referred for care. Every HIV positive client will receive a referral form that will be presented at the nearest health facility where basic care is provided. In order to ensure that HIV positive clients receive basic health care, Cotrimoxazole and starter kits (safe water vessel and insecticide treated mosquito nets) will be procured and distributed to health facilities in the District from HCIII, HCIV and Hospitals where prophylaxis will be initiated and kits given to clients by health workers. Community Resource Persons (CORPs) will be responsible for re-supply of cotrimoxazole and ensure clients are using safe water vessels and insecticide treated nets correctly and consistently in their homes. To effectively implement and ensure that all HIV positive clients and discordant couples receive adequate and qualitative basic care and psychosocial support, health workers and community support groups will be trained on provision and proper use of basic care commodities and psychosocial support services. The Health Facilities in the district will be supported and supplied with necessary logistics and supplies so as to be able to diagnose, and treat Opportunistic Infections (OIs), and provide quality care to all HIV infected persons. Eligible clients will be offered CD4 cell counts and referred for anti retroviral therapy at service outlets within the district. The District Health Team will be responsible for quality assurance of the basic health care component at the health facilities. Local community groups and structures as Post Test Clubs (PTCs) and Peer Support Social Groups (PPSGs) will be formed and supported to mobilize communities for basic care services and provide psychosocial support services to HIV positive clients. The community support groups will also play a vital role in fighting against stigma and discrimination in the

communities. Persons with HIV/AIDS (PHA) Networks will work closely with PTCs and PPSGs for enhanced mobilization and provision of continuous and ongoing psychosocial support to people living positively. Using prevention-with-Positives interventions, a team comprising PHAs will be constituted to follow-up HIV+ clients and discordant couples in their homes to provide adequate psychosocial support and ensure adherence to utilization of basic care services and commodities by clients. For sustainability, health workers and care givers will be trained on Palliative and Community and Home-Based Care (CHBC) to clients. Patient care kits will be procured and distributed through the care givers to the clients in their homes. PHA peer educators will also be trained to supplement efforts of the care givers. To effectively realize a coordinated and enhanced indigenous capacity to respond to HIV/AIDS prevention and treatment activities in the District, collaborative working mechanisms will be established with NGOs, FBOs, CBOs, PHA Networks and health institutions through capacity building and sub granting to ensure adequate and quality service is provided to the population. Radio talks shows, spots and Information, Education and Communication (IEC) materials shall be produced and used to supplement efforts to mobilize communities to take up services.

Continued Associated Activity Information

Activity ID:	4049
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kumi Director of District Health Services
Mechanism:	Full Access Counseling and Testing
Funding Source:	GHAI
Planned Funds:	$ 395,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,200	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	857	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kumi

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8315
Planned Funds:	$ 1,400,000.00

Activity Narrative: This activity relates to 8320-Lab, 8319-ARV services, 8318-ARV drugs, 8316-CT, 8321-OVC, 8317-alliative Care;TB/HIV, 8313-Condoms and Other Prevention, 8772-AB.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing; 2) provision of palliative HIV/AIDS basic care; 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients; 4) antiretroviral treatment; 5) provision of HIV post- exposure prophylaxis , and; 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually, 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both hospitals are public facilities that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and anti retroviral therapy in the Adult Infectious Diseases Clinic (AIDC) and at Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy; people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

MJAP palliative basic care activities are currently implemented at multiple service outlets including Mbarara ISS (HIV) clinic with more than 6,500 active patients, AIDC providing care for over 7,000 patients, Mulago and Mbarara hospital wards implementing RTC, and the satellites clinics of Mulago ISS (HIV) clinic, Mulago TB-HIV clinic, Kawempe, Naguru, Bwizibwera and Mbarara municipality health centers which have registered over 6,000 new patients in the past year. The number of HIV patients in all the clinics continues to increase with the expansion of RTC in the hospitals (over 25,000 HIV infected individuals have been identified through RTC since November 2004). By March 2007, 10 clinics will be operational providing palliative basic care. The palliative basic care programs include provision of a package comprising cotrimoxazole for prophylaxis, insecticide treated mosquito nets, safe water vessels for clean water provision, diagnosis and treatment of malaria and other opportunistic infection (OI) treatment and prophylaxis. All patients attending the HIV clinics receive daily cotrimoxazole for prophylaxis. Newly diagnosed HIV positive patients from the RTC program also receive a month's supply of cotrimoxazole prophylaxis and are provided with referrals for follow-up care in the HIV clinics. The AIDC and Mbarara ISS clinics provide care for adult patients while children receive care from the Mulago Pediatric Infectious Diseases Clinic (PIDC) and Mbarara pediatric HIV clinics. However, in the satellite clinics MJAP collaborates with other partners to provide comprehensive HIV care to entire families, including children in collaboration with

Baylor-PIDC, Kampala City Council (KCC), Ministry of Health , NTLP and other partners. KCC provides clinic space and drugs for management of OIs. NTLP provides TB medications and support supervision. Other existing HIV programs including VCT under AIDS Information Center (AIC), PMTCT under PREFA, ART under MOH-Global Fund Program, OVC support through Ministry of Gender, Labour and Social Development (MoGLSD). These programs are working together to ensure comprehensive care for families affected by HIV/AIDS while avoiding duplication of services. Up to 20,000 individuals in the MJAP supported outlets are provided with care including prophylaxis and treatment of OIs. More than 7,500 have received safe water vessels and insecticide treated mosquito nets. The program also trained over 300 health care providers in HIV/AIDS care over the past year.

In FY07, two additional satellite care and treatment sites will be opened in collaboration with the Infectious Disease Institute (IDI) bringing the total to 12 sites. MJAP's aim is to increase access to basic HIV palliative care from the current 20,000 individuals to 40,000 at 10 sites. MJAP will provide cotrimoxazole prophylaxis and other OI care, malaria diagnosis and treatment, and Population Services International (PSI) will provide safe water vessels and supplies and insecticide treated bed nets. The basic care and ART programs are integrated; all patients recieve basic care and are evaluated for ART eligibility regularly. The funding will support the existing 10 and 2 new clinics in terms of basic care supplies, and other OI treatment and prophylaxis. In FY07, as MJAP extends RTC services to three regional referral hospitals, all newly diagnosed HIV positive patients in these hospitals will also receive a month's supply of cotrimoxazole before referral for follow-up palliative care and treatment. The program will hire additional staff to support care and prevention efforts, provide training for new and existing staff in the clinics (400 health care providers will be trained in the coming year), data management/M&E, quality assurance and support supervision, and enhance the existing referral systems between the main HIV clinics and the satellite clinics, and linkage to care for newly diagnosed HIV patients.

Continued Associated Activity Information

Activity ID:	4032
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 935,587.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8328
Planned Funds: $ 229,565.00
Activity Narrative: This activity relates to 8324-AB, 8323-Palliative Care;TB/HIV, 8327-PMTCT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8329-CT, 8322-Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4023
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 136,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	12	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Coverage Areas

Rakai

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HIV/AIDS Project
Prime Partner:	Mildmay International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8338
Planned Funds:	$ 280,000.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8619-TB/HIV, 8336-OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services, 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health (MOH) since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children who constitute 52% of patients. TMC has had a cooperative agreement with CDC/Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a MOH facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. At TMC 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services CD4 counts and, HIV testing, (cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention), and other palliative care services morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: use of ART in Children; use of ART in Adults; communication with children; palliative care in the context of HIV/AIDS; laboratory skills in an HIV/AIDS context; management of opportunistic infections (OIs) and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts; 1,308 participants have attended courses, and 291 participants came for clinical placements providing 2,146 clinical placement days. Since the rural clinics opened, 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with 110 on ART. A family-centred approach is used in the recruitment of patients for ART at TMC and all willing family members are offered HIV testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART,the majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Mildmay palliative basic care activities are currently implemented at 6 sites (TMC, Mbuya church, Kinawataka, Banda, Naggalama hospital, and Mpigi Health centre IV). To date, >6,000 individuals are in active care across the operational sites (2,148 active patients are receiving cotrimoxazole every month at RO/Kinawataka and Banda, >1,040 at Naggalama, 375 at Mpigi, and >3000 at TMC). By March 2007, the total number receiving palliative care is expected to be over 8,000. The numbers continue to increase as VCT is extended to family members and more patients are referred from the hospitals implementing routine HIV testing and counselling. As part of basic health palliative care and support, patients are offered the basic health care package comprising cotrimoxazole prophylaxis, safe water vessels (supplied through PSI), insecticide treated bed nets (through PSI) , and management of OIs including TB. All patients in acre are regularly screened for ART eligibility using the National MOH ART guidelines and if eligible, are initiated on ART within the clinic. In FY06, a cumulative total of 8,575 mosquito nets had been distributed, 126 clients had been trained in client workshops and 173 participants had attended courses focusing on palliative care for HIV infected individuals. Training for health care providers in

palliative care at Mpigi is ongoing and 996 individuals have been trained to date at Mildmay. Training in palliative care is carried out in collaboration with Hospice Africa Uganda. The target is all cadres of health care providers including counsellors, doctors, nurses, and religious leaders, etc.

During FY07 TMC will carry out care and training activities on site in Wakiso District and at the rural clinic sites at Naggalama and Mpigi. In FY07, 11,000 patients will receive basic health care and support; of these 6,000 will be at TMC, 1,000 each at Naggalama and Mpigi and 3,000 at RO. Six sites will be operational. The funds for this programme area will finance the purchase of drugs for OIs management and prevention, symptom control and pain management, provision of the basic care package (safe water vessel, water sieve, water guard, and mosquito nets), cotrimoxazole prophylaxis and training 1,300 people through formal courses and clinical placements. TMC will work in collaboration with PSI to make the basic care package available to patients that are in need.

Continued Associated Activity Information

Activity ID:	4419
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Mildmay International
Mechanism:	HIV/AIDS Project
Funding Source:	GHAI
Planned Funds:	$ 172,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,300	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8343
Planned Funds:	$ 331,625.00

Activity Narrative: This activity also relates to 8341-PMTCT, 8340-AB, 8342-CT, 8346-ARV Services, 8344-Injection Safety, 8347-Lab, 8345-SI, 8348-Other Policy.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services. The MOH has developed policy and technical guidelines for home-based care (HBC), including the technical areas of home basic care, palliative care, cotrimoxazole prophylaxis among HIV infected people, STI syndromic management and nutrition for People Living with HIV/AIDS (PLWHA), all delivered as part of a continuum of services from prevention through diagnosis, care and treatment in a holistic package.

During the past fiscal year, 160 district HBC trainers were trained, the policy guidelines on HBC and cotrimoxazole policy were disseminated to 40 more districts. By the end of the fiscal year, HBC trainers in 20 more districts will be trained and thirty districts facilitated to scale HBC to communities. Up-to-date home care materials will be printed and distributed and a support supervision mission will be conducted. In the area of STI case management, 50 more District STI trainers (TOTs) from 12 districts have been trained and updated in current STI syndromic management protocols. 250 STI/HIV peer educators from 5 tertiary institutions (universities) have been trained and equipped with knowledge in reference to early health care seeking, symptom recognition, VCT and, referral centers. In addition, 120 MCH/Family planning providers from 20 districts have been oriented in STI syndromic case management and RPR syphilis testing. As an intervention measure, 10 sites for the provision of condoms to commercial sex workers (CSW) were established and 30 CSW peer educators trained. An operational research sero-prevalence study of Genital Herpes (HSV-2) was completed and showed a high prevalence of HSV~70% in an urban area of Kampala. An STI health based facility survey was conducted and findings showed a progressive improvement in STI service delivery indicators. Over 10,000 copies of STI materials were printed. In the area of opportunistic infections management, 48 district trainers from 12 districts were trained as trainers of PHC workers.

In FY07 support under this activity will cover several components including: capacity building for provision of home based care services; treatment of STI; development and building capacity for nutrition support; TB HIV collaborative activities and palliative care. For HBC services, trainers for 20 more districts will be trained and 30 more districts facilitated to scale up services to community levels as well as printing of more home based care materials and support supervision of service delivery in enrolled districts. The palliative and basic care policies will be reviewed and updated and disseminated. In the areas of STI care, activities will include scaling up capacity building to districts not yet reached, strengthening interventions among the high risk groups including CSW, strengthening capacity to handle STIs among the youth and adolescents and training/updating of tutors/instructors in health/medical training schools in current STI syndromic management protocols. A consultation on the way forward regarding treatment and control of HSV-2 will be held. In addition, support for the nutrition component will address adaptation of a nutrition training manual, building capacity of counselors and communities for nutrition support and mapping community programs that support nutrition activities. Activities in support of palliative care will mainly focus on redirecting technical policies and guidelines to enhance provision of services at the community level. The component supporting TB/HIV collaborative activities will ensure that more TB patients undergo diagnostic HIV counseling and testing (HCT). This activity will provide training for more TB/HIV service providers in HCT and in intensify TB case finding among HIV positive patients. TB infection control guidelines for health facilities providing HIV care services will also be disseminated. The component on oral health will support printing and disseminate IEC materials on oral health care for PLWHA and provide support to improve service providers' knowledge on infection control procedures in the dental clinics.

Continued Associated Activity Information

Activity ID: 4404
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Uganda

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 276,354.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	☐

Target Populations:

Doctors
Nurses
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Basic Care Package Procurement/Disemination
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8353
Planned Funds:	$ 3,309,093.00

Activity Narrative: This activity also relates to activities numbers: 8354-Condoms and Other Prevention, 8355-OVC.

Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people world wide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. In September 2004, CDC began support to PSI to implement the HIV Basic Care and Prevention package (BCP) program targeting people living with HIV/AIDS (PLWHA) in Uganda. The program goal is to help reduce the morbidity and mortality caused by opportunistic infections (OIs) in PLWHA and to reduce HIV transmission. This program will increase the production of HIV BCP and Palliative Care products and services among PLWHAs.

The program combines key informational messages, training and provision of affordable commodities with evidence- based health benefits, and simple to implement for PLWHAs and their families. The commodities include an information brochure on the benefits and accessibility of cotrimoxazole prophylaxis to prevent OIs, 2 long-lasting insecticide treated bednets for malaria prevention, a safe water system comprised of a 20 liter water vessel, filter cloth and water treatment product (WaterGuard), male condoms for adults clients, and an information brochure on the strategies to prevent transmission of HIV to sexual partners and unborn children. PSI manages the manufacture, procurement, packaging and distribution of all commodities to ensure consistent supply of Basic Care starter kits and re-supply of commodities through already existing HIV/AIDS care and support organizations (Implementing Partners) in Uganda.

The distribution of the BCP is supported by a training component in which service providers, peer educators and drama groups are trained to support and reinforce the use of the kits. The training provided to these groups also reinforces the Information Education and Communication (IEC) materials given to PLWHAs.

The outputs of this program include: 1. Increased informed demand for BCP and Palliative Care products and services among PLHA; 2. Increased access to BCP and Palliative Care products and services; 3.Increased awareness among providers the BCP and Palliative Care products and services; 4. Increased social and governmental support for the BCP and Palliative Care products for PLWHA in Uganda. These outputs are achieved through the development and implementation of the following: 1. A communications campaign to support the BCP and Prevention Package-with information for PLWHA on how to improve their quality of life, how to live longer and how to prevent the transmission of HIV to others; 2. A communications campaign to promote the use of Palliative Care Products; and 3. Social marketing & distribution of products as well as information to all PLWHA. This activity is part of the larger project which includes OVC and support and other prevention activities.

PSI is currently working with 43 implementing partners, 38 of which are distributing condoms to their adult clients. 62,502 BCP starter kits have been distributed. PSI has continued to implement a communications campaign to support the use of BCP by PLWHA and their families. The campaign includes development and production of IEC materials for clients, caregivers, health providers and counselors. These materials include posters, brochures, client guides, and stickers in 7 local languages. The IEC materials cover many issues on use; on cotrimoxazole prophylaxis including a compliance calendar to help clients remember to take their daily dose; prevention of malaria through the use of insecticide treated nets; prevention of diarrhea and other water borne diseases through the use of safe water systems including WaterGuard; and prevention with positives through promotion of family-based counseling and testing; safe sex practices including abstinence, fidelity with condom use; family planning and the prevention of mother-to-child transmission of HIV. So far 29,797 clients' guides, 43,750 posters and brochures and 2,836 providers' cards have been distributed. Development and implementation of IEC interpersonal communication activities (peer education and drama) has occurred with 444 peer education and 264 drama sessions reaching 104,322 and 18,059 people respectively. The Basic care drama, "Lucy's Choice" video has been produced in 5 local languages and distributed to 43 implementing sites. All 43 sites offering the BCP have a positive living outdoor signage. To support the IEC print campaign, PSI working together with Straight Talk Uganda has supported airing of radio messages in 8 local languages and dissemination of the Parent Talk program in 3 local

languages. The messages focus on the BCP components that is opportunistic infection prevention with cotrimoxazole prophylaxis, safe water system use, malaria prevention using the long lasting insecticide treated net and prevention with positives interventions. PSI has also developed BCP Training of Trainers & Peer Education manuals. To date 2,020 health service providers and counselors and 494 peer educators have been trained. PSI has also participated at several stakeholder workshops with Hospice Africa, a key local organization in Uganda that offers palliative care in HIV to clear the ambiguity regarding the definition of palliative care and also to avoid duplication of effort by different partners. A preliminary BCP component utilization monitoring and evaluation survey has been conducted to further inform program activities. A follow up monitoring and evaluation survey is currently on going.

Planned activities in FY07 include: 1. Continue to implement the BCP program and expand its distribution through PEPFAR care and treatment implementation partners to 60,000 new clients bringing the total of clients to 170,000 by end of year 3 (FY07) throughout Uganda. 2. Continue to make available on the market all the elements of the BCP package to enhance their availability to all PLWHA; 3. Ongoing distribution of IEC material to PLWHA and health service providers; 4. Ongoing peer education to support the uptake and use of the Basic Preventive Care package; 5. Ongoing airing of radio messages, as well as radio talk shows; 6. Introduction of new implementers including JCRC, Uganda Cares, Save the Children and EGPAF; 7. Refresher training & training for new health service providers; 8. Continued support for palliative care activities through Hospice Uganda by production of palliative care, IEC, BCC and advocacy materials; 9. On going monitoring and evaluation activities to track program implementation.
plus ups: "HIV/AIDS Preventive care products
There is overwhelming evidence attesting to the effectiveness of preventive care, including chemoprophylaxis, use of bed nets and safe water in delaying HIV disease progression and consequently improving the quality of life for PHA. However, access to these commodities remains low in Uganda. This activity is aimed at expanding access to cotrimoxazole prophylaxis, long-lasting insecticide treated nets as well as safe water systems.
$600,000 will be used to train health care providers in preventive care and prevention with positives; procure and distribute preventive care commodities and for communication campaigns on basic care. PHA particularly in rural communities served by USG partners across PEPFAR (DOD/UPDF, Peace Corps, State IMC, State IRC, Walter Reed, IRCU, and Hospice) who have not yet initiated or do not have the full range of preventive care activities will be prioritized.

Continued Associated Activity Information

Activity ID:	4400
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Basic Care Package Procurement/Disemination
Funding Source:	GHAI
Planned Funds:	$ 2,306,214.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	182,400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	3,620	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
TB patients
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Trea
Prime Partner: The AIDS Support Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8358
Planned Funds: $ 565,836.00
Activity Narrative: This activity relates to 8362-Palliative Care;TB/HIV, 8359-CT, 8360-ARV Drugs, 8361-ARV Services.

The program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related-support services to HIV positive adults, children and their family members. These services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing and psycho-social support.

Initiatives in FY07 will support clinical and related support services through an established network of urban and rural health facilities located throughout the country to ensure equitable access for treatment to an existing pool of 7,000 adults and pediatric patients. Comprehensive HIV support services will also be expanded to reach an additional 60,000 HIV positive individuals with prevention, care and treatment services as appropriate. A family-centered approach will be established, using the index HIV person to reach family members with confidential HIV counseling and testing, and care for those identified as HIV positive. All clients testing positive will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis information; a safe water vessel and chlorine solution; long-lasting insecticide treated bednets; condoms as appropriate; educational materials; and prevention with positives counseling.

Following national ART treatment guidelines and services criteria, each health center will be staffed with fully trained HIV clinical and ancillary health care professionals and establish systems to monitor patients in care for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. Prevention with positive interventions will be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Depending on the location of each health center, service delivery models will be developed to provide easy access to all in need of services, including facility-based, community-based, and home-based approaches, as well as outreach activities to ensure full coverage for the targeted population.

Continued Associated Activity Information

Activity ID: 4054
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The AIDS Support Organization
Mechanism: TASO CDC
Funding Source: GHAI
Planned Funds: $ 565,836.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: CDC Base GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8378
Planned Funds: $ 144,730.00
Activity Narrative: This activity relates to 8379-Palliative Care;TB/HIV, 8380-ARV services, 8377-M&S, 8376,8381-Lab, 8375,8382,8383,8384,9108-SI.

The Home-Base AIDS Care (HBAC) project is a public health evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. The Ministry of Health (MOH), The AIDS Support Organization (TASO) and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-based approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also uses HBAC as a venue for training Ugandans in ART service delivery, as well as in key components of SI, including data analysis and data dissemination. CDC-Uganda staff provide training for all HBAC clinical care providers and patients in basic care services. High level technical staff were involved in overseeing the implementation of the preventive basic care package, including cotrimoxazole prophylaxis. Several of these staff were also involved in the original operational research activities that has defined the basic care package for HIV positive people in Uganda. In FY06 more than 1,500 individuals were served with HIV-related palliative care.

In FY07, the results of the 3 year evaluation of the study will be disseminated locally and through scientific publications. However, plans are in place to extend the study for an additional 3 years in order to fully answer important operational research questions relating to the impact of using clinical monitoring alone, in particular to determine precise definitions of treatment failure. In addition to this HBAC technical assistance, key staff will continue to work with the MOH and the PEPFAR Uganda ART Working Group in promoting the use of basic care services for all HIV+ patients in the country, and provide technical knowledge for ART delivery. Through HBAC, more than 4,000 individuals [including TB patients] will receive HIV-related palliative care.

Continued Associated Activity Information

Activity ID: 4431
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 144,730.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,346	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	11	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Busia

Mbale

Tororo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8386
Planned Funds: $ 134,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Prevention, 8388-CT, 8391-ARV Services, 8987-Palliative Care;TB/HIV, 8387-SI, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (COP 06:$250K for ARVs, $250K for services).

The Ugandan military continues to have challenges in providing adequate clinical care services to the estimated 15,000 to 20,000 HIV infected personnel and family members. This is due to a lack of trained clinical staff, an automated medical information system, and inadequate laboratory diagnostics for OIs and co-infections. These inadequacies are being systematically addressed via the support from the USG, initially in the Kampala based Bombo military hospital, and Mbuya military Hospital, with expansion to military medical facilities in Nakasongola and Wakiso. Drugs for OI prophylaxis and treatment are being procured for these 3 sites. Particular attention is paid to widows and OVCs that are eligible for services. A course has been developed for nurses and clinical officers through the Infectious Diseases Institute, Kampala and for the past 2 years this training has been used to ramp up care in HIV clinical management, to include addressing military specific issues.

In 07, these activities (diagnosis and treatment of OIs, drug procurement, training, lab services), will continue and expand beyond the 2 major clinical sites in Kampala and 2 outside Kampala sites to all 8 sites within the military health network providing ARV access. STI diagnostics and therapeutics and training for HCWs will be initiated. A new and extremely important expansion, given the recent compelling data confirming efficacy, will be to provide access to the Basic Health Care Package (impregnated mosquito nets; safe water vessel; co-trimoxazole) to the UPDF HIV positive personnel and family members. This will include a piloting of use of the BHC package in deployment/field scenarios.

Continued Associated Activity Information

Activity ID: 3968
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 134,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	70	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Infants
Military personnel
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Kampala

Luwero

Nakasongola

Wakiso

Gulu

Mbarara

Table 3.3.06: Activities by Funding Mechanism

Mechanism: State Department
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8394
Planned Funds: $ 80,000.00
Activity Narrative: This activity compliments activity 8393-Orphans and Vulnerable Children. Over the last year, the USG through the US Embassy Small Grants Office successfully administered a similar activity that awarded grants to community groups providing care and support for Orphans and Vulnerable Children.

This activity will use the same model to fund grass roots organizations in underserved areas to provide care and support to PHAS. Projects could include small income generating activities for women's HIV/AIDS networks or enhancements for rural health clinics.

Continued Associated Activity Information

Activity ID: 4763
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State Department
Funding Source: GHAI
Planned Funds: $ 80,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Peace Corps
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8395
Planned Funds:	$ 290,100.00

Activity Narrative: This activity also relates to 8397-Condoms and Other Prevention, 8398-AB, 8396-OVC, 8400-Management & Staffing.

The Peace Corps Uganda Emergency Plan program supports the USG Strategy of the Emergency Plan (the EP) for Uganda. By supporting the PEPFAR Strategy, Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and in turn, to the goals and objectives of our partner organizations which are hosting Volunteers. The program is designed so that Volunteers are closely engaged with a community through one or more hosting organizations, providing technical assistance for capacity building, and developing close personal relationships necessary for effective innovation in underserved areas. The PEPFAR program allows Peace Corps Uganda to strengthen community and Volunteer HIV/AIDS expertise, and to support highly focused community organizations in a variety of HIV/AIDS functions. Volunteers and partner organizations work together to identify areas of need and develop appropriate evidence based strategies that support sustainable interventions.

In an effort to increase access to comprehensive care for PLWHA, Peace Corps Volunteer and partner organization counterparts have assisted in building capacity of partner organizations to develop organizational capacity, practice improved skills, and develop systems which increase sustainability and provision of quality care services to clients. Community based structures including PLWHA groups, local leaders, religious leaders have been mobilized and trained to provide care at the community level. Volunteers have trained and supported many home caregivers in various care components and equipped them with sustainable skills with an aim of improving the quality of life for PLWHA's. These include skills and assistance for income generation projects like piggery, heifer projects and food processing projects for income generation, household food security and the provision of clean water for affected and infected families. Volunteers have worked with partner organizations, district HIV/AIDS networks and post test clubs to provide psychosocial support to PLWHA's through many channels including home visits. Peace Corps Volunteers and partner organization have been engaged in treatment promotion including referring PLWHAs' to ARV providing facilities and adherence education. Volunteers have supported families and PLWHA's to access basic care package services through linkages and partnerships.

The major portion of this activity is capacity building among community based organizations that operate in underserved areas, to improve and expand access to care through enhanced understanding of and ability to deliver basic preventive care services to those affected by HIV/AIDS. Six Peace Corps Volunteers will work with local organizations to undertake activities that develop organizational capacity, provide opportunities to practice improved skills, and develop systems that increase sustainability of these organizations' ability to deliver quality services. In addition to organizational development, activities will address innovative ways to insure clients have access to the basic preventive care package, including low labor/low input gardening for improved nutrition, improved clean water access, treated bed nets use among families affected by HIV, improved sanitation and hygiene, access to cotrimoxazole, and in house access or referral to treatment and prevention services.

Volunteers and Counterparts will work with PLWHAs' and orphans and vulnerable children caregivers to develop economic development and income generating activities especially those that can contribute to improved nutrition such as vegetable production and other permaculture activities. Small projects may include livestock improvements, piggeries, and food security support. The HIV/AIDS Technical Advisor to be recruited during FY07 will assist in supporting these care activities.

Continued Associated Activity Information

Activity ID:	3991
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	Peace Corps
Funding Source:	GHAI
Planned Funds:	$ 132,900.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care	40	☐
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Wrap Arounds

Increasing women's access to income and productive resources

Coverage Areas

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Pallisa

Rukungiri

Tororo

Wakiso

Ntungamo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8405
Planned Funds: $ 669,263.00
Activity Narrative: This activity also relates to Abstinence/Be Faithful (8406), Counseling and Testing (8404), Condoms and Other Prevention (8403) and Palliative Care: TB/HIV (9058).

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide the public with Voluntary Counseling and Testing (VCT) services on the premise that knowledge of ones own sero-status is an important determinant in controlling the spread of HIV. AIC also uses HCT as an entry point to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, PMTCT services and ART referrals and other care and support services. In FY 07 AIC will continue contributing towards the national efforts of decreasing the gap of 79% of Ugandans who would want to know their HIV status but are unable (Uganda Behavioral sero-survey 2005).

According to the 2005 Uganda behavioral sero-survey, 79% of Ugandans don't know their HIV sero-status, due to various reasons which include limited access to HCT services. The survey also indicated that of the 8% of HIV positive individuals in Uganda, 40% of HIV sero-positive Ugandans in partnership with an HIV-negative spouse and most of these have never tested and do not know that they are living in a discordant relationship. AIC records show that clients have a high sero-prevalence (18%-19%) compared to national figure of 6.4%). AIC will continue to provide and increase access to HCT services that promote the integration of relevant and appropriate HIV/AIDS services, including palliative care, TB screening and management services to supplement services available within the network model.

The 7 AIC branches will continue to offer the following medical services through its medical staff and counselors: medical treatment for opportunistic infections (OI) and minor ailments; STD diagnosis and management; septrin prophylaxis; psychosocial support; and on-going counseling to all its clients. The treatment of OI is intended to reduce morbidity and mortality among HIV infected clients. Approximately 8,000 clients will be treated for OIs, and other minor ailments; 15,000 clients will be initiated on septrin prophylaxis. This will contribute towards national efforts of implementing government policy on scaling septrin prophylaxis and national guidelines on management of OIs among PHA.

In collaboration with other partners such as Population Services International (PSI), an estimated 700 HIV positive clients will be provided with comprehensive HIV basic care packages which include treated mosquito nets, water vessel guards, IEC materials on positive living and septrin prophylaxis all of which aim at improving quality of life of PHAS. The index HIV+ client will be encouraged to mobilize other family members and the community to access CT so as to identify infected clients in the home setting to allow early referral to care and treatment. AIC will refer clients that require ART and other care and support services beyond what they can offer to other agencies such as Joint clinical research Centre, TASO, Mild May and Regional public health facilities.

To be able to provide quality services to these clients, AIC will provide refresher workshops to 120 medical counselors on current issues in AIDS care and support, owing to the changing dynamics of HIV/AIDS as well as other legislative issues such as prevention of gender based violence .

Continued Associated Activity Information

Activity ID: 3195
USG Agency: U.S. Agency for International Development
Prime Partner: AIDS Information Centre
Mechanism: AIC USAID
Funding Source: GHAI
Planned Funds: $ 380,263.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	23,700	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	☐

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Arua

Jinja

Kabale

Kampala

Mbale

Mbarara

Soroti

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Northern Corridor Program/Uganda Section
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8418
Planned Funds:	$ 525,000.00

Activity Narrative: This activity relates specifically to activities funded under Abstinence/Being Faithful (9169), Other Prevention (8416), Counseling and Testing (8417) and Orphans and Vulnerable Children (9176). Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With FY 2007 funds, ROADS will extend and strengthen ongoing activities in Busia and Malaba (Uganda-Kenya border) while expanding to Katuna (Uganda-Rwanda border). The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

At the end of 2003, approximately 5.7 percent of Ugandans (15-49) in the Eastern Region were infected with HIV, with prevalence rates among women significantly higher than those among men. In Busia, Malaba and Katuna?major hubs for goods transported from the Port of Mombasa to the Great Lakes Region?HIV prevalence exceeds the national estimate, with alarming levels of unprotected sex and untreated sexually transmitted infections. In Busia District, adult HIV prevalence is estimated to be 5.0 percent. Service statistics indicate that prevalence spikes to more than 20 percent in Busia Town. In Tororo District, location of the Malaba border crossing, adult HIV prevalence is estimated to be 6.3 percent, with prevalence increasing to approximately 15 percent in Malaba. Estimated HIV prevalence in Western Region, location of the Katuna border crossing, is 6.9 percent. In the three sites, truck drivers can spend up to a week waiting to clear customs. The combination of poverty, high concentration of transient workers, high HIV prevalence, sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. Busia, Malaba and Katuna are also bridges of infection to the rest of the country. Palliative care services in Malaba, and Katuna remain significantly underdeveloped. Community care has largely been provided by small and underfunded community groups with limited reach. For example, in Malaba, before ROADS initiated activities in the community, there was little palliative care for people living with HIV and AIDS (PLWHA) beyond psychosocial support through a small post-test club meeting weekly at Malaba Health Centre 3. In Busia, PLWHA have organized numerous groups to advocate for services, though there are glaring gaps in care and support services, particularly among faith-based organizations and the private sector. This is among the factors leading them to cross into Kenya for basic palliative care. Similarly, PLWHA in Katuna must travel significant distances for basic services.

Since launching SafeTStop in Busia and Malaba in mid-2006, ROADS has reached more than 2,000 PLWHA with palliative care services, focusing on nutrition, counseling on positive living, prevention for positives in HIV/AIDS-affected families, referral to clinical services, and provision of such non-clinical services as psychosocial and spiritual support. ROADS trained 285 individuals in Busia and Malaba to provide palliative care, in addition to 83 pharmacy/drug shop providers to offer counseling and referral on palliative care, opportunistic infections and antiretroviral therapy. With FY 2007 funds, the project will strengthen its work with the Friends of Christ – Revival Ministries (FOCREV) and Tororo Network of AIDS Service Organizations (TONASO), the two umbrella associations enlisted by ROADS to enhance home-based palliative care in Busia and Malaba. With these organizations and new partners in Katuna, the project will offer palliative care through 90 sites. ROADS will introduce the basic care commodities and will be linked with the malaria prevention program being implemented jointly by ROADS and the World Health Organization/Africa Regional Office. As part of the micronutrient component, ROADS will provide nutritious food to PLWHA and their dependents through the community farming model established in Malaba, Kenya. Food will be transported from a demonstration farm in Malaba to distribution points in Malaba and Busia towns. Nutrition and agricultural skills-building, along with HIV education, will be integrated into food growing and distribution. The project will also harness the reach and convenience provided by neighborhood pharmacies/drug shops, the first line of care for many community residents but particularly truck drivers and their immediate networks. Through Howard University/PACE Center, the project will continue upgrading pharmacy/drug shop

providers' skills in palliative care, including counseling on OIs and ART. The pharmacies/drug shops will also pilot pharmacy-based C&T for members of HIV/AIDS-affected families and transport workers, and provide outreach for care through the SafeTStop resource centers. Strengthening care for truck drivers will be a particular area of emphasis through the Amalgamated Transport and General Workers Union. With FY 2007 funds, ROADS will provide training and seed grants to address the lack of palliative care provided through FBOs. With the World Conference of Religions for Peace, the project will enlist FBOs to address stigma, denial and discrimination, which are persistent barriers to care- and treatment-seeking.

Continued Associated Activity Information

Activity ID:	4510
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Northern Corridor Program/Uganda Section
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	90	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	☐

Target Populations:

Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Truck drivers
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Increasing women's access to income and productive resources

Coverage Areas

Busia

Kabale

Tororo

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	HOSPICE
Prime Partner:	HOSPICE AFRICA, Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8419
Planned Funds:	$ 811,000.00

Activity Narrative: This activity also relates to activities in Treatment: ARV services (8420) and Laboratory Infrastructure (9100).

Hospice Africa Uganda (HAU), a registered national NGO, is at the forefront of palliative care (PC) throughout Africa. Commenced in 1993, it has now been one of the most successful projects and it'sstaff are recognized as technical experts for the Ministry of Health in palliative care. As a result of Hospice Africa Uganda's work, Uganda is a model for bringing affordable and culturally acceptable palliative care, for HIV/AIDS and/or cancer patients and families, throughout Africa. From the experience and initiative of HAU, two support organizations have been born: Palliative Care Association of Uganda (PCAU) whose brief is to support each of the Districts in Uganda with standards, education and follow up of services, and the African Palliative Care Association (APCA) to coordinate, assess and promote services throughout the continent, through advocacy, education, and setting standards. Currently HAU operates from three sites: Kampala (Head office), Hoima District and Mbarara District. Each of these district branches has a network of outreach sites in other districts around it. In addition, each branch has a technical team that offers palliative care training and follow up supervision for other HIV/AIDS care organizations.

In FY07, HAU plans to continue its mission of expanding access and scope of palliative care services to People Living with HIV/AIDS and their families, with a focus on increasing competence of HIV/AIDS care and service providers to engage in delivery of PC services and strengthening linkages between households, communities and palliative care delivery sites. HAU will build the capacity of service providers through both training/education and sensitization of health care providers and allied professionals. This is intended to support existing HIV/AIDS care organizations (public, private for profit and private not for profit) to integrate pain and symptom control, spiritual care and end of life care and bereavement support into their existing programs. This will be achieved through targeted trainings and through support visits to assist them internalize these skills.

As HAU continues strengthening the direct provision of comprehensive palliative care for PLHA and their immediate families it has also realized that optimizing quality of life for PLHA necessitates increasing their access to a variety of services ranging from pain & symptom management, prophylaxis and treatment of opportunistic infections, psycho-social support, HIV prevention, basic care (mosquito nets, family VCT), succession planning, spiritual care, as well as end of life and bereavement care. HAU recognizes that no one agency can provide all the components of care and support and will hence collaborate with existing networks of other service providers to co-manage patients to maximize synergies . Therefore linkages with and across partners is essential to maximize efficiency and improve access to holistic care. In this light, care in the community using HAU Community Volunteer Workers, and co-managed care with sister organizations will underpin this activity. Home based care will form the basis of this activity, especially to address the needs of PLHA during the critical stages of illness. HAU will use its family-centered approach to build capacities of families and communities to offer intermediate care to PLHA, and refer those needing professional care to the appropriate sources of care. We aim to provide palliation, spiritual support and support to the family to ensure peace and dignity at the end of life to an estimated 1,500 HIV/AIDS patients of whom 700 will be newly enrolled on program. Care provided by HAU is typically intensive and will be achieved through engaging in delivery of care services from home visits, outpatient clinics, day care centers (site & community), hospital consultations, outreaches and roadside clinics. The latter have proved to be viable strategies for accessing palliative care services to individuals who are unable to reach static sites. In addition to the patients enrolled on program, HAU expects to assess/consult, provide one-off care and/or refer 'to appropriate care, treatment and support services', another 1,000 PLHAs. This latter group of patients includes those who may be assessed and found ineligible for on-going palliative care and are usually referred to other organizations for appropriate care.

HAU also plans to work with PCAU in the setting of standards, technical assistance, and development of appropriate IEC for PC, and advocate for palliative care focal persons at the district level and palliative care teams within health systems, at hospital and community levels. Additionally, HAU will finalize updating all HAU training courses with information on referral networks and collaborations and setting up of local palliative care groups to support each other in palliative care delivery.

Continued Associated Activity Information

Activity ID: 3990
USG Agency: U.S. Agency for International Development
Prime Partner: HOSPICE AFRICA, Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	994	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional healers
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Traditional healers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Gender

Wrap Arounds

Food

Education

Microfinance/Microcredit

Coverage Areas

Hoima

Kampala

Bushenyi

Gulu

Masindi

Mpigi

Mukono

Wakiso

Buliisa

Ibanda

Isingiro

Kiruhura

Mbarara

Rakai

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	IRCU
Prime Partner:	Inter-Religious Council of Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8422
Planned Funds:	$ 1,200,000.00

Activity Narrative: This activity links to HIV counseling and testing (8424), HIV prevention (8426), Palliative care: TB/HIV (8423), OVC (8427) and Treatment: ARV Drugs (8428), ARV Services (8425) and Laboratory Support (9455).

The Inter-Religious Council of Uganda (IRCU) is an indigenous, faith-based organization uniting the efforts of five major religious institutions of Uganda including Catholics, Anglican Protestants, Muslims, Orthodox and Seventh Day Adventists to jointly address HIV/AIDS and other development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. Through its religious affiliates, IRCU encompasses a nation-wide network of not-for-profit hospitals and clinics as well as faith-based community organizations, providing an array of HIV/AIDS services including prevention, care and support to affected individuals, families. IRCU has received PEPFAR funds since 2004 and has developed a sub-granting program through which resources are channeled to faith-based organizations.

In FY07 IRCU is poised to further roll out palliative care services through two broad approaches, namely; facility and home based care. Home based care services will be delivered largely through the network of religious leaders and volunteers. Using FY06 funds religious leaders, home care givers and community volunteers have been trained in delivery of intermediate care and referral. The Ministry of Health is the final stages of developing a comprehensive Home Based Care Policy, IRCU will assist to roll out this policy and also use it to harmonize interventions among its various faith-based organizations. Similarly capacity is being built at facility level to be able to absorb and offer quality care to the increasing numbers of PLHA being referred from communities. This includes training of providers in AIDS care, strengthening human resources especially critical cadres like counselors and nurses, improvement in commodity procurement and logistics systems as well as building referral networks between communities and static facilities. IRCU will continue to consolidate the existing linkages between palliative care and other HIV/AIDS services including HCT, treatment and PMTCT through referrals within the same facilities and outside.

With FY06 funds, IRCU initiated the process of integrating new elements of care including pain and symptom management and end of life care, as well as context-specific elements of basic care into its existing care and support services. In FY07 IRCU will continue to scale up these care components through training of providers and raising community awareness. A partnership agreement will be developed with Hospice Africa Uganda, to continue building capacity for pain and symptom management and end of life care with IRCU supported Faith Based health units. Also negotiations are underway with the USAID supported AFFORD program to craft a cost-effective mechanism for distributing basic care commodities, especially insecticide treated nets and water purifying solutions. With the support of the new SCMS program, IRCU anticipates improvement in national systems for the procurement and distribution of palliative care commodities especially drugs for treatment and prophylaxis of opportunistic infections.

Double counting of service recipients remains one of the challenges for IRCU in monitoring its palliative care program. In FY 07, IRCU will work with faith-based partners to establish unique client registration files in which all palliative care data for all visits are kept. With the support of the USAID funded programs for AIDS Capacity Enhancement (ACE) and the Monitoring and Evaluation of the Emergency Plan (MEEPP), IRCU will also develop a comprehensive Monitoring and Evaluation system to track outputs and outcomes for its program. During the year, IRCU will a hold special review meeting for its faith-based palliative care providers to share good practices in the delivery of services and address any bottlenecks to the program in unison.

Through this activity, IRCU will expand provide palliative care services to reach 20,000 individuals through twenty faith-based sites. At least 1600 AIDS care providers including counselors, clinicians, nurses, laboratory staff and religious leaders will be trained.

Continued Associated Activity Information

Activity ID: 4363
USG Agency: U.S. Agency for International Development
Prime Partner: Inter-Religious Council of Uganda

Mechanism: IRCU
Funding Source: GHAI
Planned Funds: $ 1,500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,600	☐

Indirect Targets

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Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arua

Bushenyi

Iganga

Jinja

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Mbarara

Mukono

Nebbi

Rakai

Rukungiri

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8435
Planned Funds:	$ 2,040,000.00

Activity Narrative: This activity also relates to activities in Abstinence and Being Faithful (8437), Counseling and Testing (8433), Condoms and Other Prevention (8432), PMTCT (8434), Palliative Care: TB/HIV (8431), Strategic Information (8436), Other/Policy Analysis and Systems Strengthening (8838) as well as Treatment:ARV Services (8845).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Achievements to date: 32 outlets are providing HIV related palliative care (excluding TB/HIV) reaching 3,525 individuals. 138 individuals have been trained to provide HIV palliative care (excluding TB/HIV).

Despite increased resources from PEPFAR, Global Fund, the World Bank and other funding agencies there are still considerable gaps in access to palliative care. A limited number of people living with HIV/AIDS have access to palliative care services out of an estimated 800,000 in need. Therefore, increased access to palliative care remains a priority to which UPHOLD will continue to contribute in the nation's response to HIV/AIDS pandemic.

One key component of this activity is to continue providing comprehensive care and support to PLHA in 28 districts (including 8 that were formerly shared with the just concluded AIM program and the newly gazetted districts). UPHOLD will provide funds to both public and private health facilities to strengthen the delivery of comprehensive and integrated clinical services within the network model. Key areas of focus of clinical integrated services will include management of malaria/STIs and TB; provision of cotrimoxazole prophylaxis and post exposure prophylaxis (for health workers); pain management and symptom control and terminal and spiritual care outside the facility. UPHOLD will work with other partners such as Hospice Africa Uganda to rapidly roll out of this component through hospitals and Health Centre (HC) IVs in partner districts. 25,000 people living with HIV/AIDS will be targeted under this activity. 250 service providers from 145 public and private health facilities will be trained to provide the services mentioned above. On job training and support supervision to health workers will be provided.

As part of this activity, UPHOLD will leverage PMI resources for net retreatment; collaborate with AFFORD to facilitate access to socially marketed nets within the private setting.

Through UPHOLD supported civil society organizations, a family approach to delivery of palliative care services will be promoted. Utilizing the index HIV+ client as an entry point into the family and community, home based carers will have an opportunity to offer counseling and testing to spouses, children, orphans and other vulnerable children and assess them for prompt care, support and referral. To facilitate the delivery of services, home based carers will be provided with home based care kits. UPHOLD supported CSOs have already trained community workers who provide home based care services and are therefore able to implement and sustain this family approach. Various community based structures including post-test clubs, psychosocial support groups for HIV+ mothers and spouses, religious leaders, faith-based organizations and volunteers have been mobilized and will be trained and engaged in delivery of care and referral at community level. In collaborations with other stakeholders, these community volunteers will also address legislative issues including, stigma, discrimination and gender based violence An estimated 1,000 volunteers will be trained to support the services mentioned in this paragraph. The existing links between the health units and community support groups will also be strengthened through community volunteer interventions to ensure effective referral and follow up for PLHA. Effective referral and follow up will be enhanced through collaboration with the new PHA Activity. These linkages are particularly necessary for people receiving HIV/TB treatment and anti-retroviral therapy to ensure adequate support for treatment

adherence.

A component of this activity will focus on community mobilization activities to promote positive behaviors such as: gender equity; couple dialogue; partner counseling and testing; disclosure; and accessing treatment together. Community mobilization activities will also be directed towards elimination of negative behaviors that bring about stigma and discrimination associated with HIV/AIDS. UPHOLD will continue the support to strengthening/setting up of PLHA networks through training and logistics support in 28 districts of Uganda. PLHA networks will increase community mobilization, address stigma, denial and discrimination among PLHAs and their communities, and facilitate referral for treatment. This support is expected to increase the overall capacity of PLHA networks to access additional funding opportunities.

Continued Associated Activity Information

Activity ID:	3954
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 1,300,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	145	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,250	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Bugiri

Bundibugyo

Kamuli

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

Arua

Bushenyi

Katakwi

Mubende

Pallisa

Rukungiri

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Health Comm Partnership; AFFORD
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8440
Planned Funds:	$ 2,000,000.00

Activity Narrative: This activity relates to activities in Condoms and Other Prevention (8439) and Abstinence/ Be Faithful (9188).
AFFORD is a Cooperative agreement awarded by USAID to Johns Hopkins University in October, 2005.

The AFFORD Health marketing initiative has the following objectives: 1. Increase the accessibility and affordability of HIV/AIDS, Reproductive health, Child Survival and Malaria Products and services for communities and families in Uganda using innovative private sector approache;. 2. Enhance knowledge and correct use of HIV/FP/CS/Malaria products and services to encourage and sustain healthy behaviors and lifestyles within communities and families; 3. Strengthen/establish indigenous organization(s) for the sustainable and self sufficient delivery of key health marketing functions, including product distribution and promotion. AFFORD is a consortium of six organizations, two international and four local. With sustainability being one of AFFORD's key results, all six partners are contributing their unique skills to set up an indigenous organization, the Uganda Health Marketing Group (UHMG), that will possess the Technical, Managerial and Financial capacity to continue in the footsteps of AFFORD at the end of the project. UHMG is currently fully staffed and is working alongside the consortium partners. AFFORD took over the social marketing activities previously carried out by Population Services International (PSI). To date the program has achieved a seamless transition from PSI in the social marketing of three products including condoms without consumers feeling the impact of change of provider. Key highlights of the program after nine months of implementation include the distribution of 15 million condoms through over 20,000 outlets and the communication of key health and HIV prevention messages to over 100,000 people through community outreach programs targeting mainly most at risk groups including the military, migrant workers, commercial sex workers and truckers.

The AFFORD project integrates health communication and social marketing techniques in an innovative way, intended to change and sustain positive behaviors and entice commercial private sector participation to increase access to palliative care products and services. The provision of a wide range of palliative care products and services through the private commercial sector and other private not for profit institutions is key in bringing palliative care to a large numbers of PLHAs. A preliminary situation analysis that engaged over 40 PLHA support groups in dialogue shows that a large proportion of PLHAs prefer to access palliative care products and services through private sector channels which in their opinion offer better quality services in more discrete settings. AFFORD will lead a community-based, consumer-driven approach to the provision of preventive/palliative care products which responds directly to needs defined by PLHAs themselves through their preferred channels.

In FY07, palliative care products will become increasingly available and accessible through a variety of private sector service delivery outlets in response to interest expressed by PLHA's to access products and services in the same way that other clients access general health products and services. AFFORD will engage in traditional social marketing of palliative care products by tapping into existing commercial distribution channels including private sector pharmacies, drug shops, midwiferies and clinics. Palliative care products will also be made more accessible to HIV/AIDS FBO/NGO/CBOs serving PLHAs through an innovative strategy recently implemented by AFFORD known as the virtual facility. The goal of the virtual facility is to negotiate/broker lower prices on high quality palliative care products with private sector suppliers by ensuring these suppliers a high volume of aggregate sales. Interested FBO/NGO/CBOs in the private sector are able to take advantage of the AFFORD coordinated economies of scale and pass the price reduction benefits on to their clients thus increasing access. In very little time, the virtual facility has become an attractive option for both private service providers and private sector suppliers, ensuring the continued market interest of the later and a reliable source of high quality palliative care products at reduced costs for the former. The range of palliative care products accessible through the two above mentioned strategies include, Cotrimoxazole, Water purification tablets, Condoms, LLINs, Multivitamin with essential minerals/ antioxidants, Fluconazole tablets, STI kits and family planning to name a few.

AFFORD has developed an umbrella logo for service delivery points, vehicles of communication and products provided by the program. Private sector service providers distributing AFFORD supported products, and having been trained by AFFORD in how to

best support patients to use these products correctly, will display this logo. An associated communication campaign will promote the service providers and the products offered through outlets sporting the quality logo. Health care providers to be trained in FY07 include: 1. Uganda Medical Practitioners Association - 500 Doctors will be trained in providing palliative care to PLHA's through their clinics; 2. Uganda Private Midwives Association - 400 midwives will be trained to provide palliative care treatment to PLHA's and 3. Pharmacists & Drug Shop Owners - 230 Pharmacies and 500 drug shop owners will be trained to provide palliative care. 200 Popular Opinion Leaders (POLs) and 100 Small Scale Entrepreneur's (SSEs) will also be trained on the importance of health maintenance strategies in HIV affected households and HIV positive individuals including the correct and consistent use of appropriate palliative care products. These community actors will be supplied with communication materials enabling them to effectively assume the role of resource persons to PLHAs and to strengthen the network model through effective referrals/linking of HIV positive individuals to service delivery sites. Other palliative care materials produced by AFFORD will include brochures, job aids, wall charts and a health maintenance handbook. These will be made available to all associated service delivery sites. Two already existing communication vehicles, 'Everyday Health Matters' - a newsletter targeting consumers - and 'Under the Mango Tree' – a community dialogue program recorded for community radio broadcast - will be used to encourage PLHAs to access service providers displaying the 'good life' logo. Project partner PULSE will mobilize PLHA networks and carryout palliative care awareness raising, increasing knowledge about the benefits of palliative care products and services and linking PLHAs to high quality products and service delivery sites. Support groups will be encouraged to form cooperatives for bulk purchasing of palliative care products through the virtual facility at markedly reduced prices. AFFORD is also exploring with several PHA support programs the possibility of involving PLHA groups in the distribution of palliative care products supported by the program as a means of income generation. As Northern Uganda is presenting a relatively high prevalence area of HIV, AFFORD will continue to provide special support to internally displaced persons and communities affected by war in accessing palliative care products.

AFFORD will train 1200 service providers to support and promote the provision of palliative care products to PLHAs. The program will deliver the products through 3500 outlet reaching a estimated target of 210,000 PLHA accessing products through the efforts described above. AFFORD will work closely with CDC to ensure maximum synergy between the distribution of the free basic care package and AFFORD's social marketing approach working through private sector channels.

Continued Associated Activity Information

Activity ID:	4409
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	AFFORD
Funding Source:	GHAI
Planned Funds:	$ 2,000,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3,500	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	150,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,200	☐

Target Populations:

Community-based organizations
Faith-based organizations
Discordant couples
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists

Key Legislative Issues

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Joint Clinical Research Center, Uganda
Prime Partner: Joint Clinical Research Center, Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8442
Planned Funds: $ 340,000.00

Activity Narrative: This activity also relates to Palliative Care:TB/HIV (8445), Treatment: ARV Drugs (8443), Treatment :ARV Services (8444), and Laboratory Infrastructure (8441).

The Joint Clinical Research Centre (JCRC) is an indigenous and the first autonomous organization to provide ART in Uganda. Established in 1992 to undertake AIDS vaccine research and an early Drug Access Initiative Partner, JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment. A cooperative agreement with USAID in 2003 launched an extensive expansion of ART across the country and a major increase in the number of PHAs able to access care and treatment. JCRC has expanded from 4 to 40 ART sites, currently serving over 17,000 current clients on ARVs, as at the end of July 2006, including over 8,900 orphans and vulnerable children, orphans' care takers, pregnant women and health care workers, receiving treatment as part of a fully subsidized program,.

With funding in FY2007, JCRC will expand services to 7 additional sites bringing the total sites to 50 ART sites, and reaching a minimum of 30,000 people, including 20,180 orphans and children, orphans' care takers, pregnant women, health care workers and other vulnerable groups receiving fully subsidized treatment. Strong collaborations exist with the Ministry of Health, Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), Walter Reed Project, Makerere University John Hopkins (MU-JHU), UPDF, UWESO, World Vision, and faith based organizations. These linkages will connect pregnant women and children to ART centers for early diagnosis, palliative care and treatment where required.

With FY 07 funding, JCRC will provide HIV related palliative care services to 65,000 clients. Services provided to all clients reporting for HIV/AIDS clinical care at any of the 50 JCRC supported sites will include: HIV testing, diagnosis of opportunistic infections including TB (see Palliative CARE TB section), immunological tests including CD4 and PCR for pediatric diagnosis. This capability already exists at JCRC and will be extended to regional centers of excellence, which are Mbale in the East, Fort Portal, West, Kabale, South West, Gulu, North, Mbarara (has been strengthened to achieve capability in Flow Cytometry, CD4 and viral load, but will run autonomously) and Kakira, Central. For those HIV+ patients who are not at a stage to require ART, will be followed up closely at JCRC satellite centers and at lower level health centers where other partners have the capacity to manage HIV care. TREAT will provide care and support for patients undergoing testing and found to be HIV+ but not at the stage for ART through regular clinical assessment within the health care system (facility and outreach). In addition, this will include diagnosis and treatment for OIs, prophylactic treatment of OIs, family planning, pain management, coordination and referral to other care and support services both within and outside the health network. Most of the patients will require cotrimoxazole prophylaxis as preventive care, in accordance with the Ministry of Health guidelines. JCRC will work with the logistics and procurement systems at sites (MOH and NGO) to ensure full supply and distribution. JCRC will ensure adequate availability of preventive and palliative care, such as provision of LLITNs, safe water, family planning, psychosocial support and counseling, nutritional support, etc. through the existing facility, PHA networks or other groups in the community best able to deliver those services. Patient and community support groups will be strengthened or established at each facility adherence to care and be a conduit to provide elements of preventive and palliative care directly to clients. These will be closely linked to the adherence officers at sites. Pain management and provision of morphine will be delivered through linkages with Hospice Uganda which has an expanded program to train and deliver palliative care/pain management nationally. TREAT facilities will also have capacity to undertake home care and pain management through direct or networked provision.

Finally, the 50 JCRC direct and satellite sites will be involved in HIV prevention as part of comprehensive HIV/AIDS care and prevention in positives. JCRC will take on board established packages of preventive and palliative services either through the health facility or other organizations working with the health facilities.

Continued Associated Activity Information

Activity ID: 4442
USG Agency: U.S. Agency for International Development
Prime Partner: Joint Clinical Research Center, Uganda
Mechanism: Joint Clinical Research Center, Uganda
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Gulu

Hoima

Jinja

Kampala

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Lira

Mubende

Kabale

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

Wakiso

Apac

Iganga

Kalangala

Kamuli

Kanungu

Kitgum

Pader

Bukwa

Ibanda

Kaabong

Kiruhura

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8454
Planned Funds:	$ 2,914,000.00

Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8456), Condoms and Other Prevention (8452), Orphans and Vulnerable Children (8453), Strategic Information (8455) and Laboratory Infrastructure (8451).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

Achievements to date: 130 individuals trained from 11 service outlets to provide palliative care: basic health care and support for HIV infected people thus reaching 65,005 individuals.

This activity will provide basic health care and support to an estimated 40,000 clients and 10,000 family members served through 7 TASO centers viz Jinja, Mulago, Mbale, and Masindi, Rukungiri and Soroti and their outreach clinics. Basic health care and support will include clinical care services, psychosocial support, social care and support and linkages to referral networks. Under clinical care services TASO, through 7 centers and 29 outreach clinics, will provide ongoing post-test counseling, Opportunistic Infection management, STI diagnosis and treatment, family planning, PMTCT support services (through counseling and referral for services), nutritional counseling and education, pain relief, ongoing assessment for ARV readiness and support services to ART adherence. Under psychosocial support, TASO through counselors and community support groups at the 7 centers and 34 outreach clinics will provide support for disclosure of serostatus to partners, will-making and bereavement. Approximately 200 counselors will receive refresher training on emerging issues like discordance, positive prevention, adherence to ARV regimens and couple counseling.

Under social care and support, TASO through community mobilization and community support groups, will provide psycho- social support to HIV-infected individuals and their families and promote maintenance of linkages to and use of healthcare services and the reduction of stigma due to HIV/AIDS.

TASO will maintain strategic linkages with partners engaged in nutritional support, sustainable livelihoods programming and economic empowerment of PHA. TASO will seek to renew the MOU with WFP likely to support 44,244 PHA and family members. TASO will seek to participate in the new ACDI/VOCA multi-year activity plan that will provide nutritional support to PHA registered with TASO Soroti, Lira Mini-TASO, TASO Gulu and Mini-TASOs in the Acholi sub-region.

TASO will continue to collaborate with partners in HIV/AIDS care that include 8 Mini-TASO and 10 CBO. Through USAID FY07/08 funds TASO will support the activities of Mini-TASO/CBO in the Eastern Region, namely Kaberamaido Mini-TASO, Pallisa Mini-TASO, KASO-Kumi and KASO-Kapchorwa; and Mini-TASO/CBO in the South-Western Region, namely Kabale Mini-TASO, Kasese Mini-TASO, Virika Hospital and Sembabule CBO. TASO will grant US$ 33,333 for Mini-TASO/CBO in Eastern region and US$ 67,500 for those in South-Western region. Mini-TASO/CBO will be engaged in Prevention Other and Palliative Care: Basic Health Care and Support activities. These partners are supported to provide HIV care and support services through adoption of the TASO model of HIV care including involvement of PLWAs, psychosocial care plus set up of HIV M&E system

Continued Associated Activity Information

Activity ID: 3975
USG Agency: U.S. Agency for International Development
Prime Partner: The AIDS Support Organization
Mechanism: TASO USAID

Funding Source: GHAI
Planned Funds: $ 3,734,686.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	90	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	720	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Coverage Areas

Bugiri

Bushenyi

Busia

Gulu

Iganga

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

Adjumani

Apac

Arua

Bundibugyo

Hoima

Kabale

Kabarole

Kaberamaido

Kalangala

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kyenjojo

Luwero

Moyo

Mubende

Nakasongola

Nebbi

Amuria

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	AIDS Capacity Enhancement Program, ACE
Prime Partner:	Chemonics International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8458
Planned Funds:	$ 500,000.00

Activity Narrative: This project is linked to activities in Treatment: ARV Services (8459), Strategic Information (8460) and Other Policy and Systems Strengthening (8461).

Under PEPFAR, the USG in full support of the Ugandan National Strategic Framework for HIV/AIDS and in partnership with the Ugandan AIDS Commission, has greatly expanded the availability of HIV/AIDS prevention, care and treatment services in Uganda and the number of active HIV/AIDS partners at national, district and local levels. At the same time, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of funding and services is benefiting many of the Ugandans, there are increased needs to be strenghtened, local institutions to meet, challenges, especially in strategic leadership, management, financial and Monitoring and Evaluation systems.
In December 2006, the AIDS Capacity Enhancement (ACE) program was launched by Chemonics International Inc. The purpose of this contract is to provide organizational development technical assistance and engage highly specialized local consultants to build the capacity of targeted Ugandan institutions for improved HIV prevention, care and treatment program outcomes. This program also strengthens administrative and managerial systems to fortify in a sustainable manner the targeted institution's ability to respond effectively to emerging opportunities resulting from the vast increases in HIV/AIDS funding.

In FY06, the ACE program has worked with the Inter-Religious Council of Uganda (IRCU), the Joint Clinical Research Center (JCRC), Hospice Uganda and the MOH/Resource Center to conduct participatory organizational diagnostics and develop tailor made work plans to address the specific challenge faced by each of these indigenous institutions. ACE has also worked with UAC and bilateral and multilateral HIV/AIDS donors to develop a highly coordinated plan to build this national coordination body's capacity to fulfill its strategic leadership mandate. Specifically, ACE is strengthening UAC's capacity to lead the evaluation of the previous National Strategic Framework for HIV/AIDS and to facilitate the development of the new Framework, a process involving virtually all HIV/AIDS stakeholders in Uganda. As part of this exercise, ACE will be involved in the development and operationalization of the new National Monitoring and Evaluation Framework which will contribute significantly to the achievement of the "3rd One" or One Monitoring and Evaluation System.

The ACE program has several different components. In FY07, ACE will work closely with IRCU and its network of faith based service providers, JCRC and Hospice to strengthen a myriad of information and program management systems increasing access to high quality palliative care services throughout the country.

Specifically, ACE will to strengthen IRCU's sub-granting mechanism to support the expansion of palliative care services through its network of faith based service delivery sites. ACE will build the capacity of IRCU to develop and/or contract for technical assistance to produce training curricula and job aids to improve the skills and job performance of home based care and treatment outreach teams. These teams will be trained and supported to provide a full spectrum of palliative care services including disease prevention through appropriate use of health products such as LLINs, cotrimoxazole, safe water products and nutritional supplements and symptom and pain management and control of opportunistic infections. They will also be tooled to provide adherence support counseling, and grief and bereavement support. ACE will also build the capacity of IRCU to develop and implement quality assurance systems such as support supervision structures and associated tools for application and dissemination to all existing IRCU network sites. ACE will work with IRCU to strengthen community outreach and referral systems to increase access to holistic and comprehensive care, support and treatment both within its network of faith based service delivery sites and beyond. Finally, ACE will help IRCU to develop and implement a network wide communications system to facilitate the sharing for critical technical and managerial information, share lessons learned and disseminate best practices. ACE will work in close collaboration with USAID's Quality Assurance Program as well as its PHA Networks program in its work with JCRC.

With JCRC, ACE will focus on standardizing data collection systems across JCRC sites in order to improve clinical patient monitoring. ACE will work with JCRC headquarters staff to improve communication systems between its Regional Centers of Excellence and its vast

network of service delivery sites to improve the quality of care provided to PHAs and to enable JCRC HQ and Regional Centers of Excellence to be more supportive of and responsive to the satellite service delivery sites. ACE will also work with JCRC to strengthen its coordination and referral systems linking HIV + patients to comprehensive care and support services. ACE will work in close collaboration with USAID's Quality Assurance Program as well as its PHA Networks program in its work with JCRC.

Hospice specializes in HIV/AIDS symptom control, pain management and culturally appropriate end-of-life care and now trains both public and private service providers and sites to offer these services to HIV + individuals and their immediate families. ACE will work with Hospice Uganda to establish organizational management systems that will enable it to grow as an institution and become an even larger player in the fight against HIV/AIDS in Uganda

With each client organization ACE will ensure that all activities maximize systems strengthening, capacity building and skills transfer so as to ensure the sustained ability of these indigenous institutions to expand access to high quality palliative care services. ACE will also incorporate issues of gender and stigma/discrimination into all its activities to strengthen client organizations' ability to identify opportunities for more appropriate/senstive programming and also to link clients to wrap around services such as food, education, microfinance and micro-credit support programs.

ACE programming in this area will remain relatively flexible in order to be able to respond to the emerging/changing needs of existing client organizations or possibly to new indigenous institutions as determined by USAID.

OGAC Reviews: #8458 (ACE) – why is this agency specific when there are many partners across the program. Why is this not done at a programmatic level rather than an agency specific level? Could this not be combined with #8862 (SCMS) which is also providing technical assistance

ACE is not agency specific. It is a flexible mechanism that provides tailored technical support. The program provides technical support in a number of areas within the Uganda national program, including the Ministry of Health Resource Center, the Uganda AIDS Commission and the Ministry of Finance Planning, Economic Development for Global Fund support. In addition, ACE supports the USG PEPFAR team and PEPFAR Coordinator with planning, decision making and improving ways of working. ACE Key NGO partners at this time include IRCU, JCRC and Hospice and support to these key indigenous partners (all recent awardees of USG funds) includes financial management, organizational development, governance and administration, human resources, monitoring and quality assurance. Other USG supported NGOs could also receive support as needed for similar areas with increased funding.

This cannot be combined with SCMS which focuses on a different mandate of supply chain management.

Continued Associated Activity Information

Activity ID:	4525
USG Agency:	U.S. Agency for International Development
Prime Partner:	Chemonics International
Mechanism:	Capacity Building of Indigenous Institutions
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

All ACE targets are indirect and will be counted by IRCU, JCRC and Hospice

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Expanding the role of People Living with HIV/AIDS Networks
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8462
Planned Funds:	$ 840,000.00

Activity Narrative: This activity also relates to activities in Palliative Care: TB/HIV (8463), Orphans and Vulnerable Children (8464), Counseling and Testing (8900) and Treatment:ARV Services (8465). It is widely recognized that greater involvement of PHAs (GIPA) results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decrease stigma and discrimination through improved understanding of the PHA experience. The Program for expanding the Role of PHA Networks in Uganda, a 3-year program(2006-2009) implemented by the International HIV/AIDS Alliance(IHAA) serves to increase PHAs' access and utilization of HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services.

The program through the provision of technical and financial support through sub-grants, is tasked with mobilizing and strengthening the national PHA organization (NAFOPHANU), 14 district and over 40 sub-district PHA networks in Uganda. The IHAA will build institutional and technical capacity of these PHA networks to increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanisms to link their members, families and the communities to HIV/AIDS care, prevention and treatment services.

In FY07 the program will train 160 NSA and 80 PHA Networks groups in psychosocial support, home-based care, ART literacy, communication and counseling skills – including how to support disclosure and adherence, living with a chronic condition-including prevention for HIV positive people themselves and their partners (the issue of discordant couples will be addressed here), stigma, including strategies to confront stigma, particularly linked to health care settings, record keeping and referrals and care for cares. PHA groups will receive small grants to facilitate and promote positive living among their members, and procure HIV/AIDS care and support commodities. Examples of these commodities include long lasting insecticides treated mosquito nets (LLITNs), condoms, gloves, safe water containers and co-trimoxazole prophylaxis. The PHA Net works and groups will also provide home-based care services ranging from psychosocial support services, home visits, elementary pain management, nutritional education and counseling. The program will work in collaboration with AFFORD, a USG-funded social marketing group, to market, procure, and distribute the HIV/AIDS commodities. es
Through over 80 service outlets comprising of the PHA Networks community outreaches and health facilities working directly with the NSA, the program will provide palliative care to over 70,000 PHAs and their families.

A key focus of this program is to ensure that all people that test HIV-positive are linked to palliative care and treatment services either through services provided by PHA networks themselves, or through referral systems managed by these same networks to existing health facilities. PHA networks and groups will identify and second some of their members to be trained as Network support Agents (NSA). NSA will be attached to health facilities to facilitate referrals and linkages of clients to HIV/AIDS care and support services, Post-test clubs and community based groups including PHA networks and groups.

The NSA will also implement the family-based approach to Palliative Care delivery with the index HIV positive client serving as an entry point into the family and the community to provide counseling and testing to household members, and providing and/or linking those found HIV-positive to care, treatment and prevention services. The family approach also enhances easy identification of discordant couples, prevention of OIs and prevention of HIV transmission especially among discordant couples.

To ease on the shortage of human resources at the health facility and at community level, PHAs, religious leaders, FBOs and other volunteers will be trained and engaged in the delivery of home-based care and referrals at community level. Working with health facilities in the sub district, PHA networks will also facilitate outreaches, which will be used as a viable strategy for accessing palliative care services to individuals who are unable to reach static sites.

The Alliance has adopted the network model approach to deliver palliative care services to communities and households. The model aims at enhancing easy access to a wide rang of essential services for PHAs and their families. Prevention, care, treatment. The Alliance will

also work with and link PHA groups and District networks to the wrap around services like family planning and broader reproductive issues, supplementary feeding, livelihood programs, social and economic reintegration programs and access to safe water and sanitation. The program will train and build the capacity of local organizations providing palliative care to effectively refer and link their clients to the "wrap around" services. Alliance will also continue to work with other organizations like Ministry Of Health, UAC, USG-funded palliative care organizations and other local partners to support the delivery of quality palliative care people infected and affected by HIV/AIDS.

plus ups: Existing linkages between HIV services and traditionally non-HIV related services are weak. This activity will support linkages between HIV services with non-HIV related clinical services, enhance support for adherence through multiple avenues and establish best practices for linking facility-based care to community-based care. This activity will facilitate referral systems that ensure a patient is able to access a complete package of care throughout the HIV stages of disease progression. The program will identify, implement, document and share the best practices.The program will also provide support to USG partners in incorporating these approaches into the HIV/AIDS continuum of care across facility-based and community-based care settings.

Continued Associated Activity Information

Activity ID: 4688
USG Agency: U.S. Agency for International Development
Prime Partner: International HIV/AIDS Alliance
Mechanism: PHA Network
Funding Source: GHAI
Planned Funds: $ 640,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	80	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	68,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	260	☐

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Pharmacists
Traditional birth attendants
Traditional healers
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8468
Planned Funds:	$ 871,966.00

Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: TB/HIV (8469), Counseling and Testing (8470),Treatment :ARV Services (8472),Treatment: ARV Drugs (8471), Laboratory Infrastructure (8473), Strategic Information (8474) and Other/Policy Analysis and System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources. Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end in FY07, and NUMAT will serve as the primary district based HIV/AIDS program for the USG.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In the Acholi region, where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

In view of the acute human resource constraints facing the conflict affected districts of the North, one specific area that the project will put focus on is to work with other stakeholders to innovatively address the critical human resource gaps in the region. NUMAT will collaborate with UNICEF and the MOH in the implementation of the minimum package of Health Facilities support and with others to design and implement appropriate incentive packages that will be linked to a broad human resource support strategy in conflict and post conflict districts.

NUMAT will also work in close collaboration with all of the key stakeholders supporting the North including the GOU, local government political and technical officials, UN agencies, humanitarian organizations, local faith and community based organizations and USG supported activities. Specific organizations working on palliative care include international NGO efforts to support home-based care and key USG supported activities.

The planned key achievements in year 1 include: building and strengthening the capacity of all hospitals and HCIVs to offer basic palliative care and reaching big camps with basic palliative care.

Year 2 activities will build on year 1 achievements and will include : supporting the scaling up of Basic palliative care services to lower health units and camps in the periphery. The project will coordinate closely with the USAID supported PHA initiative to support PHAs and their families to increase access to and use of appropriate, well supported and supervised palliative care services. The project will work through and strengthen PHA networks, health facilities, CBOs and Community Care Coalitions (CCC) to strengthen and expand home and community care services and strengthen the referrals/networks for those individuals who require clinic based care.
The project will support access to preventive care services including septrin prophylaxis for opportunistic infections (OIs), peer psychosocial support, communications for prevention among positives, condoms, and linkages to wrap around services including food, material support, and family planning. ITNs will be comprehensively provided to all districts in the north in FY06 and FY07 through PMI. Community and home-based care (HBC) organizations and community volunteers will be strengthened to serve as the primary providers of critical services. The project will coordinate with and leverage other USG supported initiatives IRCU, AFFORD, PSI and the Expanding of PHA network project to reach more PHAs with basic palliative care services.

Logistics systems will be supported through training and mentoring in collaboration with SCMS and Deliver II.

In the Lango sub region, PHA networks are more functional as a network and will continue to be strengthened. In the Acholi sub region PHA groups have been fragmented through donor support. This activity will seek to strengthen and consolidate PHA groups and networks within camps and across districts.

Continued Associated Activity Information

Activity ID:	4699
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 871,966.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	210	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,648	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	735	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Traditional healers
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Education Sector Workplace AIDS Policy Implementation
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8480
Planned Funds: $ 148,000.00
Activity Narrative: This activity also relates to activities in Counseling and Testing (8479) and Condoms and Other Prevention (8478) . Building on USG public sector programs, this activity continues to serve as the USG prime mechanism for leveraging the public sector support to increase access to and use of AIDS treatment, prevention and care services in the Education sector.

Achievements to date: 5,700 individuals have been reached with IEC/BCC promoting the benefits of palliative care. 1,800 of those reached have been tested for HIV and received results. Those who have turned to be HIV+ have been referred to TASO, JCRC and district referral hospitals using a standard referral form that is tracked by the project.

The MoES HIV/AIDS workplace policy identifies a range of care and support services it is committed to facilitate access for its workers living with HIV/AIDS. These include wellness programs, psychosocial support, home based care, treatment (OI & ART) and legal advice for HIV/AIDS positive employees. This activity is designed to tap into and build upon services being provided by existing family, community, FBO, private and public health and social support systems to increase care, treatment and support to teachers and MoES employees living with HIV/AIDS.

The ESWAPI project will continue creating awareness among teachers and MoES employees in all the four regions about available care and treatment services within their communities and encourage them to seek, participate in and benefit from these programs depending on individual needs and choices. Each teacher, MoES employee or family member that undertakes HCT will be an index for entry, identification, counseling and referral of any family member that may require palliative care.

To ensure wide and continuous service accessibility, the ESWAPI project will strengthen established formal collaboration with local and national HIV/AIDS service providers and mechanisms through which beneficiaries of this project can access comprehensive care and treatment. This activity will support service providers to carry out outreach services e.g. community-based home based care targeting teachers, facilitate replenishment of essential commodities like Septrin in times of stock outs and facilitating teachers enrolled in HBC programs to visit health centers for emergency and routine clinical care. In the collaboration, the project will commit to identifying and referring teachers and MoES employees that need care and treatment while seeking partner organizations' provision of the required care and treatment.

Positive Teachers and MoES will be supported to join PHA groups and networks or form their posttest associations to advance their welfare where such are not readily available. Additionally, ESWAPI will utilize the skills and expertise of renowned PHA personalities within MOES, among Teachers, from and from PHA networks in dealing with stigma and tackling denial, discrimination, inaction, and shame in education institutions. By sharing their personal experiences encountered living with HIV/AIDS, prominent personalities especially educationists will inspire and stimulate PHA in the education sector to open-up, talk about the challenges they meet e.g. in adhering to their treatment regimens hence creating opportunities to be helped. More opening up will energize more teachers to seek HCT and seek comprehensive HIV/AIDS services. Additionally, the increasing presence of PHA that have publicly disclosed their seropositive status in the workplaces will reinforce the message that it is possible to go on living and working normally, a critical step in successfully dealing with work-related stigma and discrimination.

Continued Associated Activity Information

Activity ID: 4448
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: Education Sector Workplace AIDS Policy Implementation
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Teachers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Busia

Gulu

Kabale

Kaberamaido

Katakwi

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Luwero

Masaka

Mbale

Nakasongola

Rakai

Sembabule

Soroti

Tororo

Kapchorwa

Kibale

Kiboga

Mubende

Pallisa

Sironko

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Routine Counseling and Testing in Two District Hospitals
Prime Partner: Research Triangle International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8517
Planned Funds: $ 350,000.00
Activity Narrative: This activity also relates to activities numbers: 8540-AB, 8539-Palliative Care;TB/HIV, 8518-CT, 9636-Condoms and Other PRevention.

Research Triangle Institute (RTI International) is an international, independent, not-for-profit organization dedicated to improving the human condition through multidisciplinary technical assistance, training and research services that meet the highest standards of professional performance. RTI is partnering with AIDS Healthcare Foundation (AHF) to support the Uganda Ministry of Health (MOH) in providing Routine HIV Testing and Counseling (RTC) and basic care (BC) services to patients in district hospitals and health center (HC) IV facilities. In this partnership RTI contributes to the national response to address the significant service gaps that still exist in the provision of HIV counseling and testing (HCT) and linkages to care and support services in Uganda.

As of July 31, 2006, the project has identified 4,337 HIV positive clients who have been linked to health facilities so as to receive Palliative Care (PC) that includes cotrimoxazole prophylaxis, basic care kits and specialized care. RTI has supported the strengthening of the referral system for HIV+ together with the provision of septrin to cover for shortfalls at the supported health facilities. Currently, more than 80% of HIV+ patients attending HIV clinics in the project supported health facilities have been identified through the RTI RCT/BC program.

During FY07, a total of 13,100 HIV+ patients will be initiated on cotrimoxazole prophylaxis and referred for specialized care in 14 health units. In addition, the program will aim at having at least 95% of all identified HIV+ patients enrolled in the chronic care clinics where they will be started on cotrimoxazole, and receive basic care kits and information on the prevention of diarrheal diseases and malaria. An equally important aspect to palliative care that the program will work one is to institute measures that improve the quality of care provided to HIV+ patients. Clinical staff will be trained to show compassion and hope rather than discrimination when treating and/or caring for HIV-infected patients and their dependents. The program will also ensure that patients receive other specialized PC services including psychosocial counseling and support. To bridge the existing human resource gaps in the health facilities, volunteer health workers and/or PHAs will be recruited and trained to support the provision of on-going counseling, psychosocial support and help patients to develop care and treatment plans in order to improve adherence. All health care workers in the new facilities and newly recruited staff in currently supported health facilities will be trained to provide facility-based palliative care and /or referral for further assessment and specialized care for HIV+ patients. Refresher training and technical support supervision will also be provided as needed to ensure quality delivery of PC services. The project will also distribute MOH standard operating procedures, protocols and job aids on PC to all supported health facilities. In order to minimize stock-outs, RTI will support health unit staff to enable them forecast and requisition for the right amounts of septrin, ARVs and other relevant drugs.

Continued Associated Activity Information

Activity ID: 4044
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Research Triangle International
Mechanism: Routine Counseling and Testing in Two District Hospitals
Funding Source: GHAI
Planned Funds: $ 233,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	13,100	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kaberamaido

Mpigi

Kasese

Masindi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Makerere University Walter Reed Project (MUWRP)
Prime Partner: Walter Reed
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8526
Planned Funds: $ 317,000.00

Activity Narrative: This activity relates to other activities in; 8544-AB, 8531-OVC, 8543-CT, 8527-ARV Services,, 8528-Lab, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing. Also during FY06, MUWRP supported activities that improved the identification of and provision of services to the Districts' population of orphans and vulnerable children.

These activities link to MUWRP activities under Treatment, OVC, CT, Laboratory, and Strategic Information. At the beginning of FY06, facility based HIV clinical services in Kayunga District were only available through the Kayunga District Hospital. Very recently, MUWRP supported a rapid scale-up of HIV services, including ART, which increased the number of HIV/ART clinical care sites to include the Kangulamiria Health Center IV, the Baale Health Center IV, and the Kayunga District Youth Recreation Center. This not only increased the number of clinical care sites but also the geographic coverage within the district bringing services closer to individuals in both the far north and south of the district. Kayunga is a vastly underserved rural District and the majority of the HIV+ residents have limited resources. Identification of HIV+ patients in need of care and treatment has been difficult due to extremely limited CT services. In addition, Kayunga health facilities face the same fate as many African sites and do not have enough staff and have inadequate infrastructure to accommodate the rising demand for HIV services. These clinics need support to bring on additional personnel and existing staff are in need of appropriate HIV palliative care training. Furthermore, the remodeling of existing clinical space, especially at the Kayunga District Hospital and at the Baale Health Center IV needs to occur to accommodate the increasing patient loads. Modifications and improvement of the infrastructure will also allow these facilities to integrate HIV palliative care, ART, counseling and testing and PMTCT – which will decrease waiting time, strengthen referrals for care and treatment and improve overall services for the clients.

The overall goal of this program area is to provide basic palliative care services to 3,000 HIV infected Kayunga District residents and train 30 staff in palliative care and psycho-support of HIV+ persons by the end of FY07. This will be accomplished through MUWRP's collaboration with 4 health facilities, including: The Kayunga District Hospital, The Kangulamiria Health Center IV, The Baale Health Center IV, and the Kayunga District Youth Recreation Center. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving palliative care services to help develop strategies to reach equal number of men and women. Elements of the care provided at these facilities include psychosocial counseling, education on healthy living choices for positives, prophylaxis and treatment of OI (including cotrim), nutritional evaluations using BMI indicators and nutritional counseling. The inclusion of the Youth Recreation Center was undertaken after discussions with the Kayunga District Director for Health Services. This facility poses a unique opportunity in that it tailors its services (including VCT, HIV education and general medical evaluations and treatment) to youth between the ages of 15 and 25.

This population has traditionally been reluctant to access such services at the District Hospital. In an attempt to reach this population, the District Hospital and the Youth Recreation Center work together to provide clinical care with medical personnel from the hospital providing services and supervision. As an additional measure to improve upon pediatric outcomes, HIV+ pediatrics under care at these 4 HIV care and treatment facilities receive follow-up home-based care and support through MUWRP's sub-partner, Child Advocacy International (CAI). A strong relationship has developed between CAI and the Kayunga District Hospital over the past 2 years and this has led to establishment of a formal referral system between these two sub-partners to increase pediatric up take and improve upon facility based services for HIV+ pediatrics. CAI is a mobile clinical care

follow-up program which provides community based care and support for District pediatric HIV+ patients, their families, and the community. CAI will focus on expanding the number of HIV+ pediatric patients they directly support to 180 children through scheduled monthly home visits for the patients and their families. They will continue their on-going home-based education through these visits to include technical assistance to 180 caregivers and families on how to care for pediatric HIV+ patients as well as the direct provision of some basic palliative needs such as symptom control for the patients themselves. Funding will support part of the cost of remodeling two HIV clinics, staff training, transportation needs for continued technical assistance by MUWRP and provision of clinical supplies (including pain medication) at four HIV clinics. Funding will focus also on direct home based care service provision to pediatric HIV+ patients by CAI through support of commodities for care (non-prescription medication and disposables), assistance in supporting community providers, and training of caregivers.

Continued Associated Activity Information

Activity ID:	4506
USG Agency:	Department of Defense
Prime Partner:	Walter Reed
Mechanism:	Makerere University Walter Reed Project (MUWRP)
Funding Source:	GHAI
Planned Funds:	$ 134,999.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Out-of-school youth
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Kayunga

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Partnership for Supply Chain Management
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8862
Planned Funds:	$ 260,000.00

Activity Narrative: This activity is linked to Palliative care: TB/HIV (8995), Counseling & testing (8882), Treatment: ARV drugs (8933) and Laoratory Support (8984). The SCMS project will provide critical logistics technical assistance to the key providers of HIV care, treatment, diagnosis and prevention in Uganda, including the Ministry of Health, JCRC, IRCU and other PEPFAR NGO partners including the new program in 2006 targeting northern conflict zones. This will include forecasting and quantification, procurement tracking, product delivery and warehouse system improvement and delivery tracking for decision making. Procurement for ARV drugs for IRCU at a level of 1,000,000 is included this year. Commodities to be included under SCMS technical support include ARVs, HIV test kits, condoms, cotrimoxazole, Nevirapine and other PMTCT drugs, STI & OI drugs, and lab reagents and consumables for diagnosis. Uganda has made major advances in ARV treatment, diagnosis and prevention, but much remains to be done as patient numbers increase, access is brought closer to the local level, policies such as HIV routine testing, TB and HIV integration and new treatment for PMTCT mothers is adopted nationwide. Systems need to expand rapidly, be flexible to adjust to new policy demands and to be able to cope with emergency threats to the HIV/AIDS supply chain.

SCMS will continue to provide HIV/AIDS logistics technical assistance formally provided by the DELIVER project (ending Nov 2006) to the Ministry of Health, JCRC, IRCU and other USG supported programs. SCMS will continue to work closely with CDC in national lab supplies, as well as expand the technical assistance to other PEPFAR supported palliative care providers in FY07 especially in provision of the basic care package. This technical support includes systems development, assisting in forecasting/quantification, product procurement, tracking of procurement and delivery to the national level from multiple sources, product integration into national systems where necessary, distribution planning from national level to facilities, system efficiency improvement, development of logistics data collection tools, upgrading computerized logistics information systems and integrating or linking them with HMIS and other relevant information systems. SCMS will also provide technical assistance to bridge the information gap between MOH, NGO's and other partners especially NMS/JMS by strengthening the areas of joint program/project planning, forecasting/quantification, shipment planning, and warehousing and distribution system management with programs/projects. Our overall objectives are to improve harmonization, develop systems and improve competencies to ensure that right HIV/AIDS-related and other key health commodities are available at the right place at the right time in the right quantities, and advocate for the need for logistics planning.

Logistics technical support will be provided for the following HIV/AIDS commodities: Essential drugs (including specific palliative care commodities (i.e. morphine), STI drugs, cotrimoxozole for prophylaxis, OI drugs and laboratory supplies which support HIV/AIDS prevention and treatment), ARVs, HIV test kits, Nevirapine for PMTCT, and TB commodities as part of the HIV/TB collaboration. This is done on a national scale for all the above products for the MOH, and for selected products with JCRC, IRCU and other NGO organizations. Indirect targeted populations include those living with HIV/AIDS, adult and infant populations seeking to know their status, pregnant women, TB patients, male and female young adults and infants with HIV/AIDS. All targets (except training) are indirect targets because our work is in systems development, but it includes 42,000 MOH ARV patients, 38,000 JCRC ARV patients, 900,000 people tested for HIV status, 170,000 pregnant women receiving HIV tests, 80 million condoms used in public sector, 59,000 TB patients and untold numbers of patients receiving laboratory tests. SCMS will also provide training to 4,500 individuals in logistics – ARVs, TB, labs.

Regarding palliative care SCMS will work with palliative care providers within the USG portfolio, including Hospice Africa Uganda, the Ministry of Health, AFFORD, PSI and other implementers to effectively forecast, procure, distribute and monitor HIV palliative care commodities, including morphine for pain management.

In the next year the SCMS project, we will be focusing on adapting the existing logistics systems to the changing policies (new PMTCT policy, ART site expansion, etc.) and environments, integrating parallel systems (where possible) into existing systems and procurement of HIV/AIDS commodities. A major constraint to our logistics work is the dependency on donors to procure supplies for MOH according to schedule. If supplies are available at the national level, country logistics systems can perform to make supplies available at health facilities. If supplies are simply not available, the country is vulnerable to stock outs and disrupted health services

Emphasis Areas	% Of Effort
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9075
Planned Funds: $ 750,000.00
Activity Narrative: This activity also relates to Counseling and Testing (9080), HIV/AIDS Treatment/ARV Services (9077), Prevention/Abstinence and Being Faithful (9086), Other Prevention (9084), Orphans and Vulnerable Children (9081) and Other/Policy Analysis and System Strengthening (9082). Building on USG private sector initiatives which end in May 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

Achievements to date: The existing private sector initiative has provided general HIV-related palliative care to about 100 persons, trained 200 providers and expanded services thorugh over 50 employers.

One of the components entails training private sector providers (physicians, clinical officers and nurses) in the provision basic palliative care skills. The Private Sector Initiative will leverage existing HIV/AIDS training programs to train workplace physicians, clinical officers, and senior nurses and peer educators in the provision of basic palliative care. The training includes classroom courses and practicals in which trainees work with a mentor in a palliative care center. The project will monitor and evaluate how trainees are providing palliative care within their workplace clinic settings. The training will cover approximately 200 private providers from predominantly semi – urban and rural industries that have agreed to offer palliative care as part of their AIDS treatment services (including peer educators) either through worksite health units, insurance or referral units where employees and dependants access services.

Within the various companies under the umbrella organizations, the project will ensure that the employees, dependants and surrounding communities receive HIV/AIDS services through worksite health units. The services shall include counseling and testing and HIV/AIDS prevention services as an entry point to care and treatment offered within the company facility or sourced outside the company.

This activity will use the private sector as an entry point to reaching families with prevention, CT and palliative care services. Employees, dependants and surrounding community members who are found to be HIV+ will referred for follow on support to the either the company facilities of company referral clinics that provide confidential services. The family approach will also be able to identify sexual partners (including discordant couples identified and monitored under a referral arrangement) and children that require early referral to care and treatment. When focusing on the surrounding community, the project will work in partnership with various community based structures including PHA networks, religious leaders, faith based organizations and volunteers engaged in delivery of care and referral at community level to provide onward support.

The other component of this activity includes promoting appropriate elements of the basic care package through social marketing. The project will link up with the AFFORD program to broker costs that improve access of socially marketed basic care components to benefit the employees, dependants and surrounding community. Socially marketed products and services will be cost shared between the employee and company where viable or solely bought by the company and placed in the site facilities / referral facilities for those who cannot afford the products. The USG planned palliative care assessment will be used to define standardized approaches and quality indicators that support improved palliative care delivery in the private sector.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	☐

Target Populations:

Adults
Business community/private sector
Community leaders

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9664
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988), counseling and testing (3984), and strategic Information (3984).

Activities are continuing into FY07 but with FY06 funds only.

Palliative Care/Basic Health Care and Support is also related to VCT, PMTCT, A/B and Prevention components, in supporting clients to cope and also to prevent HIV transmission. CRD partners (IRC, SCiU and AVSI) have implemented these activities in the past and have acquired enormous experience that will be consolidated to provide quality palliative services to clients in the districts of Kitgum, Kotido, Moroto and Nakapiripirit. Past operations in Karamoja districts have showed that provision of palliative care services is still too low. Karamojong is a closed society with strong cultural beliefs, thus low knowledge of HIV/AIDS is still a barrier to utilization of HIV services. In order to have a breakthrough, IRC wants to continue with provision of palliative care services. In collaboration with Church of Uganda in Kotido, IRC plans to provide basic health care services to two health centers. In one of these, IRC and the experienced local partners in this field will provide quality services to greater number of people than before through consolidated linkages with other sectors, to enhance the quality of services to PLWHAs and their families. In the second health center, IRC will support the Church of Uganda to pursue its integrated approach by providing behavior change communication, CT, OVC and palliative care services. IRC will provide technical input through support supervision in the implementation of these activities; community mobilization and participation, IEC, training of service providers, commodity procurement for home based care activities, OVC, CT and A/B/C activities.In Kitgum palliative care services would be provided by AVSI in collaboration with two local agencies. Services will be almost similar to those mentioned above. Specifically, AVSI will support the two hospitals (Kitgum and St. Joseph) to strengthen and also expand counseling and psychosocial support services to decrease stigma and discrimination. The component targets (adults males and female) youths and children, caregivers, PLWHA and their families. The funding will cater for training of staff in care protocols, community mobilization with balanced gender participation, development of network/linkages/referral and IEC on care and support messages. Through this funding, 160 service providers will be trained to serve 2320 adults and 100 children PLWHAs.

Continued Associated Activity Information

Activity ID: 3986
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 61,718.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,420	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's legal rights

Stigma and discrimination

Reducing violence and coercion

Increasing women's access to income and productive resources

Coverage Areas

Kitgum

Kotido

Moroto

Nakapiripirit

Pader

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Pediatric Infectious Disease Clinic
Prime Partner: Baylor University, College of Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12442
Planned Funds: $ 600,000.00
Activity Narrative: plus ups: Uganda has embarked on a program to increase palliative care services for infants and children. These resources will be used to build the capacity of service providers to provide HIV palliative care services for children. To date no dedicated funding had been provided for pediatric palliative care services

"Part of the resources ($320,000) will be used for a national program to build the capacity of service providers in palliative care services for infants and children. The Expansion of national Pediatric HIV/ AIDS prevention, care and treatment services and training of service providers in the republic of Uganda program in collaboration with the Ministry of Health, Regional Center for Quality of Healthcare and other partners in Pediatric HIV/AIDS palliative care will roll out training in pediatric palliative care through didactic courses, clinical placements, mentor ships, and support supervision. Training will include child counseling, pediatric OI prevention and management, adolescent reproductive health issues in HIV positive children, and TB diagnosis and management. This approach will be used to expand access to pediatric palliative services for all children who are being newly diagnosed with HIV through expanded the National infant testing program. The remaining resources ($280,000) will support pediatric care service delivery including- staffing, pediatric palliative care drugs and supplies as needed at selected health facilities.
"

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,250	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	110	☐

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Medical Stores
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12443
Planned Funds: $ 600,000.00
Activity Narrative: plus ups: "$600,000 of the Plus Up funds will go towards the procurement of cotrimoxazole. This will be a specifically designated cotrimoxazole stock for PHA. It will supplement the existing Ministry of Health supply, and prioritize USG partners. These funds will be provided to the National Medical Stores, which has in the past ably procured and distributed a national stock of prophylactic cotrimoxazole. The NMS will collaborate with the Joint Medical Stores to ensure supply to both public, FBO and NGO health facilities.

"HIV/AIDS Preventive care products
There is overwhelming evidence attesting to the effectiveness of preventive care, including chemoprophylaxis, use of bed nets and safe water in delaying HIV disease progression and consequently improving the quality of life for PHA. However, access to these commodities remains low in Uganda. This activity is aimed at expanding access to and ensuring availability of prophylactic cotrimoxazole countrywide.
"

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs providing malaria care and/or referral for HIV-infected clients (diagnosed or presumed) as part of general palliative care		☑
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: $ 8,178,183.00

Program Area Context:

Uganda is among the 22 countries in the world with the highest Tuberculosis (TB) burden. TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS. In FY07, a key goal for the Emergency Plan in Uganda will be to increase the number of HIV positive TB patients receiving Palliative Care (PC) and antiretroviral treatment (ART). Treating these patients is part of USG's comprehensive approach to support national priorities.

Ugandans face an estimated 3 % annual risk of infection. The annual incidence of TB is 175 per 100,000 and the TB mortality rate is 6.2 %. In 2005, 41,809 TB cases were reported and 50 % of TB patients were co-infected with HIV. Analysis of the 2005 TB reports indicate that Uganda has only achieved a 50.2 % case detection rate of new smear positive TB and 70.4 % treatment success rate. This is significantly below the global case detection and treatment success rates of 70 % and 85 % respectively. Uganda has adopted and implemented the Community Based Directly Observed Treatment Short Course (CB-DOTS) strategy and all districts have now implemented the core DOTS components. However, patient coverage is still low. Reasons for low coverage include delays in drug procurement and distribution, the suspension of the Global Fund (GF) due to mismanagement, shortage of health personnel, and a lack of support supervision. National External Quality Assurance (EQA) to improve the quality of sputum microscopy has been expanded to cover four of the nine zones in Uganda.

TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS (PHAs). In 2003, 30 % of all deaths among PHAs were attributed to TB. Based on these recent experiences with TB/HIV co-infection, it has become apparent that new strategies are needed to improve the integration of TB and HIV services to reduce the TB burden in PHAs. In response to this need, the Ministry of Health (MOH), with support from USG and other development partners, developed and earlier this year launched the TB/HIV integration policy guidelines and communication strategy. USG strategies are consistent with MOH policy guidelines and WHO approaches to TB/HIV integration, which emphasize reducing the burden of TB among PHAs through an integrated approach to management of TB/HIV and a decentralized service delivery and referral system.

Significant progress has been made in integrating TB and HIV management in Uganda. TB/HIV reporting systems have been developed and modified. TB registers capture information on HIV counseling and testing (CT), provision of Cotrimoxazole prophylaxis, and antiretroviral therapy (ART) to TB/HIV co-infected patients. In addition, indicators for TB screening among HIV-positive clients have been developed and are captured in the HIV registers. Training of health workers on TB/HIV integrated activities and use of these registers has so far been conducted in 38 districts. In addition all districts have TB/HIV focal person to coordinate these activities, monitor and provide quarterly reports on the TB/HIV indicators. Despite these improvements, there is still a long way to go in integrating TB and HIV management in Uganda. The 2005 biannual reviews conducted by International Union Against TB and Lung Disease (IUATLD) and Global TB Drug Facility (GDF) mission found that lack of knowledge on TB/HIV collaborative activities hindered the integration of TB and HIV services. Other obstacles to the integration of TB and HIV services included poorly equipped labs, lack of trained personnel and limited support supervision from the district.

In FY06, USG's financial and technical assistance complemented the World Health Organisation (WHO), IUATLD, the German Leprosy and TB Relief Association (GLRA), and the Canadian International Development Agency (CIDA) support to the MOH. During this year, USG supported more than 20 districts and partners and more than 270 service outlets to implement integration of TB/HIV activities, including CT for people diagnosed with TB, and TB screening and treatment for HIV positive patients. USG provided TB treatment directly to a total of 5,867 HIV positive people. Isoniazid preventive therapy (IPT) was recommended and supported in 16 sites. Even though WHO recommends IPT, and the MOH TB/HIV integration policy guidelines support its provision in facilities with the requisite capacity, the limited human resource and organizational capacity in public health facilities remains a challenge to nation wide scale up

of IPT implementation.

Further support was provided to MOH to increase service efficiency and to increase competence in TB/HIV diagnosis and case management, laboratory services, logistics management systems, and TB/HIV reporting systems. HIV/AIDS care and treatment organizations, including the two biggest teaching hospitals, were supported to screen and treat all HIV patients (including children) for TB. In health facilities that provide TB treatment, HIV positive TB patients were linked to services that provided co-trimoxazole prophylaxis and those who were eligible for ARVs were linked to HIV treatment programs. USG will continue to support these integrated TB/HIV activities in FY07.

In FY07, USG aims to directly treat 15,711 HIV positive TB patients and also contribute to the implementation of the national TB/HIV integration policy and communication strategy. This will be achieved through consolidated and coordinated TB/HIV integration training of health workers and supporting partners to develop joint TB/HIV plans. Linkages to CT programs for TB patients will be strengthened so as to ensure that at least 80 percent of TB patients are screened for HIV. In addition, all the expected 231,613 HIV positive clients in the USG supported sites will be screened for TB and referred or diagnosed and treated as appropriate. In FY07 it is expected that 425 USG supported sites will provide TB treatment. All HIV care settings are mandated to have a tuberculosis infection control plan which includes administrative, environmental and personal protection measures to reduce transmission of tuberculosis in health care and congregate settings. Decentralized HIV/TB service delivery will be strengthened by building on existing CB-DOTS programs that are funded with infectious disease resources. The role of PHAs will also be strengthened so as to facilitate referrals and adherence to treatment; and improve linkages between CT and TB screening. USG will also support expanded services in Uganda's conflict affected districts.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	440
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	20,523
Number of HIV-infected clients given TB preventive therapy	2,390
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	5,016

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	African Medical and Research Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8278
Planned Funds:	$ 350,000.00

Activity Narrative: This activity also relates to activity 8277-Laboratory Infrastructure.
The interaction of TB and HIV is increasing the burden of both these prevalent infections. The National TB Reference Laboratory (NTRL) of Uganda supports the National TB program to achieve its aim of TB case finding and management mainly by supporting sputum smear microscopy services country wide. The key roles of the NTRL are to provide training, supervision, Quality Assurance (QA) with an emphasis on External Quality Assurance (EQA) of the district laboratories and NGOs supporting CB-DOTS programs. It also provides limited reference support to the districts in the diagnosis and monitoring of extremely difficult cases, as well as support for national TB drug resistance surveillance.The NTRL attempts to strengthen and intensify screening for TB in all HIV/AIDS infected patients, as well as encourage HIV screening for TB patients. The realization of these goals depends on nationwide coverage of an EQA system at HIV prevention, care, and treatment sites, as well as training and re-training in basic TB diagnostic procedures and in establishing a system that encourages and provides all TB patients with access to HIV screening. NTRL expects TB /HIV integrated activities to lead to increased detection and treatment of TB among persons with HIV/AIDS (PLWHA) attending HIV prevention, care and treatment sites. In addition, an increased number of TB patients will have their HIV status established.

TB/HIV co-infection will be reduced by the provision of quality acid-fast bacilli (AFB) smear diagnostic services. Quality AFB smear diagnostic services will be achieved through the implementation of an EQA scheme coupled with targeted supportive supervision as well as refresher trainings that will be conducted at a newly equipped training laboratory at the NTRL. Improvement of human resource development in qualitative and quantitative aspects will improve accessibility to TB diagnostics services for PLWHA.

In FY06 the NTRL introduced EQA in Central, Eastern and North Western Zones and strengthened EQA in Kampala, South Western and South Eastern Zones through re-visiting of areas with inadequate e.g, slides not collected or technical problems performance. Feedback reports were provided to the District TB and Leprosy Supervisors (DTLS) to further encourage them to continue collecting slides and to address administrative problems concerning forwarding of slides and transmission of feedback reports to the health facilities. Ninety laboratory personnel, 1 Zonal TB Supervisor, 10 District TB/Leprosy Supervisors and 10 District Laboratory Focal Persons were trained in EQA. Supervision visits were conducted. Three staff were recruited for the central laboratory. One Vehicle, 10 Microscopes, office equipment, 2 computers, laptop, LCD projector, slide boxes and generator were procured. Standard Operational Procedures and EQA Guidelines were drafted, printed and disseminated.

FY 07 will focus on further strengthening the EQA System through increased supervision as well as continued training-and re-training of laboratory personnel. EQA will be expanded to the remaining 4 zones. The main focus will be on decentralization of the EQA System by identification of laboratories to perform first and second tier-level quality control. This will demand training of 100 laboratory staff and facilitating the Laboratory Focal Persons of Districts/Regions to carry out support supervision and problem-oriented supervision. A laboratory coordinator will be hired to oversee the day to day activities, prepare and submit and follow up EQA reports to peripheral laboratories, as well as compile budgets, ensure accountability and prepare quarterly reports.

NTRL will also focus on better patient care TB and HIV co-infected patients by initiating drug susceptibility surveillance to identify multi-drug resistant (MDR) TB. For FY 07 NTRL wants to complete the protocol to establish a system for sample transport, as well as piloting drug surveillance in one identified district. In order to ensure flow of work and the provision of rapid test results, NTRL will introduce the MGIT System. This will enable NTRL to expand laboratory diagnosis by culturing samples and subsequently increase diagnosis of TB in HIV/AIDS.

Continued Associated Activity Information

Activity ID: 4015
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 312,000.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA	100	☐
Number of laboratories under EQA for smear microscopy	300	☐
Number of samples referred to NTRL	100	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Doctors
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8285
Planned Funds: $ 275,000.00
Activity Narrative: This activity also relates to 8702-AB, 8282-Counseling and Testing, 8719-Other Prevention, 8286-OVC, 8283-ARV Drugs,8284-ARV Services, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Continued Associated Activity Information

Activity ID: 4382
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Baylor University, College of Medicine
Mechanism: Pediatric Infectious Disease Clinic
Funding Source: GHAI
Planned Funds: $ 46,920.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	☐
Number of HIV-infected clients given TB preventive therapy	1,000	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	358	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	360	☐

Target Populations:

Doctors
Nurses
Pharmacists
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
TB patients
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8293
Planned Funds: $ 30,000.00
Activity Narrative: This program area also relates to activities in 8289-ARV Services, 8288-ARV Drugs, 8290-Laboratory, 8291-AB, 8292-Basic Health Care & Support, 8294-OVC, 8584-PMTCT, 8295-CT.

AIDSRelief (AR) is a comprehensive HIV care and treatment program, providing ARV drugs, preventive, curative, palliative, social and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group provides assistance for Strategic Information which provides essential clinical and programmatic information for high quality care whereas Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. The Children Aids Fund is a sub-grantee supporting 5 sites. Based on its successes and lessons learned, AR will maintain 12,000 patients on ART until February 28, 2008. Additionally, AIDSRelief will provide care services to 17,170 HIV positive patients. AR services will be offered through 15 Local Partners treatment facilities (LPTF), distributed throughout Uganda.

Under Cop07, AR will specifically strengthen the diagnosis and treatment of an estimated 5200 HIV+ patients who may also be co-infected with TB. TB drugs and basic laboratory investigations are already sponsored by MOH through the National TB and Leprosy Program. In year 4, AR will provide training and clinical preceptoroships to raise awareness and clinical skills among LPTF staff on the linkages between HIV and TB and TB diagnosis. In doing this AR will follow the recently launched Government of Uganda policy guidelines on TB/HIV integration and a TB/HIV communication strategy. This training will target nurses (67), adherence counselors (83) and the community workers (450). As part of the technical assistance to the LPTFs, IHV will provide the clinicians with guidance on managing co- infected patients so that they have the capacity to provide the highest quality of care. Clinicians will be trained in the topics including the following: diagnosis of TB in the HIV infected, which ART regimen for patients starting therapy for tuberculosis, and when the ART should be started in a patient who is currently on anti TB therapy. Constella Futures will provide on-site training and hands-on technical assistance that will reinforce the need for good patient record keeping. This will enhance AR's ability to capture information on TB and HIV through CAREWare and IQCare. This will form the basis of continuous quality improvement at the LPTFs, enabling clinicians to provide better care to their patients. TB/HIV reporting systems will continue to be developed and TB registers will be modified to capture information on HIV counseling and testing, and provision of cotrimaxazole prophylaxis and ART to TB/HIV co-infected patients. Indicators for TB screening among the HIV-positive clients will be captured in the HIV registers.

Linkages and referrals to other ART and palliative care providers will be taken under consideration as part of the overall development of health care treatment networks. This would mean dealing with sites managed by the local government as well as other USG implementing partners.

Continued Associated Activity Information

Activity ID: 4396
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief

Funding Source: GHAI
Planned Funds: $ 13,625.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	322	☐

Indirect Targets

We as PEPFAR Uganda are not encouraging our IPs to submit Indirect Targets.

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas

Bushenyi

Gulu

Jinja

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Kabarole

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8302
Planned Funds: $ 66,234.00
Activity Narrative: This activity complements activities 8304-CT, 8298-PMTCT, 8300-Condom & Other Preventions, 8301-Basic Health Care & Support, 8303-OVC, 8299-AB.

An initial HIV/AIDS awareness campaign will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

In FY06, IMC will support the Kyaka II clinics to improve provision of TB/HIV palliative care services to patients. The program will strengthen the capacity of health professionals to provide care, and strengthen the delivery of integrated HIV and TB services through improved diagnostics and treatment and regular supply of related drugs and supplies. Specific activities will include: diagnostic HIV testing for all TB patients, screening of all HIV+ individuals for TB, delivery of HIV-related care (treatment of OIs, CTX, ARV, nutrition support) to HIV+ TB patients, TB preventive treatment, strengthening of community participation, delivery of DOTS, support to DOTS at household level through care givers, defaulter tracing, promotion of TB advocacy and referrals for screening, linkages with community groups to provide psychological support; TB counseling integrated with VCT and PMTCT services, strengthening referral linkages, training of health workers, training of community volunteers, support to TB diagnosis and monitoring of treatment, and strengthening technical support and supervision. As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

In FY07 IMC will continue to support both Kyaka II health clinics to improve the provision of HIV palliative care services to patients. By supplying essential medicines and related materials, IMC will continue to support these two service outlets to provide the following services; TB diagnosis for all HIV/AIDs patients, TB prevention therapy for all HIV positive patients, TB treatment for all HIV/TB patients and palliative care to HIV/TB patients. It is expected that of 444 IMC-supported HIV/AIDs patients, IMC will be well-placed to provide palliative care to 30 patients with TB/HIV. To ensure a continuing high standard of care, IMC will provide refresher training to 10 health professionals to provide clinical prophylaxis, TB diagnosis, treatment protocol and elements of Community based Directly Observed Treatment Short-course (TB-DOTS). IMC will identify and train 10 community health workers as TB/HIV focal persons on CB-DOTS using national TB/HIV collaborative guidelines and based upon lessons learned through IMC's Fidelis-funded TB-DOTS programs in North Eastern Uganda. During World Tuberculosis Day (March 24) the communities will be sensitized through activities such as drama groups and IEC coordinated by Community Educators. This will assist to improve case finding, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis.

Continued Associated Activity Information

Activity ID: 4808
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI
Planned Funds: $ 14,618.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis	20,507	☐
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	☐
Number of HIV-infected clients given TB preventive therapy	100	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	30	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	☐

Target Populations:

Adults
Refugees/internally displaced persons
People living with HIV/AIDS
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in northern Uganda
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8310
Planned Funds: $ 30,936.00
Activity Narrative: This activity complements activities in 8305-AB, 8306-Other Preventions, 8311-OVC, 8307-PMTCT, 8309-Basic Health Care & Support, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. Refugees and other conflict-affected populations have a heightened vulnerability to HIV/AIDS infection. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006, with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

The 2004-2005 Uganda HIV Sero Behavioral Survey (UHSBS) revealed a national HIV prevalence of 6.4% among the adult population, increased from from 6 % in 2000. (In Yumbe district, the HIV prevalence is 2.3% according to the UHSBS and in Masindi district, the prevalence is 6.9%.) From these prevalence rates, it is estimated that 452 HIV+ individuals live in Ikafe refugee settlement and 1,855 live in Kiryandongo.
IRC currently supports basic TB activities at 2 health facilities and at the community level through the TB DOTS strategy. In 2007, IRC's activities in the PEPFAR program area of HIV/TB, will strengthen capacity of health professionals to care for HIV-infected TB patients, strengthen delivery of integrated HIV and TB services, improve diagnosis of TB, provide isoniazid prophylaxis of TB among HIV+ individuals, provide appropriate treatment of TB among HIV/TB co-infected individuals, and maintain a full and consistent supply of related diagnostics. TB DOTS programs in both of the targeted camps will also be strengthened in 2007. To achieve these targets, HIV/TB services will be provided through 4 service outlets: 1 in Kiryandongo and 3 in Ikafe and through community based TB DOTS programs. All patients who are diagnosed with TB will be offered VCT services and all HIV+ patients will be referred for TB screening, in order to identify co-infected clients. In 2006 IRC will seek approval and guidance from MoH to introduce a TB prophylaxis program using isoniazid among HIV+ clients.
Through this program, IRC will conduct staff trainings and community sensitization and awareness on the availability of this service and will ensure adequate stocks of commodities necessary to provide isoniazid prophylaxis.

In 2007, IRC will provide refresher training on isoniazid prophylaxis to health staff, including TB DOTS supervisors and will expand community education regarding HIV/TB co-infection. IRC will closely collaborate with District Directorates of Health Services in the implementation of the program through technical support supervision, commodity procurement, and trainings.

Continued Associated Activity Information

Activity ID: 4760
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Rescue Committee
Mechanism: Refugee HIV/AIDS services in northern Uganda
Funding Source: GHAI
Planned Funds: $ 24,091.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of HIV-infected clients given TB preventive therapy	100	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	75	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Public health care workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8317
Planned Funds:	$ 500,000.00

Activity Narrative: This activity relates to 8320-Lab, 8319-ARV services, 8318-ARV drugs, 8316-CT, 8321-OVC, 8315-Palliative Care;Basic Health Care and Support, 8313-Condoms and Other Prevention, 8772-AB.

In 2004 Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" . The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy Program (NTLP), and leverages resources from the Global Fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing, 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment, 5) provision of HIV post-exposure prophylaxis, and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually, 3,000 health care providers are trained and about one million patients are seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in-and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. From June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda MOH, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the FOM with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI, health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

MJAP supports a TB screening program that is integrated with the RTC program within Mulago and Mbarara hospitals. All patients with a history of cough for more than three weeks are screened for TB using sputum smear microscopy and all patients who get tested for TB also get testing for HIV. Patients attending the 10 MJAP supported HIV clinics are also regularly screened for TB. Since February 2005, over 6,500 individuals have been screened for TB and more than 1,500 (22%) sputum smear positive patients started on TB therapy. Additionally, more than 1,000 patients have received TB/HIV treatment in the main HIV care centers in Mulago and Mbarara (AIDC and Mbarara HIV clinic). TB screening and treatment are done in collaboration with the MOH-NTLP. The MOH-NTLP supplies free TB medications in both TB and HIV clinics. MOH-NTLP has established a special TB-HIV clinic in Mulago that provides care for TB-HIV co-infected patients. In this clinic, TB/HIV patients receive TB treatment, HIV palliative and basic care, and initiation of ART if eligible. After completion of TB treatment, these patients are referred for follow-up HIV care in the other established clinics. The TB-HIV clinic has provided care for more than 300 adult TB-HIV patients since September 2005, 75 of who are also receiving antiretroviral therapy in addtion, children receive care from the Pediatric Infectious Diseases Clinic – PIDC and the Mbarara pediatric HIV clinic. TB treatment has been integrated into all the other care and treatment sites.

In the next year (FY07), two new satellite care and treatment sites will be opened in collaboration with IDI. The integrated RTC-TB screening program will also be expanded to 3 MOH regional referral hospitals. This funding will support expansion TB screening in hospital wards and clinics, and integrated TB-HIV care and treatment in all 12 MJAP supported HIV clinics. We will procure supplies for TB diagnosis to augment the NTLP supplies, and improve on the systems for delivery of integrated TB-HIV services (logistics management, laboratory quality assurance, data management and M&E, and referral systems for TB-HIV infected patients. The aim is to screen 20,000 patients for TB and provide TB-HIV care to 1,500 TB-HIV co-infected patients in the coming year. The budget will cover TB microscopy supplies, chest X rays and logistics, human resources for TB-HIV care, and quality assurance and support supervision. The program will hire and train additional and existing staff at the clinics; 200 health care providers will receive training in delivery of TB-HIV diagnosis, care and treatment. The funding will also support data management and M&E. The HIV testing, care and treatment supplies will be covered under the care, treatment and CT budgets. The program will target both adults and children in all the clinics and hospitals.

Continued Associated Activity Information

Activity ID:	4034
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 361,409.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8323
Planned Funds: $ 14,450.00
Activity Narrative: This activity relates to 8327-PMTCT, 8324-AB, 8328-Palliative Care;Basic Health Care and Support, 8329-CT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8322 Other/Policy.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4018
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 14,450.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	16	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	80	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3	☐

Target Populations:

People living with HIV/AIDS
TB patients

Coverage Areas

Rakai

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Trea
Prime Partner: The AIDS Support Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8362
Planned Funds: $ 525,000.00
Activity Narrative: This activity also relates to 8358-Palliative Care;Basic Health Care and Support, 8362-Palliative Care;TB/HIV, 8364-OVC, 8359-CT, 8360-ARV Drugs, 8361-ARV Services.

The program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related-support services to HIV positive adults, children and their family members. These services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing and psycho-social support.

Initiatives in FY07 will support clinical and related support services through an established network of urban and rural health facilities located throughout the country to ensure equitable access for treatment to an existing pool of 7,000 adults and pediatric patients. Comprehensive HIV support services will also be expanded to reach an additional 60,000 HIV positive individuals with prevention, care and treatment services as appropriate. A family-centered approach will be established, using the index HIV person to reach family members with confidential HIV counseling and testing, and care for those identified as HIV positive. All clients testing positive will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis information; a safe water vessel and chlorine solution; long-lasting insecticide treated bednets; condoms as appropriate; educational materials; and prevention with positives counseling.

Following national ART treatment guidelines and services criteria, each health center will be staffed with fully trained HIV clinical and ancillary health care professionals and establish systems to monitor patients in care for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. Prevention with positive interventions will be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Depending on the location of each health center, service delivery models will be developed to provide easy access to all in need of services, including facility-based, community-based, and home-based approaches, as well as outreach activities to ensure full coverage for the targeted population.

Continued Associated Activity Information

Activity ID: 4058
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The AIDS Support Organization
Mechanism: TASO CDC
Funding Source: GHAI
Planned Funds: $ 465,249.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,600	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	380	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: AIDS Information Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8366
Planned Funds: $ 595,737.00

Activity Narrative: AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide the public with Voluntary Counseling and Testing (VCT) services on the premise that knowledge of one's own sero-status is an important determinant in controlling the spread of HIV. AIC mandate has expanded to include HIV Counseling and Testing (HCT) which is mainly provided through outreach services. AIC also uses HCT as an entry point for the provision of and referral to HIV/AIDS services including prevention of HIV transmission, treatment of opportunistic infections, Prevention of Mother to Child Transmission (PMTCT), antiretroviral therapy (ART) referral and other care and support services.

According to the 2005 Uganda HIV sero-behavioural survey, 79% of Ugandans don't know their HIV sero-status due to various reasons which include limited access to HCT services. The survey also indicated that 40% of HIV sero-positive Ugandans are in partnership with an HIV-negative spouse and most of these have never been tested and do not know that they are living in a discordant relationship. AIC records show that their clientale have a higher sero-prevalence, 18%-19% as compared to national figure of 6.4%.

In FY07, AIC will continue to provide and increase access to HCT services that promote the integration of relevant and appropriate HIV/AIDS services, including palliative services to make static sites one-stop service centers. As Uganda is one of the world's high-burden countries with tuberculosis (TB) with an estimated incidence rate of 2.2% per year, and an incidence of smear positive TB of 175 cases per 100,000 population per year [WHO, 2006]. TB treatment and prophlyxis will also be emphasized. At present an estimated 50% of TB patients are co-infected with HIV [MOH-NTLP, 2004].

In FY07 AIC in collaboration with the Ministry of Health, will continue to contribute to implementation of the Uganda National policy on TB/HIV integration and the National TB/HIV Communication Strategy with an aim of reducing morbidity and mortality related to TB among persons living with HIV. AIC proposes an approach that maximizes coverage with quality TB/HIV Counseling and Testing services to the most vulnerable populations so as to ensure the highest possible impact with available resources. Community participation in the program is recognized as key in identifying the best solutions and ensuring sustainability. AIC will scale up provision of TB/HIV collaborative activities from 4 to 7 static centers. It is expected that 221,000 clients seek HCT services at the 7 AIC static centers and that AIC supported public health units will be screened for TB disease. All HIV negative clients that are suspected to have TB disease will be evaluated as well. This will be implemented by integrating key TB screening questions in the HCT data collection tool. Using the HCT tool, client data collected , will be captured and entered into the AIC Management Information System. At the four branches of Kampala, Jinja, Mbale and Mbarara (where there is appropriate personnel and laboratory facilities) an estimated 390 clients with active TB will be identified and put on treatment, of these 350 will likely be HIV positive. It is also estimated that 598 clients will be diagnosed with latent TB and treated with Isoniazid Preventive Treatment (IPT). Emphasis will be put on ensuring that active TB is ruled out before they are started on IPT. At the other three branches of Soroti, Kabale and Arua, an estimated 300 clients with a high index of suspicion for active TB, will be referred to nearby hospitals and other public health units for further evaluation for TB disease. Clients will be counseled on TB drug adherence and encouraged to complete their INH. AIC will collect bio-data from the clients to facilitate client follow-up. If a defaults while on treatment for less than six months, then TB home visitors will follow them up. Clients will also be supported to identify treatment supporters according to the National Tuberculosis and Leprosy Treatment Guidelines.

This intervention will be linked to Basic HIV Care and Palliative Care also funded under PEPFAR. Eligible clients will be initiated on cotrimoxazole prophylaxis and offered comprehensive basic care packages as elaborated under that section. An estimated 1,500 clients who will have been diagnosed with TB disease will be screened for HIV to establish their HIV sero-status. This will be done at associated public health institutions identified. The clients found to be HIV positive will be evaluated for ARTeligibility and those eligible will be referred for treatment. All clients will be counseled on TB treatment adherence, nutrition and encouraged to complete their treatment. In this first year, AIC proposes to implement this activity in three public health units.

Full project implementation will require, six medical counselors, four medical officers and

three laboratory technicians to be hired. Additional client data collection tools will be procured to facilitate data collection, and quality service provision. Drugs and laboratory reagents will be accessed from Ministry of Health, where not available they will be procured. An overall estimated target of 221,200 clients will be provided with palliative care including HIV/TB. This target will include all the 121,200 clients whoseek HCT services at AIC main branches and 100,800 clients that will seek services at AIC supported health facilities. AIC in close collaboration with the Ministry of Health will conduct monitoring and support supervision visits to project sites. This will be conducted at two levels; from AIC headquarters to the regional centres and from the regional centres to the health units collaborating with AIC and communities. It is expected that each of the seven regional centres will be visited bi-annually. The supervision teams will comprise of staff from AIC, and MOH. The visits will be aimed at monitoring the project progress.

In collaboration with MOH and other key partners, IEC materials on TB prevention will be developed/adapted and distributed to AIC supported clients. TB/HIV education messages will be incorporated into the AIC counseling protocols. These protocols will be used both at AIC static and outreach sites. Clients accessing HCT services at AIC supported public health facilities will also be screened for TB disease and referred for treatment as appropriate. In addition with other stakeholders AIC will support/ strengthen the functions of the district TB/HIV focal persons whose role is to ensure coordination and implementation of planned TB/HIV collaborative activities in the districts.

Finally, AIC will support targeted supervision and on-the-job training to 168 health workers from public health facilities; orientation for six laboratory technicians; and, TB training for fifteen AIC medical staff. Also 40 community health workers will be oriented in latent TB treatment. An overall estimated target of health service providers trained will be 229.

plus up Funding will be used to scale up TB/HIV integration activities to 2 more regional hospitals and public health facilities. Referral mechanisms to lower level facilities will be strengthened including the CD-DOTS for TB. Capacity will be built in the public health facilities to ensure routine counseling and testing for the TB patients. Subsequent linkage to care and treatment for those found to be HIV positive clients will be implemented and monitored. Tech and financial support will be provided to the public health facilities to train health workers and equip the facilities with Lab equipment and supplies to implement screening for TB among HIV positive clients and routine counseling and testing for TB patients. Support for supervision will be provided to the regional hospitals. Service delivery sites will be facilitated to institute TB infection control plans.

Continued Associated Activity Information

Activity ID:	4708
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	AIDS Information Centre
Mechanism:	HIV/TB testing with TB treatment-Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of individuals who received counseling and testing for HIV and received their results	300	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9	☐
Number of HIV-infected clients given TB preventive therapy	698	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	550	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	349	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
TB patients

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC Base GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8379
Planned Funds: $ 148,239.00
Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8380-ARV Services, 8375,8382,8383,8384,9108-SI, 8376,8381-Lab, 8377-M&S

The Home-Base AIDS Care project is a public health evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. Technical assistance and training from high level CDC-Uganda and CDC-Atlanta staff in TB screening, diagnosis and treatment is provided to all HBAC staff working with HIV positive patients. A major focus of HBAC care includes diagnosis and treatment of TB for all patients who are enrolled on ART. Clinical staff are trained on tools to screen for TB and provide treatment for those co-infected with HIV and TB (approximately 6-10 % of all HIV positive patients in Uganda). HBAC staff are supported in the providing educational sessions to patients, their family members and the community about the links/risks of TB and HIV co-infection.

In FY07, high level CDC technical assistance will continue to support HBAC TB activities. HBAC TB activities will continue to play an important role in HBAC, including developing a screening algorithm for identifying people on ART who have a high probability of having TB. This could potentially be useful in programs throughout the country and elsewhere. As the incidence of TB for existing HBAC clients will have decreased because of prolonged use of ART, resulting in fewer of these patients developing TB in HBAC in FY07. However, we anticipate initiating up to an additional 500 clients on ART in FY07 in order to assess the impact of proposed program changes on adherence and virologic suppression. As well, HBAC has proposed to evaluate the effectiveness of using isoniazid preventive therapy along with ART in reducing the incidence of TB among these 500 clients.

Continued Associated Activity Information

Activity ID: 4432
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 148,239.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	☐
Number of HIV-infected clients given TB preventive therapy	470	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	50	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	42	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Caregivers (of OVC and PLWHAs)
Widows/widowers
TB patients
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Busia

Mbale

Tororo

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	IRCU
Prime Partner:	Inter-Religious Council of Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8423
Planned Funds:	$ 500,000.00

Activity Narrative: This activity is closely linked to HIV prevention (8426), palliative care: basic (8422), treatment: ARV dugs (8428), ARV Services (8425), OVC (8427) , HIV counseling and testing (8424) and Laboratory Support (9455).

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. IRCU also works with other Pentecostal and independent churches. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. It has evolved as the official coordinating mechanism for the faith-based HIV/AIDS response in Uganda. Through its constituent faiths, IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. In this position, IRCU plays a big role in delivery of HIV/AIDS care, prevention and treatment. It has been receiving PEPFAR funds since 2004 and currently offers palliative care to over 23,000 PLHA and their families.

Integration of TB care into routine HIV/AIDS care and other health services is just evolving within IRCU supported health facilities, just like other health care settings in Uganda. Currently TB services TB services in faith-based facilities are delivered in discrete units, usually separated from the general medical wings. In addition, TB screening and diagnosis is not a routine medical practice, and remains limited to those identified to have clinical symptoms. Given that over 50% of PLHA are co-infected with TB and HIV, prevention and treatment of TB is a critical element of comprehensive palliative care and IRCU is well placed to take to scale initiatives in these key areas.

In FY07, IRCU will endeavor to reduce TB mortality, morbidity and transmission within its facilities by increasing focus on HIV/AIDS and TB integrated service delivery. TB screening will be integrated in all HCT sites targeted at all individuals who test HIV positive. Those found to have leading TB symptoms will be referred for clinical examinations using sputum smear microscopy and where necessary x-rays. Those found TB-positive will be treated. Similarly, counseling and testing will be emphasized as a routine procedure within TB wards and wings. Those who test positive for HIV will be referred for appropriate care within the health facility. IRCU will further streamline reporting systems within its health facilities to be able to capture individuals screened and referred from counseling and testing units as well as those tested for HIV within TB wings. With FY06 funds health workers received training in TB screening and management but will continue to receive refresher courses in FY07 to be able to internalize dynamics around HIV/TB integrated service delivery.

Uninterrupted supply of TB drugs is critical to the success of this activity. The resumption of Global Fund activities offers hope for renewed supply of TB drugs and IRCU will continue to liaise with the National TB and Leprosy Program to ensure that all the supported FB sites received a steady supply. Using the network of faith based volunteers IRCU will actively support the government DOTS program in its communities. These volunteers will play key roles in community advocacy on TB and support adherence for those on TB treatment. IRCU will also continue to strengthen its support to networks of PLHA so as to increase their role in referral and adherence monitoring.

IRCU targets to screen 15,000 PLHA for TB in 16 sites and provide TB treatment and prevention services to 700 PLHA. 32 health workers will be trained in TB management, 16 lab technicians will be trained in diagnosis of TB, 48 counselors in TB screening and referral and 1,000 volunteers (religious leaders and PLHA) in treatment, adherence monitoring and referral.

Continued Associated Activity Information

Activity ID: 4364
USG Agency: U.S. Agency for International Development
Prime Partner: Inter-Religious Council of Uganda
Mechanism: IRCU
Funding Source: GHAI

Planned Funds: $ 450,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	16	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	700	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	128	☐

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arua

Bushenyi

Iganga

Jinja

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Mbarara

Mukono

Nebbi

Rakai

Rukungiri

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8431
Planned Funds:	$ 850,000.00

Activity Narrative: This activity also relates to activities in Abstinence and Being Faithful (8437), Counseling and Testing (8433), Condoms and Other Prevention (8432), PMTCT (8434), Palliative Care: Basic Health Care (8435), Strategic Information (8436), Othe/Policy Analysis and Systems Strengthening (8838), as well as Treatment :ARV Services (8845).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Achievements to date: Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV infected individuals is 28 through which 748 individuals have been reached with HIV care/treatment services for TB treatment. 491 individuals have been trained to provide clinical prophylaxis and/or treatment from Tb to HIV infected individuals (diagnosis or presumed).

TB National Reports (2005) indicated that Uganda had only achieved 50.2 % case detection rate of new smear positive TB and 70.4% treatment success rate; which is still below the global case detection and treatment success rates of 70% and 85% respectively. Delays in drug procurement and distribution, shortage of health personnel, inadequate diagnostic capacity and lack of support supervision are some of the reasons that account for this low performance.

UPHOLD will continue to support interventions to increase case detection and treatment success rates for TB. One of the main components of this activity is to continue providing financial and technical support to local government and CSO heath units to provide integrated HIV/TB prevention and treatment services. Activities will focus on increasing facility capacities in patient care and improving clinical settings and systems. The estimated target of HIV/TB patients to be reached is 5,000 in 28 districts (including 8 that were formerly shared with the just concluded AIM program and the newly gazetted districts).

On site technical support and mentoring on TB/HIV integration will be provided to health workers to improve their competencies in TB/HIV diagnosis and management including pediatric TB/HIV, internal and external referrals for support counseling and ART for eligible individuals, logistics planning and TB/HIV reporting. The facility-based HIV/TB management will focus on improving systems for screening both TB patients for HIV and HIV positive clients for TB. UPHOLD will undertake to distribute and disseminate national guidelines on TB/HIV to all the supported health units in support of implementation of the TB/ HIV policy and communication strategy. Through routine HIV counseling and testing services, the supported public and private health facilities will establish mechanisms to identify, diagnose and treat TB infection in children and adults leveraging training and resource material sharing from the Infectious Diseases Institute and other relevant partners. An estimated 250 service providers from 145 service outlets will be targeted.

Community involvement in HIV/TB prevention and care will be an important focus area. Leveraging USAID infectitious disease TB resources, interventions will be scaled up through training of CSO staff and volunteers in the provision of community based directly observed tuberculosis treatment (CB-DOTS). This intervention will increase TB prevention and treatment literacy among PLHAs, some of whom will be utilized as 'expert clients' to follow up and counsel their peers on TB treatment The trained community volunteers will conduct community dialogue sessions under this component to educate communities about TB and its relationship with HIV as well as the importance of its early diagnosis, prevention and prompt treatment. Through functional linkages with PLHA networks and referrals of HIV/TB clients to ART services, TB and Antiretroviral treatment outlets will be strengthened through the provision of information on service outlets during community health talks and fellowship meetings. In addition, the PLHA networks will promote other referrals such as provision of food supplementation supplied by the WFP program through

agencies like TASO, Catholic Relief Services and World Vision. Behavior change communication activities which include clear and comprehensive messages for individuals, families, communities and PLWAS with TB will be funded through the CSOs to address TB and HIV care and support and community education on TB will mainly be done through infotainment. The community mobilization activities will aim at reducing stigma associated with HIV status; demystifying stereotypes on norms about masculinity that promotes early sexual activity and multiple sexual partners for boys and men; increasing the equitable number of women who are receiving treatment; and mitigating the burden of care on women and girls by linking care programs with community efforts that provide resources. As part of the mobilization campaign, UPHOLD will also build on radio programs formerly supported by the AIM program.

Continued Associated Activity Information

Activity ID:	3950
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	145	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Gender

Coverage Areas

Bugiri

Bundibugyo

Kamuli

Kyenjojo

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

Arua

Bushenyi

Katakwi

Mubende

Pallisa

Rukungiri

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Luwero

Nakaseke

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Joint Clinical Research Center, Uganda
Prime Partner: Joint Clinical Research Center, Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8445
Planned Funds: $ 225,000.00
Activity Narrative: This activity also relates to Palliative Care: Basic Health Care and Support (8442), Treatment: ARV Drugs (8443), Treatment: ARV Services (8444), and Laboratory Infrastructire (8441).
The Joint Clinical Research Centre (JCRC) is an indigenous and the first autonomous organization to provide ART in Uganda. Established in 1992 to undertake AIDS vaccine research and an early Drug Access Initiative Partner, JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment. A cooperative agreement with USAID in 2003 launched an extensive expansion of ART across the country and a major increase in the number of PHAs able to access care and treatment. JCRC has expanded from 4 to 40 ART sites, currently serving 17,289 on ARVs, as at the end of July 2006, including over 8,900 orphans and vulnerable children, orphans' care takers, pregnant women and health care workers, receiving treatment as part of a fully subsidized program,.

With funding in FY2007, JCRC will expand services to 7 additional sites bringing the total sites to 50 ART sites, and reaching a minimum of 30,000 people, including 20,247 orphans and children, orphans' care takers, pregnant women, health care workers and other vulnerable groups receiving fully subsidized treatment. Strong collaborations exist with the Ministry of Health, Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), Walter Reed Project, Makerere University John Hopkins (MU-JHU), UPDF, UWESO, World Vision, and faith based organizations. These linkages will connect pregnant women and children to ART centers for early diagnosis, palliative care and treatment where required.

The TREAT program will deliver a comprehensive package of care for TB through collaboration with the national TB program. It is expected that 4,500 (15% of minimum patients to be reached, as stated above) HIV infected clients will receive treatment for TB through this program. The national TB guidelines will be followed, and drugs supply will be collaboration between TREAT and TB national control program set up with MOH. The TB liaison makes treatment of HIV care and treatment very closely linked especially as there are critical issues related to disease progression, drug toxicity and interactions. Therefore it is critical that clinical supervision and service logistics are linked. In collaboration with national TB program, JCRC will support a reliable system to monitor TB related data to inform reciprocal responses and improvement of ART patient management including monitoring. The majority of the TREAT sites are Ministry of Health regional or district hospitals, all of which have a TB program and most are implementing CB-DOTS. Overt connections between HIV care and ART clinics and TB clinics will be sought. In addition, MOH facilities are beginning to roll out routine counseling and testing on hospital wards, which will uncover TB clients who are co-infected. Likewise HIV clients will be evaluated for TB and supported for TB treatment as part of the package of care. In addition, the regional centres of excellence will continue to provide capacity for TB research and HIV/AIDS research, especially in Mbarara and Fort Portal.

JCRC's training program incorporates TB diagnosis and treatment, as do other training centers that support TREAT clinics (e.g. Mildmay, TASO, IDI). JCRC has developed monitoring tools for centers and strong logistics to ensure reliable drugs and commodities supplies, stocks management, data collection and monitoring and day-to-day communication. TREAT continues to establish and strengthen patient support groups and community based organizations to work with the adherence program to ensure the success of the program.

Continued Associated Activity Information

Activity ID: 4445
USG Agency: U.S. Agency for International Development
Prime Partner: Joint Clinical Research Center, Uganda
Mechanism: Joint Clinical Research Center, Uganda
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Infants
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Gulu

Hoima

Iganga

Jinja

Kampala

Kamuli

Lira

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Mubende

Kabale

Bushenyi

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

Apac

Kalangala

Kanungu

Kitgum

Wakiso

Bukwa

Ibanda

Kaabong

Kiruhura

Mityana

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Expanding the role of People Living with HIV/AIDS Networks
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8463
Planned Funds:	$ 400,000.00

Activity Narrative: This activity also relates to Palliative Care: Basic (8462), Orphans and Vulnerable Children (8464), Counseling and Testing (8900) and Treatment: ARV Services (8465).Uganda ranks 15th among the world's 22 countries with a high TB burden. There is a strong association between TB and HIV/AIDS and this association has exacerbated the TB and HIV/AIDS problems in Uganda. About 20 percent of TB patients are estimated to be HIV-positive and TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS. In 2003, 30% of all death among PHAs was attributed to TB. The Government of Uganda launched the TB/HIV integration policy, and a communications strategy to guide the implementation of collaborative activities between TB and HIV aimed at reducing the burden of TB among PHAs. To support the roll out of this policy, the Alliance has designed a program to build the capacity of PHA Networks and groups to actively involve themselves in implementing the TB/HIV integration policy and reduce the burden of TB among their members.

The Program for expanding the Role of PHA Networks in Uganda, a 3-year program implemented by the International HIV/AIDS Alliance(IHAA) serves to increase PHAs' access and utilization of HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services. TB/HIV integration aimed at reducing the burden of TB among PHAs is one of the core components of this program. The program through the provision of technical and financial support through sub-grants, is tasked with mobilizing and strengthening the national PHA organization (NAFOPHANU), 14 district and over 40 sub-district PHA networks in Uganda. The IHAA will build institutional and technical capacity of these PHA networks to increase their involvement in the provision of prevention, care and treatment services including TB/HIV integration, and in the establishment and management of effective referral mechanisms to link their members, families and the communities to HIV/AIDS care, prevention and treatment services.

80 PHA networks and groups will be trained in increasing TB awareness amongst their members and their families. This will facilitate access and utilization of TB screening services by PHAs and their household contacts. The PHAs will also be trained to demand for TB screening services from healthcare providers. Through 40 trained Network Support Agents(NSA), who are themselves PHAs trained to facilitate referrals and linkages to HIV/AIDS services, all those testing HIV-positive at counseling and Testing Centers will be linked to TB screening services. Those that are diagnosed with active TB will be referred and linked to TB treatment while those with latent TB will be facilitated to receive Isoniaziad Prophylaxis Therapy(IPT). The NSA working with CB-DOTS supervisors will ensure that TB/HIV co-infected patients adhere to their TB treatment, and receive the back-referral to HIV/AIDS services for Cotrimoxazole prophylaxis and ART if eligible. These clients will also be linked to home-based care, STI diagnosis and treatment, and prevention with positives services. The TB/HIV co-infected patients will also receive basic care packages ranging from long-lasting insecticide treated nets(LLITNs) , condoms, family planning commodities, and safe water vessels.

The program will work in collaboration with several USG-funded organizations that provide Counseling and Testing services(AIC, MJAP), those that provide TB screening (JCRC, TASO, MJAP, IRCU) and those providing PMTCT services(EGPAF, PREFA). The program will also work closely with programs that have a district focus(UPHOLD, Northern HIV/AIDS program, New TB/HIV activity) to ensure that the PHA networks approach to increase access of PHAs to TB screening is effectively integrated in the district plans. The Alliance will work closely with health facilities in the district and sub district, and communities to create awareness of HIV/TB co-infection and the impact this has on quality of life and longevity of PHAs. Communities and PHAs will receive information on the value of early screening for TB and tracing of contacts especially children. The network support agents and PHAs will be trained to increase TB awareness among PHAs and utilization of TB screening services. In the process of working to reduce TB at family and community level, Alliance will work with health facilities, communities and PHA households to look into issues of contact tracing – where other family members, especially children/OVCs are screened for TB and linked to TB treatment early if found to have TB.

The activity will provide technical support and financial assistance through sub grants to PHA networks and groups to build their capacity to effectively support TB/HIV integration activities. The Alliance will build institutional and technical capacity of PHA networks to

increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanism to link members and their families to TB services and community support program for increased TB detection rates and DOTS treatment success rates. In the area of TB/HIV integration, this activity will train PHA networks/groups/members to promote and support TB testing among their members and to link members and their families to clinical TB services as appropriate. Also during the training of NSAs, the issue of TB/HIV integration will be emphasized so that the Network Support Agents NSAs are able to counsel clients in relation to TB screening and treatment, and retrieval/back referral for access to HIV/AIDS services. The Network support agents will work with communities and health facilities in the district where people living with HIV/AIDS access services for both HIV and TB. The Network support Agents will also be trained in TB/HIV reporting systems so that they capture number of clients referred for TB/HIV services. Alliance will also work with existing programs supporting the delivery of CB DOTS where PHAS could work as CB-DOTS community volunteers and facilitate the linkages with HIV/AIDS services.

plus ups: From the 2005 biannual reviews conducted by the International Union Against TB and Lung Diseases(IUATLD) and the Global Drug facility(GDF) mission it was found that lack of knowledge of the TB/HIV collaborative activities hindered integration activities. It has also been established that lack of knowledge of the association between TB and HIV among People Living with HIV/AIDS(PHAs) hinders access to TB screening and diagnostic services. Working with Groups and networks of PHAs, this activity will accelerate access and utilization of TB screening services by PHAs and facilitate effective referral systems to and from TB and HIV services.With the plus-up funds, TB/HIV activities will be scaled up from 14 to 28 districts.

Continued Associated Activity Information

Activity ID: 4690
USG Agency: U.S. Agency for International Development
Prime Partner: International HIV/AIDS Alliance
Mechanism: PHA Network
Funding Source: GHAI
Planned Funds: $ 120,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	160	☐

Target Populations:

Community leaders
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8469
Planned Funds:	$ 600,000.00

Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Counseling and Testing (8470), Treatment :ARV Services (8472), Treatment: ARV Drugs (8471), Laboratory Infrastructure (8473), Strategic Information (8474) and Other/Policy Analysis and System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources. Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end in FY07, and NUMAT will serve as the primary district based HIV/AIDS program for the USG.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In the Acholi region, where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

In view of the acute human resource constraints facing the conflict affected districts of the North, one specific area that the project will put focus on is to work with other stakeholders to innovatively address the critical human resource gaps in the region. NUMAT will collaborate with UNICEF and the MOH in the implementation of the minimum package of Health Facilities support and with others to design and implement appropriate incentive packages that will be linked to a broad human resource support strategy in conflict and post conflict districts.

NUMAT will also work in close collaboration with all of the key stakeholders supporting integrated TB/HIV in the North including the National TB and Leprosy Program, local government political and technical officials Gulu Independent and Lacor Hospital, CDC, WHO, AVSI, CUAM, Malaria Consoritum, CBOs, and GLRA on TB activities as well as USG supply chain efforts DELIVER II and SCMS.

The planned key achievements in year 1 include: leveraging USAID infectious disease TB resources to scaling up and strengthen CB-DOTS in the majority of the sub counties / camps and initiating TB/HIV collaborative activities in Acholi sub region and strengthening those in Lango sub region.

Year 2 activities will build on year 1 achievements and will include working with district health officials to identify community and camp members to be trained as sub county health workers and develop appropriate supervision systems for volunteers who administer drugs. Community health workers will be trained to play the role of sub-county TB supervisors. Working with the district health officials, trained volunteers will be facilitated with transport in form of bicycles, to do their work. Building on earlier efforts by AIM, community education efforts that provide simple messages about TB symptoms and the importance of early detection and complete cure as well as IEC/BCC activities to sensitize and mobilize communities on TB will be supported. Simple health worker tools to more easily screen patients who present with coughs will be developed. Re- training and routine supervision of laboratory health workers will be supported to improve sputum smear examination through

Increasing the number of diagnostic units through support to mobile laboratories serving lower levels of the health system.

Training non laboratory medical personnel (e.g. nursing assistants) as microscopists.

Providing logistical support to assure drugs and other supplies are secure and reach health units in time.

Documenting and disseminate lessons learned.

NUMAT will provide support to the zonal TB officers to provide supervision.

HIV/TB collaborative activities will focus on ensuring TB patients are referred and tested for HIV and HIV patients are referred and screened for TB. In keeping with the national priorities support at the district level will include supporting joint planning for HIV and TB as well as district coordination structures, training health workers in HIV/TB collaborative activities, providing registers which cater for both TB and HIV activities and facilitating support supervision. Integrating co-trimoxazole prophylaxis and ART into Tb care will also be strengthened within health facilities. Community activities supporting PHAs and TB patients will also be strengthened to effectively integrate education, awareness, advocacy and referral for TB and HIV re spectively.. This will be done through training

Continued Associated Activity Information

Activity ID: 4700
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: NUMAT/Conflict Districts
Funding Source: GHAI
Planned Funds: $ 559,824.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	45	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,200	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	152	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Other

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Dokolo

Oyam

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Routine Counseling and Testing in Two District Hospitals
Prime Partner: Research Triangle International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8539
Planned Funds: $ 60,000.00
Activity Narrative: This activity also relates to activities numbers: 8540-AB, 8517-Palliative Care;Basic Health Care and Support, 8518-CT, 9636-Condoms and Other Prevention.

Research Triangle Institute (RTI International) is an international, independent not-for-profit organization dedicated to improving the human condition through multidisciplinary technical assistance, training and research services that meet the highest standards of professional performance. RTI is partnering with AIDS Healthcare Foundation (AHF) to support the Uganda Ministry of Health (MOH) in providing Routine HIV Testing and Counseling (RTC) and basic care (BC) services to patients in district hospitals and health center (HC) IV facilities. In this partnership RTI contributes to the national response to address the significant service gaps that still exist in the provision of HIV counseling and testing (HCT) and linkages to care and support services in Uganda as well as early identification and management of TB/HIV co-infected individuals and families.

During FY06 RTI has made significant progress in the integration of TB and HIV management through the linkage between CT service delivery points, chronic care clinic and the TB clinic in all project-supported facilities. RTI contributed to the response to the challenges to effective TB/HIV care for patients. These challenges include a limited capacity to identify TB cases using either sputum smears or chest x-rays in some facilities; limited access to TB treatment centers by patients; shortage of qualified/well trained health workers and; poor treatment adherence.

During FY07, RTI will support this activity by ensuring that all HIV positive patients are referred to the chronic care clinics where TB screening is routinely done. The program will continue to support efforts that provide cross-referral and integrate diagnosis, treatment and support services for TB and HIV in the target facilities. HIV+ patients will be actively screened and treated for TB at initial diagnosis and during follow up at the chronic care clinics. HIV counseling and testing will be offered to all patients in the TB clinics. Opportunities will be explored to counsel TB patients under the DOTS program about the importance of HIV testing and treatment adherence for ARVs. The program will also emphasize strengthening of laboratory capacity for TB and HIV. RTI will conduct an assessment of laboratory capacities at all target facilities to identify areas that will need priority actions. The assessment will examine factors such as the availability of laboratory staff and their level of training/experience, the number and types of laboratory services currently available (with emphasis on HIV/AIDS and TB diseases), current infrastructure (quality of testing tools, and other non-expendable equipment), availability of supplies (reagents and protective gear) and the frequency of stock-outs, availability of operating procedures and protocols for laboratory management and performance, and the level of resources allocated to laboratory performance by district planning committees. Following the assessments, the program will then develop and implement a support plan for strengthening existing capacity depending on the needs identified, using MOH guidelines and in collaboration with various partners including the National TB and Leprosy Program. Working with district IEC teams, the program will provide support for a communications campaign aimed at increasing TB-DOTS and ART literacy in the target health facilities and surrounding communities. Health facility staff will be supported in data management and analysis to enable them better monitor adherence to relevant treatment regimes and to track progress in the performance of their activities. RTI will collaborate with MOH to ensure constant supply of TB drugs, septrin and ARVs to TB/HIV co-infected patients. Support supervision and on-job training will be done to strengthen TB/HIV integrated services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
TB patients

Coverage Areas

Kaberamaido

Kasese

Masindi

Mpigi

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Full Access Counseling and Testing
Prime Partner:	Kumi Director of District Health Services
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8550
Planned Funds:	$ 80,000.00

Activity Narrative: This activity relates to 8314-Palliative Care;Basic Health Care and Support, 8313-CT.

In September 2005, Kumi District Local Government received USG funding to implement a Full Access Home Based HIV Confidential Counseling and Testing Program using Outreach Teams in Kumi District, Uganda. The overall goal of this program is to provide counseling and testing services to the entire population residing in Kumi district and refer all those testing HIV positive to sources of ongoing psychosocial support, basic preventive and palliative care, and treatment services.

TB/HIV will be a new activity in FY07. In this program, Kumi District Directorate of Health Services is working with USG, MOH, indigenous NGOs, CBOs, FBOs and local communities to provide palliative care specifically on TB/HIV to clients identified through the ongoing HBCT program. The overall goal of the Full Access Home Based Confidential Counseling and Testing program is to identify HIV positive clients and refer them to appropriate sources of care, treatment and support services within the district. The key components of this activity include strengthening the referral systems in the district including public and NGO health units to be able to provide basic preventive and palliative care and TB/HIV collaborative services. In addition, support will be provided to CBOs to establish/expand and strengthen indigenous sources of ongoing psychosocial support in the communities. The target population for this activity includes all HIV positive clients identified through the counseling and testing activities of this project. The prevalence of HIV infection in Kumi district is about 6%. It is expected that approximately 7,200 people will be identified with HIV by March 2008.

During FY06, Five hundred forty eight (548) TB (all types) patients were registered in Kumi District. One hundred forty six (146) were counseled for HIV/AIDS, 107 were tested and received results. Sixty seven (63%) TB patients tested positive, of which 48 were started on Cotrimoxazole and 16 on ART.

In FY07, funds under this activity will be used for enhancing TB/HIV Collaborative activities including referral of all HIV positive clients for TB screening and treatment as appropriate, and CT for people diagnosed with TB, procurement of commodities including lab supplies, training of health workers and Community Resource Persons (CORPS) on TB/HIV integration, improving TB/HIV reporting and surveillance systems, strengthening the role of PHAs in facilitating referral, adherence and improving linkages from CT to TB screening. A counselor will initiate referral of an HIV positive client for TB screening at a health facility nearest to the client. Screening and Sputum examination will be conducted at the facility by trained health service provider. If a client has TB, treatment will be initiated at the health facility and then referred back home for CB-DOTS. For clients who present to the health facility with TB and have not had CT, treatment will be initiated and HCT will be done. Those that test HIV positive will be provided with Basic Care including Cotrimoxazole prophylaxis and referred for CB-DOTS. In order to ensure that the HIV+ clients receive TB screening, laboratory supplies will be procured and supplied in all the health units in the district from HC III, HCIV and hospitals. All HIV positive clients as well as discordant couples will receive follow up counseling and other Prevention With Positives (PWP) interventions and each HIV positive client will receive a referral form to go to the nearest health unit for TB screening with follow-up by the CORPS. In order to ensure successful integration of TB/HIV services, health unit staffs as well as community resource persons will receive training on TB diagnosis and management, records management, and logistics and commodities management. In addition an assessment of all health units in the district will be conducted to identify infrastructure and staffing needs and provided with additional staff, infrastructure, logistics and supplies as required to be able to provide care for the medical needs of HIV-infected people. The District Health Team will be responsible for the supervision and quality assurance of TB/HIV integration at the health facilities. A major component of this program will be community mobilization and is linked to HCT and Basic Palliative care. To strengthen the follow-up of clients on CB-DOTs, CORPs and HIV/AIDS Peer Educators will be used to ensure that clients adhere to treatment so as to minimize the default rate which is a national concern, more so if a client is on ARVs, CB-DOTs and Cotrimoxazole Prophylaxis. The CORPs and PHA Peer Educators in this program are already trained in mobilization for HCT and Basic Palliative Care. Regular reviews will be conducted with CORPs and Peer Educators to assess the progress of the program at the community. TB/HIV programs will be integrated into HCT and Basic Palliative Care mobilization strategies which include use of CORPs, Peer

Psychosocial Support Groups (PPSGs), Persons With HIV/AIDS Peer Educators, PHA Networks and Radio. NGOs, FBOs and CBOs will also play a vital role in sensitizing and mobilizing communities to take up TB/HIV services. IEC packages for TB/HIV integration will also be reprinted and distributed in the communities.

plus ups: Funding will be used to improve capacity of the district to implement TB/HIV integration activities, ensuring that the Health center 3 health facilities are equiped and have trained staff to conduct TB screening. In addition routine counseling and testing provided at all the 16 sites so as to ensure that TB patients are counseled and tested. Supervision and coordination of TB/HIV activities will be supported. Ensure that eligible TB patients are receive HIV treatment. Referral mechanisms for CD-DOTS for TB will be strengthened. Service delivery sites will be facilitated to institute TB infection control plans.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of individuals who received counseling and testing for HIV and received their results	300	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	16	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	410	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	370	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
TB patients

Coverage Areas

Kumi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HIV/AIDS Project
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8619
Planned Funds: $ 167,587.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Palliative Care;Basic Health Care and Support, 8336-OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services, 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

TB services are being provided free of charge to all patients at Mildmay and Mbuya plus the outreach clinic sites. All patients in HIV care (whether on ART or not) are screened for active TB if symptomatic using sputum smears, radiology, and ultrasound techniques. Patients presenting for VCT and ART screening are also evaluated for TB at all sites. TB medications are provided free by the MOH National TB and Leprosy Program (NTLP) which also provides support supervision for all the sites. Mbuya RO, which operates in one urban parish, has a strong TB program that employs a community DOTS strategy using volunteers referred to as Community ART and TB supporters (CATTS) that reside in the same community. These support adherence to both ART and TB and ensure follow-up. TMC follows the national guidelines for TB management. In the year June 2005 to June 2006, TMC performed TB tests on over 600 patients and treated 191 for TB, 64 of who were children. In the same period RO screened more than 500 patients for TB, of whom 112 of have been or are being treated for TB.

In FY07, all TB services will be continued at the six TMC supported sites of TMC, Naggalama, Mpigi, Mbuya RO, Kinawataka, and Banda clinics. The funds under this programme area will be used to procure drugs (to supplement NTLP supplies), laboratory reagents for TB diagnosis, PPD for Mantoux tests especially for children, X-ray films, and processing chemicals for TB care not provided by the National TB Programme. Other expenses include human resources, training and operational costs of contact tracing and follow up. To ensure adherence to TB medications and treatment completion. It is expected that 4,000 patients in total will be screened for TB and over 400 treated in FY07. Collaboration with MOH-NTLP will continue into the coming year in the area of quality assurance, support supervision, and provision of medications. The funding will also support data management and M&E activities. Up to 100 health workers will be trained in TB/HIVactivities.

plus ups: Reachout is a sub partner for Mildmay that provides care for HIV infected individual. The plus up funds will be used strengthen care for HIV positive TB patients through support for CB-DOTS for TB. Health staff will be trained in TB screening, diagnosis, and treatment. An additional 100 HIV positive patients will be reached with TB treatment. The sites will be facilitated to institute TB infection control plan and activities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	130	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
TB patients

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8987
Planned Funds: $ 50,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Prevention, 8388-CT, 8391-ARV Services, 8386-Palliative Care;Basic Health Care & Support, 8387-SI, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (COP 06:$250K for ARVs, $250K for services).

Co-infection with TB is a substantial challenge for the medical management of HIV infected patients in the UPDF. This is a new activity and will include diagnostics which remain limited, even in the 2 primary clinical centers in Kampala, and treatment strategies to ensure compliance. Activities will include enhancement of laboratory capabilities, and training of the HCWs and laboratory technicians in recognition and diagnosis of TB. Additionally, strategies to increase compliance within a military environment will be addressed, to include piloting alternatives to the current common practice of inpatient care for the initial 2 months of treatment, which does have a substantial medical resource cost.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	☐
Number of HIV-infected clients given TB preventive therapy	200	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	50	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	15	☐

Target Populations:

Doctors
Nurses
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gulu

Kampala

Luwero

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Partnership for Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8995
Planned Funds: $ 260,000.00
Activity Narrative: This activity is linked to Palliative care: basic (8862), Counseling & testing (8882), Treatment: ARV drugs (8933) and Laboratory Support (8984).The SCMS project will provide critical logistics technical assistance to the key providers of TB treatment, diagnosis and prevention in Uganda, including the Ministry of Health, JCRC, IRCU and other PEPFAR NGO partners including the new program in 2006 targeting northern conflict zones. This will include forecasting and quantification, procurement tracking, product delivery and warehouse system improvement and delivery tracking for decision making. Procurement for ARV drugs for IRCU at a level of 1,000,000 is included this year. Commodities to be included under SCMS technical support include ARVs, HIV test kits, condoms, cotrimoxazole, Nevirapine and other PMTCT drugs, STI & OI drugs, and lab reagents and consumables for diagnosis. Uganda has made major advances in ARV treatment, diagnosis and prevention, but much remains to be done as patient numbers increase, access is brought closer to the local level, policies such as HIV routine testing, TB and HIV integration and new treatment for PMTCT mothers is adopted nationwide. Systems need to expand rapidly, be flexible to adjust to new policy demands and to be able to cope with emergency threats to the HIV/AIDS supply chain.

TB is very often a co-infection of HIV/AIDS. At present, an estimated 50% of TB patients are also co-infected with HIV. The MOH launched a policy for TB/HIV collaborative activities which aims at improving care for TB and HIV patients. The policy intends among other things to foster TB screening among HIV positives and HIV screening among TB clients. The policy also advocates for Isoniazid preventive therapy (IPT) where appropriate. These interventions have implications for the current logistics systems in place.
The SCMS project will work with the TB program ensure a sustainable availability of anti-TB drugs including Isoniazid at the ARV sites and TB treatment centers. This will entail cross-system coordination and adapting the current TB logistics system and reporting to support the TB/HIV collaborative activities.

The SCMS project will provide technical assistance to the TB program in the quantification, procurement planning and tracking for supplies needed for TB/HIV collaborative activities (including Isoniazid) to ensure continuous availability of these supplies. This is critical as the requirements will continue to change as the program evolves.

The laboratory logistics system will be strengthened to ensure availability of lab supplies (including Skin testing) to enable TB screening among HIV positives and also HIV screening among TB patients. As the policy continues to be implemented, the number of clients screened for HIV will increase, and there will be need to ensure availability of HIV testing kits in all TB diagnostic centres. The current laboratory logistics system will have to be adapted to achieve this objective.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV	4,500	☐
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: TB/HIV Integration Activity
Prime Partner: International Union Against TB and Lung Disease
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9183
Planned Funds: $ 1,300,000.00

Activity Narrative: Uganda ranks 15th among the world's 22 countries with a high TB burden. There is a strong association between TB and HIV/AIDS and this association has exacerbated the TB and HIV/AIDS problems in Uganda. About 20 percent of TB patients are estimated to be HIV-positive and TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS. In 2003, 30% of all death among PHAs was attributed to TB. In 2006, the Government of Uganda launched the TB/HIV integration policy, and a communications strategy to guide the implementation of collaborative activities between TB and HIV aimed at reducing the burden of TB among PHAs. The policy established a national TB/HIV coordinating body and set guidelines for development of district joint TB and HIV/AIDS implementation guidelines, HIV surveillance among TB patients and TB surveillance among PHAs. In FY07, the TB/HIV Integration program will develop an integrated approach to the management of TB/HIV co-infected persons through a decentralized service and referral system. This is in support to the National TB/HIV integration policy and communications strategy.

The program will increase HIV Counseling and Testing uptake amongst TB clients as an entry point into HIV care and intensify TB case finding among PHA programs like PMTCT, RCT, OVC settings and Home based care. The program will also strengthen referral linkages between TB and HIV/AIDS programs including HCT, PMTCT, care and treatment programs and build the systems for management and monitoring of TB/HIV co-infected patients across multiple health care programs.

The program will strengthen health facility and community based referrals and linkages between TB and HIV/AIDS program/networks areas including referrals and linkages to TB diagnosis and treatment as well as back referrals/retrievals for TB/HIV co-infected patients to receive HIV care and treatment. Specifically, the program will ensure cross-referral of clients between the TB and HIV/AIDS programs so that people with TB are placed and continued on ART and other services and patients receiving HIV/AIDS services receive appropriate TB diagnosis and management. Through the 16 service outlets supported, the program will provide cotri-moxazole prophylaxis to TB/HIV co-infected patients and Isoniazid prophylaxis to 2,000 HIV-positive patients with latent TB and treat 5,000 patients with TB. The program will also ensure the link of care and support to prevention, and STI diagnosis and treatment.

In support of the implementation of the TB/HIV integration policy, the program will support 6 districts to build capacity and to develop tools to support districts to develop implementation plans for TB/HIV collaborative activities. The tools will include implementation manuals, Terms of Reference for district TB/HIV coordinating committees, implementation guidelines, training manuals and modules, and monitoring and evaluation tools.

The National TB and Leprosy Program(NTLP), district health management teams in 6 selected districts and their individual service providers will be supported to develop implementation plans for the TB/HIV activities in a phased approach. Some of the activities that will be supported include district TB/HIV analysis, data collection, survey of TB and HIV service providers, setup of TB/HIV coordinating committees and referral systems. The program will increase service efficiency and increased competence in the management of TB/HIV co-infected patients aimed at improving TB cure rates and increased adherence to ARVs and TB drugs. This will include developing support supervisory systems and a monitoring and evaluation framework This will also include strengthening of local TB/HIV reporting systems in support of the national surveillance system for TB/HIV.

plus ups:
This activity will strengthen health systems by providing capacity buildlng on management skills and TB/HIV to the AIDS Control Program(ACP) and National Tuberculosis and Leprosy Control Program(NTLP) and district health services in 6 additional districts, bringing the total of focus districts to 20.The program will support increased collaboration between ACP and NTLPand improve implementation of TB/HIV activities including CB-DOTS at district level, increases access to TB services for HIV-positive people and increase access to HIV/AIDS counseling and testing services for TB patients. The activity will also improve national guidelines for TB/HIV, infection control at health facilities and CB-DOTS. Through the plus-up funds an additional 2,000 TB registered patients will

receive HIV/AIDS counseing and testing services and 3,000 more HIV-infected clients will receive treatment for TB.

Continued Associated Activity Information

Activity ID: 6428
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of individuals who received counseling and testing for HIV and received their results	11,000	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	26	☐
Number of HIV-infected clients given TB preventive therapy	3,000	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Health Comm Partnership; AFFORD
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9236
Planned Funds: $ 200,000.00
Activity Narrative: This activity is also related to ART, PMTCT+, and Counseling and Testing. HCP's overall mission is to strengthen capacity and improve effectiveness of health and HIV/AIDS communication. The communications strategy for TB/HIV collaboration in Uganda was developed by the MOH and partners, and launched in 2006. The program will be implemented through an operational plan at both the national and at district levels. In this activity, HCP will provide technical assistance to the Ministry of Health, the NTLP, STD/ACP, CBOs/NGOs and up to 6 districts to harmonize communication initiatives between TB and HIV, and to ensure that linkages between TB and HIV are realized. Support will cover advocacy, communication and social mobilization for the integration of TB/HIV activities at national, district and community levels,. At the national level, support will be provided to develop an operational plan with budget for district and national level implementation. It will also involve assisting the government to develop plans and tools to mobilize community based organizations, faith-based organizations, and other health providers and community agents to integrate TB prevention, diagnosis and treatment with HIV counseling and testing, home based care and support, and ART services. Districts will be supported to include TB/HIV communications strategies in their district operational plans and assist them to effectively target their messages. A selection of up to 6 districts to act as models will be made in consultation with the MOH. Ultimately, the activity will aim to increase referrals for TB diagnosis and treatment among PHAs at health facility and community levels, and to educate the public about TB prevention and treatment and its link with HIV.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Religious leaders
Nurses

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9757
Planned Funds:	$ 850,000.00

Activity Narrative: Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: HIV testing through hospital-based routine HIV testing and counseling (RTC) and home-based counseling and testing (HBCT); provision of palliative HIV/AIDS basic care; provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients; antiretroviral treatment; provision of HIV post- exposure prophylaxis; and, capacity building for HIV prevention and care through training of health care providers, strengthening laboratory services, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate to train clinicians and provide services. Annually 3,000 health care providers are trained and one million patients seen in the two hospitals, both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in these two hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. These are: ISS clinic, Kawempe and Naguru Health Center IVs, Mbarara municipality clinic), Bwizibwera Health Center IV and, Mulago TB/HIV clinic. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. In FY06 MJAP is working to fully integrate TB-HIV at the Jinga Regional Referral Hospital to include diagnosis of TB and HIV infections among in- and out-patients through integrated routine HIV testing and counseling and TB diagnosis, with linkage to care and treatment for infected individuals. All patients attending high prevalence clinics and wards will routinely be offered HIV testing and screening for TB. The TB screening will be conducted at several levels beginning with clinical evaluation to investigations including sputum smear microscopy, CXR and mantoux, as appropriate. These activities will be integrated into the existing care and treatment services in the hospital. Patients attending the HIV clinic in Jinja Hospital will also routinely be screened for TB. In collaboration with MOH and NTLP and following the new HIV/TB integration policy and guidelines, MJAP will revise the Jinja Hospital guidelines and training materials for the delivery of integrated TB-HIV diagnosis, care and treatment, and will provide training for health care providers. 10,000 individuals will be tested for HIV inclusive of TB infected patients, and 2,000 HIV-infected patients will be screened for TB. The MOH-NTLP will provide some supplies for TB screening and free TB medications; and cotrimoxazole prophylaxis will be initiated in all newly diagnosed HIV infected patients (including those who are co-infected with TB) before referral for follow-up care and treatment.

In FY07, MJAP plans to extend these HIV/TB services to three additional regional referral hospitals and leverage RTC funds to provide integrated and expanded TB diagnosis-RTC. This will increase the number of regional referral hospitals providing integrated TB diagnosis-RTC activities from one to four in FY07. MJAP will complete revision of the TB-HIV training curriculum and materials, and scale-up the training of health care providers in all the four hospitals. Also in FY07, Isoniazid Preventive Therapy (IPT) activities will be piloted in one site (Mulago HIV/AIDS clinic) and will be scaled up to other sites after an assessment of several parameters including patient follow-up, monitoring, adherence rates and support mechanisms, and side effects to INH. IPT will be given to patients with latent infection of mycobacterium tuberculosis. Additionally, MJAP will develop/update current guidelines for provision of IPT and IEC materials for patient education; the data management system will be finalized, health care providers will be trained in the provision of IPT; and IPT will be provided to HIV-infected patients according to the recommended WHO and MOH/NTLP guidelines. This funding will also support expansion of the TB screening and HIV testing in selected hospital wards and clinics and provided comprehensive TB-HIV care and treatment in the HIV clinics at the four regional referral hospitals.

plus ups: Funding will be used to scale up TB/HIV integration activities to 3 more regional sites and to strengthen the referral mechanisms to lower level facilities in these regions including the CD-DOTS for TB. This will include support to the regional staff to conduct supervision to the lower level facilities. In colaboration with the National TB program the regional referral hospitals and lower health facilities will be trained in TB/HIV care and treatment. Service delivery sites will be facilitated to institute TB infection control plans and activities. Laboratory support will be provided incuding diagnostic supplies and equipment for TB diagnosis and training in logistics management. Some funding will be designated for role out of TB microscopy training to be conducted jointly by NRTL and CPHL. With the plus up funds an additional 200 HIV infected clients attending HIV care and treatment will receiveTB treatment.

Continued Associated Activity Information

Activity ID:	4708
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	AIDS Information Centre
Mechanism:	HIV/TB testing with TB treatment-Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained on logistics pull system for TB/HIV		☑
Number of individuals reached through community outreach that improve case findings, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis		☑
Number of individuals trained in the TB EQA		☑
Number of laboratories under EQA for smear microscopy		☑
Number of samples referred to NTRL		☑
Number of individuals who received counseling and testing for HIV and received their results	800	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	7	☐
Number of HIV-infected clients given TB preventive therapy	250	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	800	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	☐

Target Populations:

Adults
Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Other Health Care Worker
TB patients

Coverage Areas

Jinja

Kabale

Masaka

Mbale

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area: $ 20,479,767.00

Program Area Context:

Fifty-six percent of the population of Uganda are under 18 years of age. An estimated two million children are orphans (14% of all children), representing a more than two-fold increase in the number of orphans since 1990. Approximately 46% of orphans are due to HIV/AIDS, and the rest are orphaned primarily due to conflict. Of those affected by HIVAIDS, an estimated 100,000 children aged 0-14 are HIV+. Of the four million children living in conflict, one-million are living in Internally Displaced Persons (IDP) camps. In FY07, USG plans to reach 219,949 OVC directly.

In FY07, under the guidance of the National OVC Policy (NOP) and National Strategic Program Plan of Implementation (NSPPI), and in close partnership with the Ministry of Gender, Labor, and Social Development (MGLSD), UNICEF, Global Fund and other partners, the USG will continue to support the following strategic approaches: 1) Provide technical support and capacity building to the MGLSD, which is responsible for the national OVC response. Particular focus is placed on the Department of Youth and Children and the Planning Unit as it relates to leadership and strategic direction, planning and coordination, and development of key systems; 2) Expand and strengthen local government and civil society's response through a national zonal technical support approach, a grants mechanisms for service delivery and capacity building of national, district and community organizations; 3) Strengthen families and communities to support key vulnerable populations.

The USG continues to work actively with the MGLSD, UNICEF, MOF and other key stakeholders to address the issues of the Global Fund and modify the technical support approach to make it less expensive, focused and decentralized. Currently there are $56 million of Round 3 OVC resources that have not yet arrived in the country. Once the funds are received, in two planned phases, the initial phase of $25 million will have to be spent by July 2007.

The USG is also working closely with other development partners, in an unprecedented collaboration in Uganda, to merge the financial management agent of the MGLSD national grants mechanism, supported by USG, with other development partners planned HIV/AIDS funding to civil society. Advanced talks are currently underway with MF to use this mechanism to channel Global Fund resources to civil society.

The NOP and NSPPI define core OVC services as health, education, psychosocial support, economic strengthening, food and nutrition, basic care and support (shelter), child protection and legal support and mitigating the impact of conflict. USG, in collaboration with MGLSD, plans to finalize program quality standards for each core service by the end of 2006. These quality standards will guide implementation and monitoring of outcomes for core OVC services.

Given the magnitude of the problem, identifying the most vulnerable children and supporting comprehensive services at the household level in a decentralized system, which has recently seen a proliferation of districts, has demanded a new approach. OVC services are fragmented and scattered with minimal impact at the community level. A zonal technical approach is being instituted to coordinate and consolidate the substantial increase in donor resources and technical support to local governments and civil society in order to support effective utilization of these resources.

Working in close partnership with local governments and civil society, zonal technical support mechanisms, working as a technical arm of the MGLSD, will support the following activities: the roll-out of the OVC policy and implementation plan; district-wide mapping; a gap analysis of the multi-sectoral response; the development of integrated and comprehensive work plans for local governments and civil society (CSO's); increasing the organizational and technical capacity of key local government offices and civil society grantees; increasing adherence to quality standards and guidelines; and rolling-out the MIS at lower levels. Technical support organizations will facilitate approaches at the sub-county level to ensure comprehensive, networked services are accessible to OVC and their families. Although USG will continue to support national systems, it is planned that direct support to service delivery in FY07 will focus on the four zones with the highest HIV prevalence, representing approximately 40 districts. It is further expected that this new approach will assist partners in meeting the new PEPFAR reporting requirements for OVC support. A key guiding principle and strategy to reduce vulnerabilities is to strengthen the capacity of families and communities (F&C) to effectively care for and meet the needs of their children. In addition to the zonal approach, the USG will employ several approaches, targeting key vulnerable groups, to strengthen families

and communities as well as improve their access to critical services.
HIV+ children and children living in households with PHAs, particularly caregivers, are key vulnerable children being targeted through USG support. Building on FY06 activities, the USG will expand and strengthen access to services for these children and their families. Specifically, working in partnership with the USG funded Expanding Services for PHAs, children living in HIV+ households will be referred to counseling and testing, care and treatment services. These children and their caregivers will also be linked into a network of comprehensive services including succession planning and legal support. The nutritional needs of children born to HIV+ women and those living in HIV+ households will also be addressed through a new palliative care activity.
USG will also expand networks and linkages between pediatric care and treatment programs and community based OVC services. FY06 resources are targeting Kampala, which has the largest number of pediatric providers. FY07 resources will expand to other geographical areas with strong pediatric programs. Key activities include working with pediatric AIDS providers to identify the most vulnerable children in need of additional services; community service provider mapping; training of providers, caregivers and teachers to understand the needs of HIV+ vulnerable children and their families, developing and strengthening referrals and networks, and technical and financial resources to selected community providers to ensure capacity to meet the needs of an increased client base.
Partnerships with national and multinational corporations to support and strengthen OVC services in the neediest communities is also one of our new strategies. Building on the successes of our the USG's private sector care and treatment program, we will work with OGAC and the East Africa Regional Mission to identify potential new opportunities and partners such as local and international banks, fuel companies, telecom companies. A particular focus will be working with the private sector to transition their short-term social responsibility programs into longer term community partnerships.
Ugandan's OVC Policy clearly indicates that placement of children in residential institutions should be used as a last resort for the care of vulnerable children and then, as a temporary measure pending return to their family or alternative family care. Despite this policy, the number of residential settings for HIV affected OVC have increased significantly. Most of these institutions are supported by external, non Ugandan organizations. USG will support the MGLSD to assess issues influencing the establishment of these settings, the selection processes and services offered, including reintegration plans and will identify solutions for supporting agencies and institutions to transition children back to their families or alternative family care, such as strengthening the awareness and capacity of Ugandan families to foster and adopt.

Program Area Target:

Number of OVC served by OVC programs	229,335
Number of providers/caregivers trained in caring for OVC	39,633

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8286
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to 8702-AB, 8285-TB/HIV, 8282-Counseling and Testing, 8719-Other Prevention, 8283-ARV Drugs, 8284-ARV Services, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Continued Associated Activity Information

Activity ID: 4392
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Baylor University, College of Medicine
Mechanism: Pediatric Infectious Disease Clinic
Funding Source: GHAI
Planned Funds: $ 985,033.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	7,000	☐
Number of providers/caregivers trained in caring for OVC	4,500	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8294
Planned Funds:	$ 400,000.00

Activity Narrative: This program area also relates to activities in 8584-PMTCT, 8289-ARV Services, 8288-ARV Drugs, 8290-Laboratory, 8291-AB, 8292-Basic Health Care & Support, 8293-TB/HIV, 8295-CT.

AIDSRelief (AR) is a comprehensive HIV care and treatment program, providing ARV drugs, preventive, curative, palliative, social and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AIDSRelief is a consortium of five organizations led by CRS and includes the Institute of Human Virology and Constella Futures. The Children Aids Fund is a sub-grantee supporting 5 sites. CRS has considerable experience in working with orphans and vulnerable children through other funding sources. Under AR, with the limited COP07 funding, AR will focus on establishing a family centered care model for HIV care and treatment services in 15 Local Partner Treatment Facilities (LPTFs), distributed through out Uganda.

AR, in total, since scale up is not possible under this funding scenario, will support 855 children on treatment. Under this program area, AR will work on clinic organization to provide family-centered care. This involves strengthening links between PMTCT, MCH, in patient and out patient services. It also requires training of health care personnel in basic pediatric HIV with a focus on the diagnosis of HIV + children or HIV exposed children so that cotrimoxazole prophylaxis can be started. Infant diagnosis will be strengthened through linkages with the Government of Uganda and other organizations which are promoting dried blood spot testing. AR will focus on increasing pediatric counseling skills at all LPTFs and among outreach community workers. Special training programs will be offered to the caregivers. AIDSRelief will strengthen its LPTFs networks to other community- based OVC services as well as to work with People Living With HIV/AIDS (PHA) households to ensure that children in these households are linked to critical OVC services. This builds upon other CRS resources: CRS private funds, WFP and GFATM. Through these networks AIDSRelief will address some of the nutritional needs of children born to HIV+ households and those living in HIV+ households. .
This program will take advantage of the already existing support groups such as Comboni Samaritans in Gulu, Meeting point and CHAPS in Kitgum as well as the community workers and the volunteers within the LPTFs. The Training in OVC programs will be carried out in the 15 LPTFs and will be directed at the nurses and adherence counselors (150) and the community workers (450).

AIDSRelief will make a concerted effort to link OVCs with community- and faith-based organizations that provide support, and will involve local community and religious leaders in helping to find community-based solutions to this crisis.
Constella Futures here will also provide support for program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous data quality improvement, and using SI for program decision making across LPTFs. In COP07, Constella Futures will carry out regular site visits and reviews to ensure continued quality OVC data collection, data entry, data validation and analysis, dissemination of findings; data management & continuous quality improvement.

plus ups: In order to provide comprehensive OVC services to HIV+ve children, the partner will expand provision of HIV palliative care to these children as part of the non pediatric treatment OVC activities. With these resources, more HIV infected children will receive OI management, pain alleviation, counseling for themselves and their families from skilled providers, and will also be linked to other OVC services in their communities. Improving and expanding palliative care for HIV +ve children is a critical service. CRS through its 15 partners will use these funds to expand peds palliative care provision in its facilities and surrounding communities to reach out to more HIV+ve children and their families. Services will include OI prevention and treatment, pain alleviation, and related supplies, counseling children and their families, relevant immunizations, address children's nutritional needs through nutrition counseling and supplements. Providers will actively link these children and their families to other community based OVC services in their catchment areas adn conversely the facilites will provide HIV palliative care services to the OVC referred from teh CSOs within their areas. With this intervention, more vulnerable HIV+ve children will receive more integrated OVC services.

Continued Associated Activity Information

Activity ID: 4397
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 85,313.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	5,000	☐
Number of providers/caregivers trained in caring for OVC	600	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Democracy & Government

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Masaka

Mbarara

Mukono

Pader

Kitgum

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner:	International Medical Corps
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8303
Planned Funds:	$ 52,191.00

Activity Narrative: This activity complements activities 8304-CT, 8302-TB/HIV, 8300-Condom & Other Preventions, 8301-Basic Health Care & Support, 8298-PMTCT, 8299-AB.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

During FY06, IMC will target orphans and vulnerable children (OVCs) in schools, while identifying those OVCs out of school on an ongoing basis through the use of CHWs. A program to support identified target population group will be designed in partnership with other agencies providing assistance to vulnerable in the settlement. Activities will aim to improve preventive behaviors of OVCs and family members and improve ability of OVCs and their caretakers to secure livelihoods. Options will be explored to improve the food security of OVCs and their families/caregivers. Such options might include support with seeds and tools, direct food support to affected households as well as access to income-generating opportunities. Social services will be strengthened to support education and provide psychosocial services. IMC will train CHWs to provide health education and to disseminate relevant information to OVCs and their families and will provide counselor training on child counseling to 10 volunteers. As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

In FY07, IMC will carry out a formal survey to identify all OVCs and their families/caregivers within the refugee and host population of Kyaka II settlement and to identify their additional needs. To address the psychosocial needs of these OVCs and their families/caregivers, IMCs HIV/AIDs Counselor Trainer will provide refresher training to 10 volunteers trained in child counseling during FY06 and will provide ongoing support supervision to these individuals. The Counselor Trainer would also be responsible for providing psychosocial care directly to those OVCs with particular needs as and when referred by the 10 trained counselors. In close coordination with focal persons within IMC's SGBV program, the Counselor Trainer would work with other agencies providing assistance to vulnerable in the settlement to identify and respond to the changing needs of OVCs. This activity will continue to improve the food security and ability of OVCs and their caretakers to secure livelihoods through the provision of seedlings, cultivation tools and training. IMC will recruit an Agricultural Trainer with the twin responsibilities of maintaining 4 demonstration plots and 10 communal nurseries established by UNHCR and Feed the Children, and utilizing these plots in the training of 800 OVCs and their families/caregivers on techniques to ensure maximized agricultural productivity to generate income. In addition to maximizing income generation potential for OVCs and their families/caregivers, this training will focus on the cultivation of those crops central to maintaining a nutritious diet. To improve access to education for these vulnerable children, IMC will provide scholastic materials to 800 OVCs. This will be complemented by an awareness-raising campaign coordinated by the Community Educators and aimed at changing the attitudes of families/care givers to promote children's right to education, particularly those younger girls currently undertaking traditional 'female roles' in the household. Through community dialogue with social forums, drama groups and door-to-door visits, this campaign will also emphasize the negative affects of domestic violence, neglect and exploitation of vulnerable children and will serve to reinforce IMC's ongoing campaign against under-age sex and early marriages as part of the sexual and gender-based violence program and the abstinence/be faithful activity in this program.

Continued Associated Activity Information

Activity ID: 4810
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement

Funding Source: GHAI
Planned Funds: $ 22,471.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	20,507	☐
Number of providers/caregivers trained in caring for OVC	810	☐

Indirect Targets

Number of OVCs and families/caretakers trained in agricultural production

Target Populations:

Street youth
HIV/AIDS-affected families
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in northern Uganda
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8311
Planned Funds: $ 51,563.00
Activity Narrative: This activity complements activities in 8305-AB, 8306-Other Preventions, 8307-PMTCT, 8310-TB/HIV, 8309-Basic Health Care & Support, 8308-CT.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006, with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

Support to OVC is a notable gap in all refugee sites, with no single program addressing the particular needs of this vulnerable group. Since 2005, IRC has provided educational support to 267 OVCs from Kiryandongo and Ikafe settlements. IRC has also trained 50 OVC care providers and supported them with farming equipment to help strengthen community safety networks for OVCs.

In 2007, IRC will collaborate with other partners and various sectors to strengthen activities supporting OVCs, with emphasis placed on improving access to social services such as education and health. To achieve this goal, IRC will provide educational support to 350 OVCs; and will work with 50 community leaders, caretakers of OVCs, and OVC service providers to provide ongoing psychosocial support. In addition, existing OVC support programs will be strengthened and expanded to address the needs of OVCs and their family members and to encourage them to protect themselves from HIV infection with preventive measures such as AB, condom use, and accessing VCT. There will be improved district coordination and management structures in support of OVCs. The key legislative issues addressed in this program area are increasing gender equity in OVC programs by giving equal opportunity to the girl child, increasing women's access to income and productive resources, and increasing women's legal protection. Stigma and all forms of discrimination shall also be addressed.

Continued Associated Activity Information

Activity ID: 4761
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Rescue Committee
Mechanism: Refugee HIV/AIDS services in northern Uganda
Funding Source: GHAI
Planned Funds: $ 43,352.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	350	☐
Number of providers/caregivers trained in caring for OVC	50	☐

Target Populations:

Community leaders
Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8321
Planned Funds:	$ 175,000.00

Activity Narrative: This activity relates to 8320-Lab, 8319-ARV services, 8318-ARV drugs, 8316-CT, 8317-Palliative Care;TB/HIV, 8315-Palliative Care;Basic Health Care & Support, 8772-AB, 8313-Condoms and Other Prevention.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

OVC activities have been integrated into all MJAP programs. The MJAP RTC program provides HIV testing to children in four pediatric wards (three in Mulago and one in Mbarara hospital). The current program also provides C&T to family members of patients in the hospital, including children of HIV infected patients. In order to extend the reach of counseling and testing to family members, the program provides home-based HIV counseling and testing (HBHCT) for index ART patients in Bwizibwera and Kawempe health centers. The program hired four social workers (two based in Mulago and two in Mbarara). These work closely with health care providers in the HIV/AIDS clinics and the C&T providers to identify families of OVC from among the patients receiving care within the clinics or those receiving C&T. Limited home visits are conducted in order to provide counseling to the families (these are restricted to families within a 20km radius of the targeted facilities and are integrated into the HBHCT program). Through these activities, over 3,000 children have received HIV testing (17% of who were HIV-infected) and more than 1,000 households of index HIV positive patients have been visited. In the satellite clinics, MJAP provides family-base HIV care and treatment and OVCs and their caretakers receive services through this intervention.

In the next year (FY07), the program will continue to provide HIV testing, care and

treatment to OVCs and their caretakers. Through HBHCT, program we will provide C&T to 2,000 households (10,000 family members) of index patients in care. The HBHCT program will fully integrate OVC activities. HIV basic care including cotrimoxazole prophylaxis, provision of insecticide treated mosquito nets and safe water vessels will be initiated for HIV positive OVC and their care takers and referrals for follow up care to the HIV/AIDS clinics either directly supported by MJAP or other programs. Referral linkages with other OVC service providers will be strengthened for other OVC services including ongoing psychosocial support and counseling, vocational and life skills training, legal support, educational and nutritional support, and income generating activities. Through these programs we hope to reach 4,000 OVCs and their caretakers. The OVC budget will cover personnel who will provide OVC services, counseling, development of referral networks and linkage to other OVC services. The program will also train providers in the clinics and C&T services to enable them initiate and provide referral for OVC services; 200 OVC care givers will be trained in FY07. Other requirements for OVC care and treatment will be covered under palliative care; basic care and support, ART services, ART drugs, ART laboratory services and CT budgets.

plus ups: In order to provide comprehensive OVC services to HIV+ve children, the partner will expand provision of HIV palliative care to these children as part of the non pediatric treatment OVC activities. With these resources more HIV infected children will receive OI management, pain alleviation, address nutritional needs, counselling for themselves and their families from skilled providers and link them to other OVC services in their communities. Improving and expanding palliative care provision for HIV+ve children is a critical service. MJAP through its rural sites in Mbarara and Jinja, will use these funds to expand peds palliative care provision in its facilities and surrounding communities to reach out to more HIV+ve children and their familie, relevant immunizations, address children's nutritional needs through nutritional counseling and supplements. Providers will actively link these children and their families to other community based OVC services in their catchment areas and conversely the faciliteis will provide HIV palliative care services to the OVC referred from CSOs within their areas. With this intervention, the vulnerable HIV+ve children will receive more integrated OVC services.

Continued Associated Activity Information

Activity ID:	4372
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 49,241.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	4,000	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	HIV/AIDS Project
Prime Partner:	Mildmay International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8336
Planned Funds:	$ 500,000.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8337-CT, 8625-ARV Drugs, 8333-ARV Services, 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

By the end of FY06 it is expected that 608 persons will have been trained in CT for children, and that 4,000 children will have received CT and care. Health care for OVCs is covered under palliative care, and treatment; ARV drug and ART services. To date, children comprise 40% of ART recipients at Mildmay and an additional 250 children at Mbuya will be on ART by March 2007. Other services provided to OVCs include HIV counselling and testing, palliative basic health care and support, TB screening and treatment, psychosocial support and ART if eligible. The program follows the national guidelines on OVC supports that are implemented through the Ministry of Gender labour, and Social Development (MoGLSD). OVCs are also linked to other available services for school fees, vocational training etc.

In FY07 it is expected that 5,000 children will be reached with OVC services and a further 80 adults trained in OVC issues and communication with children. It is planned to have 600 children and adolescents informed about sexual and reproductive health issues; to

offer 100 child-headed homes psychosocial support and reach 2,500 school children as part of a school outreach programme. The money under this programme will finance the running of training sessions, provide school tuition for selected children, and help with vocational training support, child advocacy participation, human resource support and recruiting vulnerable children into care programmes.

plus ups: In order to provide comprehensive OVC servicesto HIV+ve children, the partner will expand provision of HIV palliative care to these children as part of the non pediatric treatment OVC activities. With these resources, more HIV infected chidlren will receive OI management, counseling of the child and the family, from skilled service providers, and link them to other OVC services in their communities. As part of the comprehensive OVC services, improving and expanding palliative care for HIV+ve children is a critical service. Reachout, a Mildmay subpartner, will use these funds to expand peds palliative care provision in its facilities adn surrounding communities to reach out to more HIV+ve children and their families. Services will include OI prevention and treatment, pain alleviation, and related supplies, counseling children and their families, relevant immunizations, child nutrition counseling and supplements. Providers will actively link these children and their families to other community OVC services in their catchment areas and conversely the facilities will provide HIV palliative care services to the OVC referred from the Civil Society Ogranizations within their area.

Continued Associated Activity Information

Activity ID: 4417
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Mildmay International
Mechanism: HIV/AIDS Project
Funding Source: GHAI
Planned Funds: $ 909,020.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services	3	☐
Number of individuals trained in caring for OVC	80	☐
Number of children from child-headed homes receiving psychological support	100	☐
Number of OVC served by OVC programs	6,560	☐
Number of providers/caregivers trained in caring for OVC	608	☐

Indirect Targets

N/A

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Basic Care Package Procurement/Disemination
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8355
Planned Funds:	$ 586,000.00

Activity Narrative: This activity also relates to activities numbers: 8354-Condoms and Other Prevention, 8353: Basic Health Care and Support.

PSI is a private non-profit organization with a mission to improve the health of low income people world wide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998.
In September 2004, CDC began support to PSI to implement the HIV Basic Care and Prevention package (BCP) program targeting people including children living with HIV/AIDS (PLHA) in Uganda. The program goal is to help reduce the morbidity and mortality caused by opportunistic infections (OIs) in PLHA including OVC and to reduce HIV transmission. The program purpose is to increase the production and use of HIV Basic Care and Preventive and Palliative Care products and services among PLHA.

The program combines key informational messages, training and provision of affordable commodities with evidence- based health benefits, and simple to implement for PLHA, OVC and their families. The commodities for children include an information brochure on the benefits and accessibility of cotrimoxazole prophylaxis to prevent OIs, 2 long lasting insecticide treated nets for malaria prevention, a safe water system comprised of a 20 liter water vessel, filter cloth and water treatment product (WaterGuard), and an information brochure on the strategies to prevent transmission of HIV to sexual partners and unborn children. Male condoms are not provided to children. PSI manages the manufacture, procurement, packaging and distribution of all commodities to ensure consistent supply of Basic Care starter kits and re-supply of commodities through already existing pediatric HIV/AIDS care and support organizations (Implementing partners) in Uganda. To avoid missed opportunities basic care kits are also distributed through adult sites to access more children. These sites are provided with basic care kits without condoms. The distribution of the Basic Care kits is supported by a training component in which service providers, peer educators and drama groups are trained to support and reinforce the use of the kits. The training provided to these groups also reinforces the Information Education and Communication (IEC) materials provided.

This activity is part of the larger project which includes Basic Health Care and support and other prevention activities. The activity has increased HIV basic and palliative care products and services to serve children living with HIV/AIDS infected or affected families. Training sessions with focus on the unique needs of the OVC have expanded awareness among health service providers on the benefits of the basic and palliative care products and services.

PSI is currently working with 43 implementing partners 2 of which are pediatric care and support centers. In total 4,321 basic care starter kits have thus far been distributed to children. PSI has continued to implement a communications campaign targeting care givers of children to support the Basic Care and Prevention package. The campaign includes development and production of IEC materials for caregivers, health providers and counselors. These materials include posters, brochures, caregiver guides, and stickers in 7 local languages. The IEC materials mainly cover issues on use of cotrimoxazole including a compliance calendar to help children caregivers remember to give the children their daily dose, prevention of malaria through the use of insecticide treated nets, prevention of diarrhea and other water borne diseases through the use of safe water systems including WaterGuard. To date 4,321 client care giver guides have been distributed. Development and implementation of IEC interpersonal communication (peer education activities and drama) has occurred with 60 peer education reaching 14,090 children and 36 drama sessions reaching 2,414 children. To support the IEC print campaign PSI working together with Straight talk Uganda has supported airing of radio messages in 8 local languages and the parent talk program in 3 local languages. The messages focus on the basic care package components that is opportunistic infection prevention with cotrimoxazole prophylaxis, safe water system use, malaria prevention using the long lasting insecticide treated net. PSI has developed BCP Training of Trainers & Peer Education manuals. PSI has trained 83 health service providers and counselors and 31 peer educators with an OVC focus. A preliminary BCP component utilization monitoring and evaluation survey has been conducted to further inform program activities. A follow up monitoring and evaluation survey is currently on going.

Planned activities for FY07 include:1.Continue to implement the Basic Care Package

program and expand its distribution through PEPFAR care and treatment implementation partners to 7,000 new clients bringing the total of OVC to 18,000 by end of year 3 (FY 07) throughout Uganda.
2.Ongoing distribution of IEC material to PLHA and health service providers; 3.Ongoing peer education to support the uptake and use of the Basic Preventive Care package;
4.Ongoing airing of radio messages as well as radio talk shows;
5.Introduction of new implementers;
6.Refresher training & training for new health service providers;
7. On going monitoring and evaluation activities to track program implementation

Continued Associated Activity Information

Activity ID:	4511
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Basic Care Package Procurement/Disemination
Funding Source:	GHAI
Planned Funds:	$ 486,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	18,000	☐
Number of providers/caregivers trained in caring for OVC	150	☐

Target Populations:

Doctors
Nurses
Orphans and vulnerable children
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: State Department
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8393
Planned Funds: $ 166,000.00
Activity Narrative: This activity compliments activity 8394- Palliative Care: Basic Health Care and Support. It is to support grassroots programs in the delivery of HIV/AIDS services. Financial and technical support will be given to community and faith-based projects providing HIV/AIDS services at the grassroots level. The focus will be on community support to orphans and people living with HIV/AIDS.

Over the last fiscal year, this activity has funded 22 projects in underserved communities around Uganda. Orphans and vulnerable children have benefited from vocational training, school upgrades, rural-based health clinic construction, and clean water projects.

This year, the Embassy will continue to identify and fund similar projects designed and implemented at the grass roots level.

Continued Associated Activity Information

Activity ID: 4753
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State Department
Funding Source: GHAI
Planned Funds: $ 215,734.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	1,500	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Implementing organizations (not listed above)

Key Legislative Issues

Increasing women's access to income and productive resources

Wrap Arounds

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8396
Planned Funds: $ 542,000.00

Activity Narrative: This activity relates to 8398-AB, 8397-Other Preventions, 8395-Palliative Care;Basic Health Care & Support, 8396-OVC, 8400-Management & Staffing.

The Peace Corps Uganda Emergency Plan program supports the USG Strategy of the Emergency Plan (the EP) for Uganda. By supporting the PEPFAR Strategy Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and OVC, in turn, to the goals and objectives of our partner organizations that are hosting Volunteers. The program is designed so that Volunteers are closely engaged with a community through one or more hosting organizations, providing technical assistance for capacity building, and developing close personal relationships necessary for effective innovation in underserved areas. The PEPFAR program allows Peace Corps Uganda to strengthen community and Volunteer HIV/AIDS expertise, and to support highly focused community organizations in a variety of HIV/AIDS functions. Volunteers and partner organizations work together to identify areas of need and develop appropriate evidence based strategies that support sustainable interventions

Under this program area, Peace Corps Uganda and its partner organizations have supported provision of comprehensive care services to orphans and other vulnerable children through our direct interventions and networks with other PEPFAR- funded service providers to ensure that all our target groups get complete care services. We have supported a number of OVC nutrition programs including lunch programs in OVCs education institutions. This has increased classroom attendance of OVCs. Community based programs involving local leaders for supporting special needs children with life time skills have been supported and expanded to strengthen community responses towards care for OVCs. Caregivers and foster families have been assisted and supported through training and micro funding to start sustainable income generating projects to benefit the OVCs in affected families for sustainable livelihood development. A number of education facilities have been upgraded and improved to care for large number of OVCs with special focus on under served areas. OVCs in these areas have also been assisted with scholastic materials and families assisted with skills to generate income for sustainable education support. Our Volunteers have helped to link many OVCs caregivers and foster families to other partners providing basic care support including support for malaria prevention. We scaled up our training activities to reach many caregivers and build capacity of partner organization staff and strengthened the capacity of those organizations to provide quality services.

In FY07, this program will focus on improving the lives of orphans and vulnerable children and families affected by HIV/AIDS by providing support for caregivers, sustainable livelihood development, and building linkages to facilitate complete service provision. Volunteers will support a comprehensive care package for OVCs that include psychosocial support, access to education, economic support, and food security. Livelihood activities may include income-generation training for community groups and youth, and capacity building for Community based organizations and other community groups to leverage funding and resources for small projects. Six Peace Corps Volunteers in partnership with partner organizations will use sports, dance and drama, and other recreation activities as a means to facilitate youth development through life skills and HIV/AIDS focused training. Youth will gain leadership skills by serving as peer educators; teamwork skills by engaging in sports, dance and drama; and responsibility as they engage in economic projects.

This program area also supports activities implemented by Volunteers and their partner organizations to train and assist caregivers and children in acquiring and using the basic preventive care package, including clean water, improved nutrition, hygiene, malaria prevention, access to septrin, and access to necessary income and livelihoods, either through their own services or through linkages with other local service providers.

In addition, this area includes supports to Volunteer Activities Support and Training (VAST) activities implemented by Volunteers and their partner organizations. VAST grants may be used to improve access to education for OVCs, improve OVC nutrition, vocational skills enhancement, life skills through sports and entertainment, and other social support activities.

The HIV/AIDS Technical Advisor will provide one-on-one technical support to Volunteers to enhance their technical skills.

plus ups: Peace Corps will support establishment and strengthening of linkages and networks among OVC service providers to promote comprehensive care for OVC's through a well coordinated and supported refferal mechanism. Peace corps Volunteers and their partner organizations will link with other program areas to ensure that OVC's access a full continum of basic OVC care services. Through this mode of operation, more OVc's will be identified but many will be linked to other facilities providng essential services in the geographical area.

Continued Associated Activity Information

Activity ID: 3992
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 182,900.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC	1,900	☐
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	2,700	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Disabled populations
Faith-based organizations
Most at risk populations
Street youth
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Children and youth (non-OVC)
Girls
Boys
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth

Key Legislative Issues

Volunteers

Stigma and discrimination

Gender

Wrap Arounds

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Coverage Areas

Bugiri

Bushenyi

Hoima

Iganga

Kabarole

Kamuli

Kamwenge

Kibale

Kumi

Luwero

Masaka

Masindi

Mbarara

Mpigi

Mubende

Mukono

Nakasongola

Pallisa

Rukungiri

Tororo

Wakiso

Kabale

Kampala

Kanungu

Ibanda

Ntungamo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC Track 1/Round 2
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8402
Planned Funds: $ 730,033.00

Activity Narrative: The Community-Based Orphan Care, Protection and Empowerment (COPE) project is a regional project that is implemented by Africare in the four emergency countries of Uganda, Tanzania, Rwanda and Mozambique. In Uganda, the project has already made significant impact on the lives of orphans, vulnerable children and their caregivers in Ntungamo district, south western-Uganda. This project is implemented within the context of eight emphasis areas including; community mobilization/participation, development of networks/linkages/referral systems, information, education and communication, local organization capacity building, quality assurance and supportive supervision, strategic information, training and to a lesser extent, infrastructure. Key legislative issues include gender, stigma and discrimination and wrap arounds such as education, food and microfinance. COPE will continue to work with communities to encourage a shared responsibility for OVC and their caregivers. Over five years, the project will target directly and indirectly over 220,000 beneficiaries through the following five components: 1) enhancing District and Community capacity to coordinate care and support services to OVC and caregivers through the already established District level Child Forum. This forum is comprised of selected local NGOs/CBOs/FBOs and members of the district executive, whose roles are to coordinate and ensure service delivery of quality services to OVC and caregivers. Structures to be trained include: Orphan Care Committees in 15 sub counties with 880 members, 20 staff members of selected civil society organizations and members of the district child forum; 2) provision of life skills, peer education and psychosocial care and support services to OVC and caregivers. The project has already identified 45 Service Corps Volunteers at the community level who will be trained in life skills, psychosocial care and support. These Service Corps will later train caregivers and OVC in the community and school COPE clubs. Service Corps Volunteers will also be instrumental in training peer educators to provide HIV/AIDS prevention education. These activities will be developed in partnership with local schools, churches and youth serving organizations; a total of 12,351 OVC and caregivers will be reached. 3) Increasing access to educational support services. The project has finalized with a rapid assessment to identify the most needy house holds within the district and as a result, OVC with education needs will be supported through local schools and other partners. This support will facilitate the enrollment and retention of 3,400 students through the provision of block grants and other direct material support in form of scholastic materials, uniforms to schools. Selected secondary schools through their Parents Teachers Associations will develop proposals for funding under the block grants methodology; 4) Increased access to health care and nutritional support for OVC and caregivers. The project will seek to increase production of food for consumption and income through the establishment of back yard gardens and working with other organizations that provide goats, pigs and sheep within the same community. ITNs will be provided to caregivers to protect the OVC against malaria as well as carrying out malaria and HIV/AIDS awareness creation. Through the Child Survival project, Africare will continue to link children and caregivers to appropriate health care services such as immunizations and access to ITNs. Following a health facility assessment exercise, referrals of OVC and caregivers will be carried out in collaboration with district directorate of health services and this will done with the existing health facility within each sub county. COPE will facilitate and coordinate the birth registration exercise for OVC in the entire district in partnership with the sub county leaders; under this arrangement a total of 5,000 OVC and caregivers will be served. and 5) Increased access to IGA for caregivers and OVC. COPE is working with Emerging Markets Group to increase income generating opportunities for older OVC and caregivers by facilitating access to credit for group micro-enterprise business ventures and enrolment into vocational training institutions. The project will therefore train caregivers, continue to follow on OVC enrolled under vocational skills training and identify existing associations with caregivers for technical assistance. COPE will follow up with training and technical assistance provided by Fruits of the Nile to community groups in Ntungamo District. Artemisia annua, a plant used in the manufacture of anti malaria drugs will be introduced to caregiver groups and existing associations as a potential income generating activity. Selected OVC will be placed under the artisan apprenticeship program to gain some artisan skills. This year 100 OVC will be trained in vocational skills and 1000 caregivers will be involved in key identified income generating activities.

Africare will reach its targets set fourth through the established and existing structures that include; Orphan Care Committees (OCC) at the parish level, networks of PLWHAs, schools, churches, and community local organizations currently serving OVC. The District Child Forum will play a key role in bringing together all CSOs serving OVC for coordinated

service delivery within the district. The Service Corps Volunteers, Community Development Officer, and sub county leaders will be instrumental in identification of needy households, their needs and how they can be addressed. Partnerships will be formed at all levels to encourage collaboration and optimum utilization of resources. COPE will also provide support to local organizations like Kyamate and Kitunga Child Development Centres, FUGA, UWESO that are currently serving OVC in an effort to boost their capacity to reach more beneficiaries and create the much needed synergy.

Continued Associated Activity Information

Activity ID: 4437
USG Agency: U.S. Agency for International Development
Prime Partner: Africare
Mechanism: OVC Track 1/Round 2
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	21,741	☐
Number of providers/caregivers trained in caring for OVC	7,245	☐

Target Populations:

Adults
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Out-of-school youth

Key Legislative Issues

Increasing women's legal rights

Increasing gender equity in HIV/AIDS programs

Food

Education

Gender

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

Ntungaro

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	OVC Track 1/Round 2
Prime Partner:	Associazione Volontari per il Servizio Internazionale
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8407
Planned Funds:	$ 1,169,125.00

Activity Narrative: AVSI's strategic approach is as follows: a) to focus on the child as a unique and unrepeatable human being, endowed with dignity and potential; b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support ; c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a CBO; and d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner through an operational and stable network. The Objectives of AVSI's OVC Program are as follows: To strengthen the coping capacities of OVC and their families (natural or foster) and communities affected by HIV/AIDS; To support education and skill training for OVC: To improve health status and care for OVC; To address the psychosocial needs of OVC;To support community-based relief for OVC;To enhance the capacity of AVSI's current and prospective local partners; To integrate and harmonize the OVC focused intervention with other HIV/AIDS and poverty reduction initiatives on the ground. AVSI provides support to OVCs in the following core program areas: food/nutrition, protection,health care, psychosocial support, education and economic strentgthening.
AVSI considers education an important tool to help overcome vulnerability. For this reason therefore AVSI will put more emphasis on supporting children in school, moreover not forgetting related activities like provision of health care, psychosocial support, nutritional support, remedial classes, recreational activities, emotional support as well as other requirements needed to attend school. For our project, we consider every child supported to have access to health care, which means all the 6011 children to be supported this financial year will be entitled to this service whenever they need it. AVSI will support 5726 children with school fees for Nursery, primary and Secondary education and 260 in vocational institutes. For these children to go to school, they will need certain requirements like; uniforms, books, pens, school bags etc which will be provided to 4,724 most needy children during the year. In addition to that, AVSI partners have realized that there are some children that need extra support in class, and for this reason, they have decided to organize remedial classes for 573 children.

Among the children that AVSI supports, some have got serious nutritional needs, because some are on ARVs while others are malnourished. Therefore AVSI has planned to provide the identified 539 children with nutritional support following medical practitioners' prescriptions.
AVSI's experience in working with children has provided an important lesson of the need for recreational activities like organized trips, get-together parties, drama etc. therefore this financial year, AVSI plans to have 3,383 children benefiting from this activity. Moreover emotional support in terms of home visits to get to know the families of the OVC and to share experiences with the guardians and children have been arranged. The number of home visits by AVSI and partners' social workers will amount to 8,480 this financial year. There will also be 9,365 school visits to have an interaction with the teachers and head teachers of the schools where the OVCs attend. Moreover AVSI partners have planned to have 16,350 visits from children and their guardians to their offices. Besides direct support to OVCs, AVSI intends to support capacity building for care givers and partner organizations. The year under planning, AVSI will hold 23 workshops and trainings on a variety of topics related to education, financial management and care giving for OVCS for a total number of 645 beneficiaries. In addition to this, AVSI plans to strengthen the organizational and financial management capacities for 39 partner organizations, through regular follow up visits and tailor made trainings where necessary.
AVSI recognizes that OVCs do not live in a vacuum. For this reason, several indirect activities for families and communities within which these children live, have been planned for. The activities planned for this financial year are; community sensitization mainly but not limited to HIV/AIDS, business trainings for guardians and some other people in the communities that have shown interest and need, as well as income generating activities to boost the livelihoods of the families of the OVCs and moreover begin a step for arranging the sustainability of care and support for the OVC. Among the beneficiariesof supplemental direct support, AVSI plans to support a number of needy children who will benefit from requirements for school, remedial classes, recreational activities and enjoy the rehabilitation and equipment provided to the schools they attend. Lastly AVSI will support community projects to increase care and support for OVC, like: adult literacy, renovation of houses for widows, water and sanitation in slums, house rent, food and non food items est.

AVSI has developed a data base to collect all information about OVCs served and activities supported to each of them, having a specific code.This can avoid duplication and double – counting.
AVSI OVC program is leveraging resources and partnerships with other agencies, like the Memory Project, a US organisation ,whose goal is to exchange among students in US and Africa through sharing of books and experiences, and international donors such as WFP (food support for PLWAs) and EU (TOT for social workers and teachers to prevent HIV/AIDS among adolescents)so to give supplementary services for OVCs when necessary. Collaboration and coordination with national and district OVC fora will be ensured by regular participation of AVSI staff and local partners' staff to all coordination meetings heald at national and district level.

Continued Associated Activity Information

Activity ID: 4008
USG Agency: U.S. Agency for International Development
Prime Partner: Associazione Volontari per il Servizio Internazionale
Mechanism: OVC Track 1/Round 2
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	6,011	☐
Number of providers/caregivers trained in caring for OVC	695	☐

Target Populations:
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Gulu

Kitgum

Apac

Jinja

Kampala

Kamuli

Kibale

Lira

Masaka

Nebbi

Tororo

Wakiso

Bushenyi

Hoima

Luwero

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	The Core Initiative
Prime Partner:	CARE International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8408
Planned Funds:	$ 4,480,000.00

Activity Narrative: This activity also relates to Abstinence/Be Faithful (8409) and Condoms and Other Prevention (8410).

This activity has two main components: 1) Strengthening the Ministry of Gender, Labour and Social Development's (MGLSD) leadership, management, coordination, monitoring and evaluation of the national response to OVC and 2) strengthening CSO and district OVC service delivery, technical support and quality assurance through working with technical service organizations.

This project started in January 2005. Selected achievements to date include:
1. Management, planning and coordination - wide ranging central and district-level capacity assessments have been completed and a strategic plan established; 3 year MGLSD OVC implementation plan developed; reinvigoration of national steering committee; organizational review of OVC implementation unit
2. Grants management / service delivery - system for grant solicitation, review, approval and award is fully operational; four rounds of grantees (2 AB and 2 OVC) have been completed awarding more than 40 grants amounting to more than $5 million; zonal approach to provide technical support across 76 districts developed; RFA for financial management of grants through a Local Fiduciary Agent has been drafted and solicited;; leveraging development partner and Global fund support for HIV/AIDs, TB and malaria will use same FMA developed for OVC funding to civil society
3. Monitoring and quality assurance - national level indicators defined; OVC toolkit, psychosocial training manual for district staff developed and disseminated; national OVC quality standards and guidelines for comprehensive OVC service delivery drafted
4. Communication and advocacy - the National Policy and Implementation plan has been popularization and disseminated;
OVC communication and advocacy strategy and website developed; advocacy materials developed.

Institutional strengthening: This funding will continue to support four areas of institutional strengthening a) management, planning and coordination, b) monitoring and evaluation, c) advocacy and communications, and d) development of grants management systems and funding mechanisms. Management systems development will continue to focus on MGLSD central and district level planning. Within this component MGLSD will continue to work through zonal technical support organizations to ensure that District Community Based Services Departments are able to support the planning and management of comprehensive (local government and civil society) OVC service delivery in their districts. This activity will begin with fy06 resources and will continue to expand and strengthen with FY07 resources. Particular focus of the TSOs will include district planning, coordination, monitoring and quality assurance and capacity building of key local government departments and civil society organizations.
The national monitoring and evaluation framework, including a data collection and reporting systems to inform program and management decision making for the NSPPI for OVC at the national, district and community level is expected to be completed with FY06 resources and will rolled-out with FY07 resources. This system will include development of data collection and reporting instruments for civil society partners to report at the district and national levels, and collaboration with existing HMIS and EMIS data collection systems relevant to the OVC program. M&E support will include program assessments, secondary analysis of existing data sets, and community mapping exercises. The M&E support will ensure that CSOs, districts, and MGLSD are allocating resources to particular interventions based on documented need and program efficacy. The advocacy and communication component will continue technical support for implementing the communication and advocacy strategy for OVC from the interministerial to the community level. The MGLSD/CORE Initiative will work closely with grantees to strengthen their capacity to support the delivery of three or more core program areas and monitor access to comprehensive service for supported OVC.

Under the granting mechanism component, funds will support the utilization of a Financial Management Agency contracted to manage donor resources for civil society organizations serving OVC and supporting HIV prevention for youth. This mechanism will also be established with the flexibility to absorb donor resources from Global Fund and AIDS Development Partners. This component will include the provision of operational support to the OVC secretariat, the department of youth and children affairs and the policy and

planning unit. This will include support for establishing and maintaining a Grants Management Unit within MGLSD responsible for managing the ongoing partnership with civil society organizations and district community based services departments to implement the National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children.

Service Expansion: MGLSD will support up to 10 technical service organizations to expand the availability, comprehensiveness and quality of civil society and public sector OVC services. Working through geographical zones, the TSOs will primarily be responsible for supporting the development and delivery of comprehensive district based OVC workplans implemented through local governments and civil society. These grants will integrate HIV/AIDS prevention, care and support services into three or more of 9 core program areas (CPAs) in the NSPPI (Socio-economic security; Food security and nutrition; Care and support; Mitigating the impact of conflict; Education; Psychosocial support; Health; Child Protection; Legal Protection) and also specifically reduce the stigma and discrimination experienced by OVCs, and gender inequity among OVC. Focus will be placed on supporting grantees capacity to support delivery of 3 or more CPAs and to monitor comprehensive service delivery. Direct provision of OVC services and subgranting to smaller CBOs through the TSOs will be explored as the new zonal approach and FMA are rolled out. Approximately forty grants will go to ditrict governments for comprehensive OVC training. Mapping will be supported to ensure networks are established through which all CPAs are supported district wide. In FY07, USG will directly target 4 zones with direct service delivery for 100,000 OVC and their households will be train 10,000 OVC service providers. Among the 100,000 served at least 6000 OVC will be reached in the Acholi and Lango conflict regions, and at least 7,000 HIV+ children in 3 Urban areas (Kampala, Mbarara and Gulu) will receive needed OVC services.

Continued Associated Activity Information

Activity ID:	3197
USG Agency:	U.S. Agency for International Development
Prime Partner:	CARE International
Mechanism:	The Core Initiative
Funding Source:	GHAI
Planned Funds:	$ 5,531,014.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	100,000	☐
Number of providers/caregivers trained in caring for OVC	10,000	☐

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Policy makers
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
HIV positive children (5 - 14 years)

Key Legislative Issues

Reducing violence and coercion

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC Track 1/Round 2
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8412
Planned Funds: $ 333,764.00
Activity Narrative: Christian Aid (CA) has identified a mutually supporting network of three secular partners in Uganda to respond to the President's Emergency Plan for AIDS Relief (PEPFAR). These three partners will work with CA to implement quality OVC programming in impoverished areas of Uganda hard hit by the HIV/AIDS pandemic. These locations are Gulu, Kitgum, Soroti & Katakwi districts. The Christian Aid Track 1 OVC project will work with the three sub-partners to provide holistic care and support to at least 7020 OVC and train at least 2532 caregivers during the FY 06. The project's three sub-partners are; Concerned Parents Association (CPA), Youth With A Mission (YWAM) and AIDS Care & Education Training (ACET). The expected impact of the CA Track 1 project for Uganda is improved quality of life for 7020 OVC and 2532 care givers.

The outcomes that will be worked towards to support the achievement of this impact are:
1) OVC have sustainable access to essential services such as education, food and nutrition and psychosocial and income generation support; To achieve the expected impact and outcomes, the project will provide educational support to non-school going OVC and food security and income generation support to impoverished OVC households. The educational support will primarily involve paying school fees for the most impoverished OVC, while the food security support will entail developing the capacity of food insecure OVC households to produce nutritious and adequate food. The income generation work will involve mobilizing and training Group Savings and Loan (GSL) clubs and linking them to viable markets. Older OVC will also be trained in marketable vocational skills and be supported to establish their own businesses. About 738 OVC households and 30 older OVC will be helped to set up profitable income generating activities, 45 OVC will be supported with school fees and 150 trained community counsellors will provide psychosocial support to 4000 OVC in IDP camps.
2) OVC protected from stigma, discrimination, exploitation, violence and sexual abuse; About 100 innovative events will be organised to combat stigma and discrimination i.e. community anti HIV/AIDS awareness sensitisation seminars, radio talk shows, community leaders consensus building forums which will target 100 leaders and community based child protection committees will be set up in IDP camps to protect and advocate for the rights of OVC. 2000 Older OVC in 9 IDP camps will be trained in life skills to help them overcome their vulnerability. Community members with negative and discriminating attitudes towards OVC will be reduced by 25%.
3) Capacity of sub-partners and community institutions developed to support high quality OVC programming; The three sub-partners will train about 24 staff in life skills and psychosocial support courses who will then train other smaller community based organisations and community members. These will support more OVC. Over 240 volunteers will be trained.
4) Lessons learnt, models, and best practices shared and replicated. The three sub-partners will be supported to document and share methods of good practice in OVC programming. Work will also be undertaken through various national networks to address policy issues to complement and reinforce the community-level work. Intensive capacity building of the three sub-partners, as well as the community institutions and groups they support, will ensure quality programming. This will be complemented by regular exchange visits and reflection workshops that will take place among the sub-partners and with other OVC stakeholders in Uganda in an effort to share and document lessons and successful approaches. Emphasis areas:

Continued Associated Activity Information

Activity ID: 4011
USG Agency: U.S. Agency for International Development
Prime Partner: Christian Aid
Mechanism: OVC Track 1/Round 2
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	7,020	☐
Number of providers/caregivers trained in caring for OVC	2,532	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gulu

Katakwi

Kitgum

Soroti

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	IRCU
Prime Partner:	Inter-Religious Council of Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8427
Planned Funds:	$ 600,000.00

Activity Narrative: This activity is linked to HIV prevention (8426), palliative care: basic (8422), TB/HIV (8423), treatment: ARV drugs (8428), ARV services (8425), HIV counseling & testing (8424) and Laboratory Support (9455).

The Inter Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. IRCU also works with other Pentecostal and independent churches. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. It has evolved as the official coordinating mechanism for the faith-based HIV/AIDS response in Uganda. IRCU plays a big role in delivery of HIV/AIDS care, prevention and treatment. It has been receiving PEPFAR funds since 2004 and currently offers palliative care to over 23,000 PLHA and their families. Support to OVC has been one of the major HIV/AIDS interventions under PEPFAR. Using FY06 resources, IRCU has provided assistance to 9,000 OVC through sub grants to 45 FBOs, with services ranging from support with formal education, skills-based vocational training for children that dropped out of school, advocacy for child rights at community level to support economic strengthening of families caring for orphans. Evaluation of these interventions continues to indicate that they contribute incredibly to restoration of hope and self esteem among OVC and has also greatly relieve care taker families.

During the FY 07, IRCU will further strengthen its OVC services, building upon the achievements realized through its current interventions. IRCU will focus on building capacity of its 45 partner FBOs to strengthen their institutional and technical abilities in key areas such as programming, integrated service delivery, quality assurance as well as monitoring and evaluation. In line with the National Strategic Plan for OVC Interventions, IRCU will adopt a community driven approach to service delivery, with community members at the helm of defining OVC needs and how best these needs can be addressed. At the same time, IRCU will also increase the involvement of local governments, particularly the lower level government structures such as Community Development Officers and District Probation Officers in the delivery, monitoring and provision of technical assistance to the faith-based organizations. Of particular importance, the FBOs will engage technical staff of the sub-counties where they work in the process of selection of OVC, planning and implementation of OVC activities. This is envisaged to enhance coordination and alignment of interventions to the sub-county and ultimately the district plans.

In order to offer more holistic and integrated services to OVC, IRCU will link OVC program with other HIV/AIDS program components like HIV counseling and testing, prevention, palliative care and treatment. This will enable OVC access a wide range of services. Religious leaders and community volunteers will be at the helm of OVC care and protection at the community level. Therefore religious leaders and community volunteers will be equipped with basic skills in counseling, referral, mobilization, home based care so that they are able to direct OVC on how to obtain other services. Further technical support will be sought from ministry of Gender, Labor and Social Development and the USAID supported CORE Initiative to ensure that OVC services meet the quality standards and are in line with National OVC Policy.

In the FY 07, IRCU targets to support 9000 OVC in areas of education, psychosocial support, HIV/AIDS prevention and where necessary, care and treatment. IRCU will also pay special attention to expanding community advocacy for children to ensure that they live in free and protective environments and that their rights are protected. IRCU will also strive to strengthen the capacity of caretaker families to cope with increased orphan burden through training of 3,000 care givers and where necessary initiate activities to enhance their economic security.

To enhance networking, peer support and experience sharing, IRCU will convene quarterly joint meetings for FBO team leaders to review performance and impact of interventions on beneficiaries. These meetings will also be useful for IRCU to receive feedback on the utility of its support to the OVC and their families, FBOs and the challenges encountered.

Continued Associated Activity Information

Activity ID: 4686
USG Agency: U.S. Agency for International Development
Prime Partner: Inter-Religious Council of Uganda
Mechanism: IRCU
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	9,000	☐
Number of providers/caregivers trained in caring for OVC	3,000	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arua

Bushenyi

Iganga

Jinja

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Mbarara

Mukono

Nebbi

Rakai

Rukungiri

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC Track 1/Round 1
Prime Partner: Opportunity International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8447
Planned Funds: $ 436,145.00
Activity Narrative: This activity provides sustainable income and housing, which will serve a total of 3,840 OVC. UGAFODE will focus on expanding microfinance through the provision of credit and insurance products in order to increase the sustainability of family incomes and therefore, increase the capacity of families and communities to care for OVC. Most of UGAFODE's clients are women, increasing the women's access to sustainable income. 3,200 OVC in Bushenyi, Ntungamo and Mbarara districts will be served through microfinance and/or income support for the family. HFHU will accelerate the provision of housing to OVC and families caring for OVC, by specifically targeting vulnerable families and assisting them to either construct new housing or improve existing housing. HFH's methodology incorporates short and long-term volunteers from the US in assisting with construction of homes. 640 OVC in the Bugiri, Hoima, Jinja, Kamuli, Luwero, Masindi, Mbale, Mukono, Nakasongola, Pallisa, Sironko, and Wakiso districts will be served through the provision of new or improved housing.The program also provides training of caregivers to support OVC and training of OVC in life skills. UGAFODE and HFHU will both offer training and education to their clients and caregivers in the community in order to increase the capacity of communities and caregivers to support OVC. Training will be based on the "Facing AIDS Together" curricula developed by World Relief and Freedom from Hunger. HFHU will also work specifically to increase awareness and protection of the rights of women and children to inherit and maintain property. Additionally, UGAFODE and HFHU will work together to offer an apprenticeship program for OVC to gain marketable or employable skills. Where possible, OVC will be encouraged to participate in all program activities, increasing their capacity to provide for their own needs.Through this activity, stigma and discrimination, gender issues are addressed. UGAFODE and HH are providing education related to stigmatization and discrimination to caregivers as one of HIV/AIDS sensitization programs . Both institutions provide micro-credit and housing to caregivers irrespective of their HIV status. By building the businesses of caretakers of OVCs through microcredit, this activity increases their capacity to avoid risky relationships that could lead to contracting HIV. Under Youth apprenticeship program, vocational skills to the OVCs including girls will enable them to be engaged in income generating activities for their sustainability.

Continued Associated Activity Information

Activity ID: 4438
USG Agency: U.S. Agency for International Development
Prime Partner: Opportunity International
Mechanism: OVC Track 1/Round 1
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,840	☐
Number of providers/caregivers trained in caring for OVC	3,500	☐

Key Legislative Issues

Increasing women's access to income and productive resources

Increasing women's legal rights

Volunteers

Stigma and discrimination

Coverage Areas

Bugiri

Bushenyi

Hoima

Iganga

Kamuli

Kasese

Luwero

Masindi

Mbarara

Mukono

Nakasongola

Ntungaro

Rakai

Rukungiri

Jinja

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC Track 1/Round 2
Prime Partner: Salvation Army
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8449
Planned Funds: $ 302,076.00
Activity Narrative: This program focuses on community counseling, psychosocial support and women's empowerment. The first is community counselling of village communities in 12 Districts of Uganda, using existing Salvation Army churches and pastors as the starting point to reach out into the wider communities beyond the church circle. This activity is particularly aimed at families and homes affected by HIV/AIDS and those with orphaned and vulnerable children.The second activity is to provide psychosocial support (PSS) for the young people in these communities by forming KAY (Kids and Youth) Clubs, which will provide meeting places, social and sporting activities and a base from which PSS couselors can work to increase AIDS awareness and AIDS preventative life styles for the 12 to 20 age group. The PSS program also aims to create a sense of mutual trust and confidence in the peer group and a sense of self respect and dignity which will enable the young people to contribute to their own communities.Our third activity area the formation of communities women's groups with the aim of creating women's empowerment by raising the levels of literacy, using a teaching method developed by PACT and currently being translated in Lugisu for use in eastern Uganda. The empowerment of women continues in the WORTH income generating groups where women form their own savings schemes, lend to group members for small business ventures, thus increasing family incomes and creating the opportunities for children to go to school and receive better and more regular nourishment.Two important strands through all these activities are the striving to eliminate gender inequalities and poor treatment of women and the removal of stigmatization from HIV/AIDS sufferers and their care givers. In addition to the PEPFAR targets, this activity plans to accomplish the following in FY06: 50 CATs formed; 30 New KAY Clubs formed; 60 PSS trained individuals trained; 30 WORTH income generating groups formed; 5,000 reading scheme books printed and distributed; a significant change in behaviour patterns in young people choosing abstinence and delaying their early sexual encounters.

Continued Associated Activity Information

Activity ID: 4440
USG Agency: U.S. Agency for International Development
Prime Partner: Salvation Army
Mechanism: OVC Track 1/Round 2
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	16,000	☐
Number of providers/caregivers trained in caring for OVC	80	☐

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Coverage Areas

Wakiso

Busia

Iganga

Jinja

Kampala

Kiboga

Lira

Masindi

Mayuge

Mbale

Sironko

Soroti

Tororo

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8453
Planned Funds:	$ 600,000.00

Activity Narrative: This activity relates to Abstinence,Being Faithfu (8456)l, Condoms and Other Prevention (8452), Palliative Care: Basic Health Care and Support (8454), Strategic Information (8455) and Laboratory Infrastructure (8451).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

Achievements to date: 11 service outlets providing support to reach 11, 210 OVCs. 16 service providers trained in handling OVCs.

TASO has developed a Child Services Strategy that re-packages the services that TASO previously offered to OVC according to the principles and guidelines of the National Strategic Programme Plan for Implementation of OVC activities (NSPPI) and the National Orphans Policy (NOP). Liaison with the OVC Secretariat at the Ministry of Gender, Labor and Social Development (MGLSD) that authored the NSPPI and NOP will be maintained for policy support towards improving the TASO child services strategy. Technical support of child programming is and will continue to be sought from UNICEF. TASO will also seek opportunities to refer some OVC for support to other child-oriented agencies since the current number of needy children is beyond the anticipated resource envelope and also child needs are diverse.

One of the components of this activity is the educational program for children infected and/or affected by HIV/AIDS in both primary and secondary schools. Biological children of TASO clients or child clients themselves will be supported on the basis of being very needy and not benefiting from any other program. This component provides school fees for both primary and secondary school going children, boarding fees for those in secondary schools, uniforms and stationary items in 4 of its service centers. A total of 500 pupils in primary and 500 students in secondary schools are targeted to benefit under this component.

The second component of this activity is the life skills training workshops. The target group is 14-17 year olds who can read and write. It is aimed at providing means of self-development and skills to promote HIV prevention. The target will be 2000 children reached through the ACYC clubs in schools. Target will be school children and out of school youth

The third component of this activity will be training of providers/caretakers with skills in the areas of food and nutrition, and psychosocial support. The target group will include parents and guardians of OVC. Quarterly workshops will also be held to coordinate OVC activities and provide new information to TASO staff concerning care for OVC and orientation of community workers in child counseling.

Counseling and medical support will be provided to orphans and vulnerable children enrolled as TASO clients under this activity. This is estimated to include 4,000 children. The services provided include child counseling, treatment of opportunistic infections and home care. The area however excludes provision of ARVs which is covered under the CDC budget. Wrap round services will also be a focus to provide skills to OVC, parents and guardians

Continued Associated Activity Information

Activity ID: 3974
USG Agency: U.S. Agency for International Development
Prime Partner: The AIDS Support Organization
Mechanism: TASO USAID

Funding Source: GHAI
Planned Funds: $ 916,945.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	7,000	☐
Number of providers/caregivers trained in caring for OVC	1,220	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Gender

Wrap Arounds

Food

Microfinance/Microcredit

Education

Other

Coverage Areas

Bugiri

Bushenyi

Busia

Gulu

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

Adjumani

Apac

Arua

Bundibugyo

Hoima

Kabale

Kabarole

Kaberamaido

Kalangala

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kyenjojo

Luwero

Masindi

Moyo

Mubende

Nakasongola

Nebbi

Amuria

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Expanding the role of People Living with HIV/AIDS Networks
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8464
Planned Funds: $ 250,000.00
Activity Narrative: This activity also relates to Palliative Care: Basic (8462), TB/HIV (8463), Counseling & Testing (8900) and Treatment: ARV Services (8465). There are estimated 2 million orphans (14% of all the children), representing a more than 2 fold increase in the number of orphans since 1990. Approximately 46% of orphans are due to HIV/AIDS and the rest are orphaned primarily due to conflict. Of the 4 million children living in conflict, 1 million are living in IDP camps. 63% of all single orphans do not live in with their natural parents: 24% are double orphans and 35 % are maternal orphans. An estimated 84,000 – 104,000 children 0 – 14 are HIV + adding to the number of vulnerable children.
It is widely recognized that greater involvement of PHAs (GIPA) results in more appropriately designed and relevant It is widely recognized that greater involvement of PHAs (GIPA) results in more appropriately designed and relevant programs and policies, greater access to prevention, care and treatment services for those infected and affected by HIV/AIDS and decrease stigma and discrimination through improved understanding of the PHA experience. The purpose of this program is to increase access to PHAs to HIV/AIDS services by mobilizing and strengthening PHAS networks into sustainable and formalized self-help groups that will provide and/facilitate access to treatment, care and support services including OVC services for the OVC in the house holds.

The Alliance will develop strategies with other partner organizations operating in the sub districts to support PHAs, their families and communities in providing an integrated response in their support for orphans and vulnerable children. Another approach Alliance will use to support the OVC is based on community mobilization to maximize community mobilization to maximize community ownership and the development of linkages between PHA groups and District probation officers, Community Development Officers and their Assistants, Church groups, NGOs and CBOs providing care and support to OVC and school authorities. Developing linkages and opportunities for synergies with the community allows children and their families to have access to the range of services that they needs like education, psychosocial support economic strengthening, health and nutrition as well as support for their social inclusion.

Where visible and appropriate, linkages will be created between the program and the grantees of the CORE Initiative for youth, orphans and vulnerable children in Uganda, which, are providing care and support to OVC. Districts, communities, civil society organizations and other providers of quality OVC services, will be targeted by the Alliance model for capacity building. Network Support Agents and health service providers will be linked to these providers to ensure referrals and backward linkages for OVC services and support supervision.

At district level, links will be created between NAFOPHANU – the national umbrella PHA networks program, district fora, community development officers and other OVC related community services supported b the CORE -initiative. This intervention will lead to improvement in district level OVC responses and reduce/eliminate duplication of OVC services. Partnership between organization involved in OVC programs and PHA groups will be encouraged to not only increase the number of children having access to OVC support services but also to foster PHA involvement in the design and delivery of OVC support services. NAFOPHANU will support the dissemination of the national OVC policy as well as the National Strategic Program of intervention of its member PHA groups at district and sub district levels.

Continued Associated Activity Information

Activity ID: 4693
USG Agency: U.S. Agency for International Development
Prime Partner: International HIV/AIDS Alliance
Mechanism: PHA Network
Funding Source: GHAI
Planned Funds: $ 60,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC	500	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Makerere University Walter Reed Project (MUWRP)
Prime Partner:	Walter Reed
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8531
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8543-CT, 8527-ARV Services, 8528-Lab, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing. Also during FY06, MUWRP supported activities that improved the identification of and provision of services to the Districts' population of orphans and vulnerable children.
These activities link to MUWRP activities under Treatment, Laboratory, Care, CT, and Strategic Information. The OVC program described below is part of a comprehensive program and activities do link to other program areas. Program activities that are included in this comprehensive program, such as care, treatment, prevention and VCT services will be budgeted under their respective earmarks. In collaboration with Child Advocacy International (CAI), MUWRP will expand upon 2006 activities through a mobile clinical/counseling follow-up program which provides community based outreach, support, counseling, and education for District OVC's, their families, and the community. In this capacity, CAI works with local civil society groups to build local capacity for service delivery. The names of the local groups which CAI supports are below. During FY07 CAI will expand the number of OVC's they support to 1110 children through scheduled monthly home visits. CAI will offer OVC's a comprehensive list of home-based services which will include HIV education, counseling, psycho-social activities, emotional backing and (when appropriate) school fees, scholastic materials, clothes, and supplemental food. They will continue their on-going home-based education through these visits to include technical assistance to 180 caregivers and families on how to care for pediatric ART/HIV+ patients as well as the direct provision of some basic palliative needs such as symptom control for the patients themselves. Support for the caregivers will also include linking families of pediatric ART patients together for group/peer counseling and psychosocial support. The Kayunga District Youth Recreational Center was founded in 2005 as a joint effort between the Kayunga District Hospital, the Kayunga District Government and MUWRP as an organization/facility to build district capacity in identifying and providing HIV prevention services to Kayunga Districts' youth population, and especially their orphans and vulnerable children. The Center currently provides youth with counseling, care and clinical services in a manner which is specifically geared toward persons between the ages of 12-18 who are HIV positive or defined as OVC's. Between the months of March and July of 2006, the Center counseled and tested 278 youth and successfully referred 100%of those testing positive for evaluation for ART by clinical staff of the District Hospital. In 2007, they will continue to provide facility-based counseling to youth, emotional support, and meet psycho-social needs through recreational games, sports, music, and drama. Community focused activities will include district-wide youth outreach and mobile VCT to schools and other appropriate venues with emphasis on reaching OVC's and un-tested youths. As this program is also linked to care and treatment services, the Youth Center will expand upon the offering of quality facility-based clinical services to OVC's and others under age 18 in a youth-friendly atmosphere. This includes basic pain management, symptom control and, in conjunction with CAI, the formation of ART treatment groups and positive living networks/clubs for OVC's.

During FY06 CAI, the Kayunga Youth Recreational Center and MUWRP have collaborated and/or partnered with the following civil society groups in Kayunga in order to build local capacity: (1) Boy brigades, (2) Kayunga town youth council, (3) Kayunga District youth council, (4) Community and Response to AIDS, (5) Busaana Women Community HIV/AIDS Positive Living and Orphanage Care, (6) Girl guides, (7) Uganda scouts association of Kayunga, (8) Nazigo youth health and development association, (9) Disabled school of Bukoloto and (10) Fare Ministries, (11) Human Rights and Civic Education Forum, and (12) the Rubaga Youth Development Association. The Program defines orphans as a person under 18 years old who has lost a mother or a father. The program defines vulnerable

children as a person under 18 years old who resides in a household affected by HIV/AIDS - such as when a parent, principal caretaker, or family member is HIV infected. Program Youth and OVC's will be identified through the following means:(1) Pediatric referrals from District HIV clinics, (2) Family members of pediatric referrals from District HIV clinics; (3) Weekly mobile outreaches to schools and youth groups; (4) Presence at fixed-site Youth Recreational facility, or (5) Presence at community sensitizations. Funding will support the cost of CAI services, staffing, training, monthly home visits/follow-up visits to OVC's, care-giver counseling, tools for home monitoring of OVC's and household evaluation, psycho-social activities, and (when appropriate) school fees, scholastic materials, clothes, and supplemental food needs. Funding will also support care-giver clubs.

Continued Associated Activity Information

Activity ID: 6408
USG Agency: Department of Defense
Prime Partner: Walter Reed
Mechanism: Makerere University Walter Reed Project (MUWRP)
Funding Source: GHAI
Planned Funds: $ 170,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	2,110	☐
Number of providers/caregivers trained in caring for OVC	180	☐

Target Populations:

Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
Children and youth (non-OVC)
Out-of-school youth
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kayunga

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Breaking Barriers/ Track 1
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8655
Planned Funds: $ 769,301.00

Activity Narrative: This is a continuing Track 1 :
Hope for African Children Initiative (HACI) mission is to mobilize a global initiative to address the needs of African children affected by HIV/AIDS, and to engage, strengthen capacities of and share effective practices among stakeholders at all levels. In Uganda, the Breaking Barriers (BB) program is being implemented by Plan Uganda in partnership with Save the Children US and the Inter-Religious Council of Uganda (IRCU). HACI advocates for the rights of children made vulnerable by HIV/AIDS and strengthens the capacity of local organisations responding to their needs. Through the Breaking Barriers programme equitable, effective, high-quality OVC programs in education, psycho-social support and home-based care for children and families affected by HIV/AIDS will be expanded using school networks and religious institutions as a coordinated platform for rapid scale up, expansion and sustainability. Key of this project include: Increased number of OVCs enrolled in, attending and retained in school and receiving quality education and psycho-social support by 30%; Supported Government's efforts to reduce the stigma and discrimination of children, particularly primary school pupils, affected by HIV/AIDS; Information, education and communication (IEC) concerns of pupils addressed so that they receive adequate information about sexual and reproductive health issues; Teachers equipped with an integrated set of psycho-social support skills to counsel children on coping with parental illness or death; Strengthened children's participation through scaling up of children's activities.

To introduce and support psycho-social intervention along side HIV/AIDS knowledge dissemination in the primary schools in the country
To ensure sustainability, Breaking Barriers leverages existing national investment in educational infrastructure, host government support of the majority of school operating costs, and the private support of faith-based organizations. Further, Breaking Barriers activities are largely knowledge and experience-based improvements to human resources so that individuals can continue program efforts without outside resources. The capacities of community based organizations involved in this programme are targeted for enhancement through training, mentoring and supervision and provision of financial support for service delivery. In Nakasongola where Save the Children (US) operates the programme is linked to the Food Monetization Programme supported by USAID. In FY 07, Breaking Barriers aims to reach 15,900 new OVC and 5,090 new care-givers. The cumulative total of OVC and care givers to be served this year is 32, 286 and 4279 directly and many more indirectly.

Breaking Barriers partners work in close link with both central and local government partners. Local council, political and opinion leaders are engaged to ensure community ownership of the programme. In addition, the IPs draw technical and other support from the wider HACI partnership. Linkages are established with health centers that provide health support to OVC identified as needing them. Through the Breaking Barriers programme, partners are supported to participate in district OVC fora. HACI has taken great care to ensure that the targets for FY do not double count OVC. This has been achieved by the establishment of school registers and establishment of monitoring and reporting forms to facilitate effective record keeping.

Targets:
Number of OVC served by OVC programs - 7,950* (Male: 1987 Female: 5963)
The 7,950 OVC targeted for FY07 are new OVC. The activities in this work plan will continue working with the 23,336 OVC reached last FY (06). The cumulative total by the end of FY 07 will therefore be 31, 286 OVC

Number of providers/caretakers trained in caring for OVC – 5,090

The 5,090 care-givers targeted for FY07 are new caregivers. The activities in this work plan will continue working with the 1,979 care-givers reached last FY (06). The cumulative total by the end of FY 07 will therefore be 4,279 care-givers

Plan:
OVC served 2500 Care-givers trained 70
Save US:
OVC served 3450 Care-givers trained 2080
IRCU:

OVC served 2000 Care-givers trained 150

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	15,900	☐
Number of providers/caregivers trained in caring for OVC	5,090	☐

Indirect Targets

The indirect beneficiaries in the Breaking Barriers programme include families of the targeted OVC and the community members who will benefit from the services provided by the trained caregivers. The cumulative number of vulnerable children to be reached indirectly in FY 07 are a minimum of 156, 430 while the cumulative number of care givers to be reached indirectly are a minimum of 21, 395. These groups must be included to promote an inclusive, tolerant, supportive school environment, in which OVC feel welcome and accepted and to avoid stigmatizing and isolating OVC by segregating them from other students for purposes of program services and activities. The indirect beneficiaries include, but are not limited to, other vulnerable children in schools including those not targeted by Breaking Barriers, local leaders, other staff of targeted schools, beneficiaries of care takers trained especially through the cascade training and community members receiving support from the established and trained home-based care providers. Other indirect beneficiaries are community members targeted by the sensitization activities that include radio programme and dissemination of advocacy materials. Through the work on policy, all vulnerable children in Uganda stand to benefit from the advocacy for policy revision.

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Kampala

Kamuli

Luwero

Nakasongola

Tororo

Wakiso

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8853
Planned Funds: $ 50,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Preventions, 8388-CT, 8391-ARV Services, 8987-Palliative Care;TB/HIV, 8387-SI, 8386-Palliative Care;Basic Health Care & Support, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (COP 06:$250K for ARVs, $250K for services).

AIDS and war continue to be the topmost causes of death among UPDF personnel and their families. As a result, the Uganda Peoples Defense Forces has got a large burden of orphans that are either infected by HIV or vulnerable to being infected. Most of these orphans are enrolled within the army schools. Little attention has to-date been given to this vulnerable group. In 07, the UPDF proposes to initiate support activities for the OVCs as a school based program through health education about Abstinence, strengthening counseling and care services in the schools, and fighting stigma against those infected, especially those on ART. In achieving this, the teachers will be specifically targeted, sensitized and empowered to enable them incorporate the activities in their routine duties. PHA's households will be targeted to ensure that the OVC are linked to OVC services as well as care and treatment.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	200	☐
Number of providers/caregivers trained in caring for OVC	50	☐

Target Populations:

Military personnel
Orphans and vulnerable children
Teachers
Host country government workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Gulu

Lira

Mbale

Mbarara

Kampala

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9081
Planned Funds: $ 100,000.00
Activity Narrative: This activity also relates to Counseling and Testing (9080), Palliative Care (9075), Prevention/Abstinence and Being Faithful (9086), Other Prevention (9084),Treatment:ARV Services (9077) and Other/Policy Analysis and System Strengthening(9082). Building on USG private sector initiatives which ends in may 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

Although planned USG OVC program expenditure has increased through PEPFAR, significant resources are still needed to meet the critical needs of 2 million orphans and other vulnerable children. Partnership with national and multinational corporations need to expand support to OVCs in neediest communities is one of our new strategies. The partnership will be built on existing Global Development Alliance (GDA) agreements currently being implemented by TASC II mechanism through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART Project). GDA is an agreement where the private sector partner contributes a minimum 50% of the resources to carry out the terms of the GDA. Through the regional USAID ECA program and the O/GAC private sector office, USG/Uganda will explore and facilitate private sector OVC initiatives with local and international banks, fuel companies, hotels, soft drink companies, and telecom companies that are currently supporting or exploring how they can support OVC initiatives. A partnership with the private sector umbrella organization (Private Sector Foundation of Uganda – PSFU) will likely serve as a key partner in developing sustainable programs.

Critical programs that the private sector can support will aim to strengthen capacity of families, mobilize and support community/home-based responses, and ensure access to essential services. Leveraged USG resources through the private sector will enhance and scale up the delivery of key OVC services areas like education support, provision of basic health care, food and nutrition, shelter improvement, and economic strengthening of OVC caregivers.

OGAC Reviews: Activity 9081. Private sector initiative – please clarify this activity – Is this a workplace initiative or an activity for the broader community?

Private sector initiative – This is a community-based initiative and not a work-site activity. This activity will be working with private for profit companies such as local and international banks, fuel companies, hotels, soft drink companies, and telecom companies to strengthen capacity of families, mobilize and support community/home-based responses to enhance and scale up the delivery of key OVC services areas like education support, provision of basic health care, food and nutrition, shelter improvement, and economic strengthening of OVC caregivers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	1,000	☐
Number of providers/caregivers trained in caring for OVC	20	☐

Target Populations:

Business community/private sector
Orphans and vulnerable children

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Northern Corridor Program/Uganda Section
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9176
Planned Funds:	$ 200,000.00

Activity Narrative: This activity relates specifically to activities funded under Abstinence/Being Faithful (9169), Counseling and Testing (8417) and Palliative Care:Basic (8418). Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With FY 2007 funds, ROADS will extend and strengthen ongoing activities in Busia and Malaba (Uganda-Kenya border) while expanding to Katuna (Uganda-Rwanda border). The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

At the end of 2003, approximately 5.7 percent of Ugandans (15-49) in the Eastern Region were infected with HIV, with prevalence rates among women significantly higher than those among men. In Busia, Malaba and Katuna?major hubs for goods transported from the Port of Mombasa to the Great Lakes Region?HIV prevalence exceeds the national estimate, with alarming levels of unprotected sex and untreated sexually transmitted infections. In Busia District, adult HIV prevalence is estimated to be 5.0 percent. Service statistics indicate that prevalence spikes to more than 20 percent in Busia Town. In Tororo District, location of the Malaba border crossing, adult HIV prevalence is estimated to be 6.3 percent, with prevalence increasing to approximately 15 percent in Malaba. Estimated HIV prevalence in Western Region, location of the Katuna border crossing, is 6.9 percent. These communities, ranging from 10,000-30,000 people??not including the mobile populations that spend time there??are sizable. In the three sites, truck drivers can spend up to a week waiting to clear customs. The combination of poverty, high concentration of transient workers, high HIV prevalence, sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. Busia, Malaba and Katuna are important targets for HIV programming in their own right; they are also bridges of infection to the rest of the country. OVC services in Busia, Malaba and Katuna remain significantly underdeveloped and, where they exist, there is some duplication as well as many gaps. OVC programming has been ad hoc and uncoordinated, leaving many OVC unreached with needed support.

With FY 2007 funding, ROADS will implement OVC activities in five of the six core program areas defined by the President's Emergency Plan for AIDS Relief, focusing on Busia and Malaba. This work will address gaps identified by these communities during ROADS' initial year of implementation. The five areas ? food/nutrition, shelter and care, protection, health care, and psychosocial support ? are embedded within ROADS multi-sectoral, community-focused approach and are consistent with ROADS comparative advantages. Planned activities in Uganda will directly reach 1,500 OVC, while mobilizing communities around OVC issues and enumerating orphan-headed households. ROADS will train 125 individuals, including teachers, youth volunteers, women and faith groups, community social workers and people living with HIV and AIDS. Older orphans, a large and underserved population, will be a key focus, recognizing their unique challenges and needs. Orphans who raise siblings are under severe pressure to earn income, often driving them into transactional sex for survival of the family. This is a particularly serious issue in border sites, where the demand for transactional and transgenerational sex and the potential for trafficking are high. The project will work with existing child-welfare organizations, faith-based organizations, local officials and, importantly, the private sector/business community to meet the daily needs of OVC. One strategy will be to expand the community farming model implemented in Malaba, Kenya, to enhance the food security of orphan-headed households. However, ROADS' efforts will go beyond daily sustenance of OVC, attempting to secure the longer-term viability of orphan-headed households. This will entail job training, job creation and other economic opportunities for OVC breadwinners through the LifeWorks Initiative, which already has Global Development Alliances in place with General Motors and Unilever. To pave the way for greater access to services and OVC involvement in community life, the project will address the intense stigma and discrimination often faced by children who have lost one or both parents to AIDS. Activities will include sensitization of teachers and health providers to help ensure

OVC have full access to services. Recognizing the emotional and physical toll that orphan care can have on caregivers, ROADS will build the capacity of FBOs to provide "care for caregivers." This will be linked with youth involvement in OVC and may include regular, organized activities for orphans to provide respite for family and volunteer caregivers. The project will also develop HIV risk-reduction and care strategies specifically for older OVC, including heads of households, linking them with C&T, sexually transmitted infection (STI) services, psychosocial support, legal counsel, and emergency care in cases of rape and sexual assault. Ensuring HIV-positive parents have access to care and treatment will be a key strategy in forestalling or even preventing orphaning. Effective treatment, coupled with food/nutrition and other support, should enable many HIV-positive parents to raise their children to adulthood.

plus ups: Strengthening the capacity of local partners in improving and expanding care for OVC. FHI/ROADS/SafeTstop will put extra emphasis in increasing access to quality OVC services such as food security and nutrition, education, basic health, pyschosocial support and child protection. FHI will also link OVC program with other HIVAIDS program components like HCT, prevention, palliative care and treatment for OVC.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Busia

Tororo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9665
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), counseling and testing (3984), and strategic Information (3984).

Activities will continue into FY07 but with FY06 funding only.

OVC component is related to Palliative care and aims at reducing vulnerability of children in conflict districts through improved access to education and health services. Two CRD partners will be involved in implementation of OVC activities. One of these is SCiU that plans to complement palliative services with OVC activities. In Gulu, Health Alert Uganda in collaboration with district probation and welfare officers will provide education support, IGA training for out of school children, capacity building for community care /support groups to provide psychosocial support to OVCs. palliative care and support activities for children will also be emphasized. Where as there has been a general increase in funding for care and support activities, specific interventions targeting HIV positive children have been small. Staff that has been providing care services to children lacked competence of communicating with children suffering from HIV/AIDS, in addition, too few communities follow up interventions to support such children. These services will include following up children on ARVs with education, adherence counseling, on going counseling for prevention, treatment of opportunistic infections, referrals, psychosocial and nutritional support.

In Karamoja region, support to OVC is a notable gap. Thus, IRC in addition to its other operations in this region plans to implement these activities directly. It will also implement OVC related services with Church of Uganda in Jie county. Reduction in poverty at household level will lead to reduced vulnerability of women and children, improved access to social services such as education and health, and improved general health outcomes. Thus emphasis on this program will be on education support and livelihood activities for out of school, protection and capacity building for the community care groups to provide psychosocial support to OVCs. Funding will go on community mobilization, IEC material development, training in OVC services including its related stigma and discrimination issues, collaboration/networking with other agencies, capacity building of local communities with OVC programs, and procurement (mainly drugs). Through this component 240 OVCs will receive school support, 90 to be trained in apprenticeship, 100 in IGA activities and 170 caretakers to be trained in caring for OVCs. Due to the vast geography of the Karamoja region and the nomadic nature of its communities, the management and oversight costs of the OVC programs are higher as compared to other regions.

Continued Associated Activity Information

Activity ID: 3987
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 125,197.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	490	☐
Number of providers/caregivers trained in caring for OVC	50	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CSF/Deloitte and Touche
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12499
Planned Funds: $ 7,336,569.00
Activity Narrative: plus ups: The USG has been supporting a grants mechanism to increase access to comprehensive services for OVC. This mechanism has recently been merged into a multidonor grants mechanism. USAID holds the contract with Deloitte and Touche to manage the funds. Fy07 service delivery resources programmed under the CORE initiative will be reallocated to this mechanism. However, resources are currently insufficient to meet the vast needs of the community. These resources will further supplement planned fy07 activities.

Added February 2008:
Deloitte and Touche through the development of the multi-donor funded Civil Society Fund will be providing sub grant services previously supported by the CORE Initative/ CARE in partnership with Ministry of Gender Labour and Social Development. Activities remain the same.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs	4,235	☐
Number of providers/caregivers trained in caring for OVC	847	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: AIDS Capacity Enhancement Program, ACE
Prime Partner: Chemonics International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12500
Planned Funds: $ 150,000.00
Activity Narrative: plus ups: The Uganda Women's Effort to Save Orphans (UWESO) is the only indigenous organization in Uganda with a near national presence. With a new Executive Director at the helm, UWESO has undergone a number of positive transformations and has emerged as a potential leader in the field of orphans and other vulnerable children. The organization currently receives inconsistent funding from a number of donors including the USG/PEPFAR. UWESO has approached PEPFAR to assist with the organizational strengthening in order to facilitate its growth as a leader in the OVC community and to capture diversified funds on a continuous basis. The national Ministry supports this initiative.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing OVC services		☑
Number of individuals trained in caring for OVC		☑
Number of children from child-headed homes receiving psychological support		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: $ 17,361,944.00

Program Area Context:

HIV/AIDS Counseling and Testing (CT) is an entry point for HIV positive clients to HIV prevention, care, treatment and support services and also provides uninfected people with an opportunity to receive reinforcement and advice on how to remain negative. A key goal of the national CT policy is to provide universal CT, so that all Ugandans above 15 know their status and receive appropriate support to prevent transmission of HIV for those testing positive and avoid infection for those testing negative. In FY07, the Emergency Plan in Uganda will continue to support a mix of CT approaches to respond to the national priorities.

In FY05, just over one-million Ugandans, or nine percent of the adult population, received CT services. Of these, 60 percent received them from USG supported services. The USG program currently supports at least one CT service organization in all but four districts, but accounts for a geographical coverage of 5 percent. According to the 2005 Uganda HIV/AIDS Sero-Behavioral Survey (UHSBS), 79 percent of HIV-positive Ugandans do not know their sero-status due to stigma, poverty, insecurity, limited access and lack of information.

USG supports multiple CT models to increase access: 1) Voluntary Counseling and Testing (VCT); 2) Routine Counseling and Testing (RCT); and 3) Home-Based Counseling and Testing. VCT accounts for more than 50 percent of people currently reached. In FY07, increased community outreach and work-based programs will bring VCT services closer to communities. RCT initially targeted patients in TB, STI, infectious disease, and MCH clinics at health facilities. In FY07, RCT will be expanded so that more patients attending a health facility can be tested for HIV. CT can be provided through 100 percent community door-to-door access or through a family-based approach. In family-based CT, index HIV positive clients serve as entry points to members of entire households, including spouses and children. In FY07, care and treatment organizations will continue to support family-based CT, quality post-test counseling and referral to post-test clubs (PTCs) to enhance care and on-going support for those testing positive. Door-to-Door CT will also be supported in high HIV prevalence communities. USG is currently conducting a cost effectiveness study of each of these approaches; and the results of this study will inform future priorities. Preliminary findings of costs and associated outcomes, such as linkages to care, will be available in late 2006.

The Ugandan CT policy sets standards for training, provision of CT services, testing algorithms, quality assurance, and monitoring and evaluation. Post-test counseling with emphasis on HIV status disclosure and partner testing, referral linkages to care, treatment, and follow up, are emphasized for all those testing HIV positive. For those testing HIV negative risk avoidance/reduction counseling and linkages to PTCs are made. Standards are provided for special groups including children, couples and people with disabilities. Testing protocols are in place for new CT approaches. Rapid HIV testing using either parallel or serial algorithms is recommended. Because of higher costs associated with the parallel algorithm, most providers use the serial algorithm with Determine for screening, Statpak for confirmation and Unigold as the tie-breaker. Blood collection by finger stick is the preferred method but is not widely used in Uganda due to a lack of support supervision. In FY07, USG will support MOH in providing support supervision and refresher training to CT service providers. In addition, USG will support training for counselors in TB/HIV integration and ensure adequate supplies and effective referral and linkages between CT and TB treatment sites.

Procuring and distributing test kits is largely done by National Medical Stores (NMS) and the AIDS Information Center (AIC). Most public health facilities receive their test kits through the NMS supply chain management system while AIC has its own procurement and distribution system targeting its static and indirect sites. Global fund, UNICEF and other donors pool their donations to NMS. In prior years, inconsistent forecasting and limited capacity to distribute CT commodities to public health facilities led to stock–outs. In FY07, the Supply Chain Management project will strengthen supply chain management of

CT commodities by providing technical assistance to NMS, AIC and Joint Medical Stores. This will cover forecasting procurement, and distribution CT commodities--first to the districts, and then to health facilities. As TB/HIV integration is strengthened, additional test kits will be procured to address the resulting increase in demand for CT.

Currently, TASO, AIC and MOH conduct most of the training of counselors and CT service providers. All certified CT providers have a MOH CT register, and all laboratories have a laboratory request form. While centers are required to report monthly, the shortage of staff at MOH and acute shortages of health workers at all levels of the healthcare delivery system have resulted in delays in data entry and analysis. In FY07 USG will support the training and use of alternative human resources, including volunteers and People Living with HIV/AIDS (PHAs), to bridge the gap. The MOH will develop guidelines and protocols that define the working relationship between the public health facility health workers and the PHA networks.

USG utilizes an integrated approach to promote CT services. Community mobilization is integrated into all prevention, care, and treatment programs. In Uganda, political leaders such as parliamentarians and district leaders are effective community mobilizers. USG will support programs that build the capacity of health workers and district and national political leadership to promote HIV/AIDS, TB, and malaria awareness and the importance of being tested for HIV.

Under the Health Sector Strategic Plan II, all Health Center IVs and Health Center IIIs should have CT services by 2006 and 2010 respectively. USG will support the MOH in the initial roll out of RCT to Regional and District hospitals. In FY07, quality assurance, support supervision, and equity considerations in CT provision will be stepped up. Post test counseling for those testing HIV negative will be strengthened and linkages will be made to existing prevention programs. Through the PHA networks program and strengthening of PTCs, referral linkages to care and treatment and community support will be strengthened. In FY07, USG will support the training of PHAs and volunteers as counselors to bridge the human resources gap and reduce the counseling load on the "traditional" health workers. The MOH will develop guidelines and protocols that define the working relationship between the public health facility health workers and the PHA networks. CT for OVCs and the use of pediatric clients as an entry point to households will be strengthened. All these activities will be implemented in collaboration with national CT technical working group, CT17, and the MOH CT policy committee.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	3,550
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,298,144
Number of individuals trained in counseling and testing according to national and international standards	7,208

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8282
Planned Funds: $ 250,000.00
Activity Narrative: This activity also relates to 8702-AB, 8285-TB/HIV, 8719-Other Prevention, 8286-OVC, 8283-ARV Drugs,8284-ARV Services, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Continued Associated Activity Information

Activity ID: 4378
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Baylor University, College of Medicine
Mechanism: Pediatric Infectious Disease Clinic
Funding Source: GHAI
Planned Funds: $ 175,261.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	9,000	☐
Number of individuals trained in counseling and testing according to national and international standards	360	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8295
Planned Funds: $ 150,000.00
Activity Narrative: This program area also relates to activities in 8289-ARV Services, 8288-ARV Drugs, 8290-Laboratory, 8291-AB, 8292-Basic Health Care & Support, 8294-OVC, 8293-TB/HIV, 8584-PMTCT.

AIDSRelief (AR) is a comprehensive HIV CARE program, providing ARVs, preventive, palliative, curative and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of organizations led by Catholic Relief Services who is responsible for overall coordination and management of consortium activities. Constella Futures Group provides support for Strategic Information while the Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols; and Children's AIDS Fund is a sub-grantee. Based on its successes and lessons learned, the AIDS Relief program in Uganda will continue to offer counseling to all patients in care. AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda.

AR has the capacity to significantly scale up patients under care and treatment should resources be forthcoming. AR will, however, provide on going training to staff in the 15 LPTFs to increase their skills in counseling and testing. This training will be directed at the nurses, adherence counselors and the community workers. Possible linkages to other programs will be explored.

AR will build on the established VCT and PMTCT services existing in 11 participating AR sites prior to PEPFAR funding. Generalized VCT will continue in FY 07, but AR could move to strategically target higher-risk populations with greater numbers of infected individuals in need of therapeutic care, particularly TB patients and pregnant women. A strong emphasis is being placed on home based/family testing with the patient initiating ART as the entry point, and spousal testing during PMTCT. Abstinence/Be Faithful counseling will be fully integrated into our family and spousal VCT initiatives.
Post test counseling and referral linkages to care and treatment for all those testing HIV-positive will be emphasized. The program will further strengthen the People Living With HIV/AIDS (PHA) networks and groups and will utilize them to sustain the active referral systems between, communities and care and treatment services and "wrap around" activities for PLHAs available in the community. These linkages between households, communities and CT services will ensure that couples, children and adolescents receive CT services. The value of testing as couples and identification of discordant couples will be highlighted. Special focus too will be made to ensure that OVCs access HIV care and support through CT programs and use of pediatric HIV- positive clients to gain entry into household for CT will be ensured.

Monitoring and evaluation: AR will provide clinical management tools to ensure collection and compilation of data on counseling and testing program area to reinforce the SI capabilities at the LPTFs. This will enable sites to use CAREWare or IQCare for data entry, data validation and data analysis and continuous data quality improvement by engaging in on-going data cleaning and validation at the LPTFs. Thorough the strategic information systems in place the required accurate reports will be produced on a timely basis. These include Annual and quarterly CDC reports; OGAC/PEPFAR biannual report and any other report that may be requested by the LPTFs or MOH.

Continued Associated Activity Information

Activity ID: 4398
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 120,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	28	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,500	☐
Number of individuals trained in counseling and testing according to national and international standards	356	☐

Target Populations:

Discordant couples
Mobile populations
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Twinning

Wrap Arounds

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Pader

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Prime Partner: International Medical Corps
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8304
Planned Funds: $ 49,744.00
Activity Narrative: This activity complements activities 8302-TB/HIV, 8300-Condom & Other Preventions, 8301-Basic Health Care & Support, 8303-OVC, 8299-AB, 8298-PMTCT.

The activity will target 20,507 beneficiaries residing in, or near, the Kyaka II settlement in Kyenjojo district (6,000 host population and 14,507 refugees, predominantly Congolese), a district with an HIV/AIDS prevalence rate of 7.4 percent. This refugee settlement is the reception center for new arrivals from the Democratic Republic of Congo (DRC), it is therefore anticipated that the population of the settlement may increase or decrease dependent upon the stability of security in DRC and the success or otherwise of re-settlement programs. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through two health centers, offering curative, preventive and VCT services.

Despite the low number of voluntary counseling and tests (VCT) provided in Kyaka II in 2005 (only 300 tests were carried out during the course of the year), findings from a joint UNHCR and Feed the Children evaluation report in June 2006 indicate that, rather than being due to lack of demand for services, this was due to erratic supply of test kits. During FY06, IMC will boost supplies of test kits to two service outlets and established community outreach VCT services and stimulated demand for these services through a wide-reaching community awareness campaign. It is expected that with successful implementation of this program, there will be an increased utilization of HIV testing and counseling services, increased public information and understanding of HIV counseling and testing, and increased and enhanced quality of VCT services. As these activities have only just commenced, IMC is not in a position to provide information on accomplishments to date.

Critical networks established in the first year of funding to ensure the referral of those patients testing positive for HIV/AIDs to the Sub-health unit for anti-retroviral treatment (ART) will be sustained and built upon during FY07. IMC will continue to provide test kits and related materials to service outlets. In addition to promoting the available services, a community awareness campaign, centered around World AIDs Day –December 1st, will develop this further by addressing issues related to disclosure of status to partners and families and the need for couple counseling and testing. Community Educators will emphasize the importance of testing for children at risk of infection as part of this campaign. Links between the ongoing SGBV program and this activity will be instrumental to the promotion of increased gender equity, challenging of male norms and behaviors conducive to HIV and STIs transmission, and the reduction of violence and coercion. To build on HIV/AIDs counseling training provided to ten key stakeholders in FY06, IMC's Counselor Trainer will conduct refresher training with a focus on issues of disclosure of status to partners and families and couple counseling. With support from IMCs Counselor Trainer, these counselors will establish one post-test club at each service outlet to encourage peer counseling between people living with HIV/AIDs (PLWA) in order to promote positive living and reduce stigma.

Continued Associated Activity Information

Activity ID: 4814
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Medical Corps
Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement
Funding Source: GHAI
Planned Funds: $ 57,551.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.	20,507	☐
Post-test clubs established at service outlets to promote positive living	2	☐
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

Adults
Community leaders
HIV/AIDS-affected families
Refugees/internally displaced persons
People living with HIV/AIDS
Volunteers
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Kyenjojo

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Refugee HIV/AIDS services in northern Uganda
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8308
Planned Funds: $ 61,875.00
Activity Narrative: This activity complements activities in 8307-PMTCT, 8305-AB, 8306-Other Preventions, 8311-OVC, 8310-TB/HIV, 8309-Basic Health Care & Support.

Uganda is host to approximately 240,000 refugees; refugees from Sudan (approximately 180,000) and the Democratic Republic of Congo (approximately 20,000) represent the majority. In 2005, IRC established comprehensive HIV/AIDS programs in refugee camps in Kiryandongo in Masindi District (population approx. 14,888 with a surrounding host national population of 12,000) and Ikafe in Yumbe District (population approx. 9,653 with a surrounding host national population of 10,000). These activities were continued and expanded in 2006 with additional PEPFAR funding. Program areas include AB and Other prevention activities, VCT, PMTCT, Basic care and support, HIV/TB Palliative care, and assistance for OVCs. Following upon successful implementation of HIV/AIDS interventions in Kiryandongo and Ikafe in 2005 and 2006, activities will be continued and strengthened in 2007, with increased emphasis being placed on prevention activities. IRC is well placed to expand its HIV/AIDS interventions in the refugee population, having established a quality, comprehensive package of health services, including reproductive health and gender-based violence, in both Kiryandongo and Ikafe refugee settlements, with funding from UNHCR and PRM. Moreover, IRC implements interventions in multiple sectors in both settlements, including education and community services, facilitating cross-sectoral linkages key to HIV/AIDS programming.

IRC will maintain 4 static VCT sites: 1 located in Kiryandongo and 3 in Ikafe. IRC has hired and trained nurse/counselors and laboratory assistants to provide counseling and testing services in Kiryandongo and Ikafe refugee settlements. IRC will continue to support both facility-based and community-based counseling and testing activities in each camp, with VCT services being provided at static sites, and community VCT outreaches being conducted regularly. In addition, innovations such as home-based VCT, introduced in 2006 to increase uptake of counseling and testing services, will be strengthened. In 2005, IRC counseled, tested, and provided results to 2,952 clients in Kiryandongo (8.7% HIV positive) and 2,652 individuals in Ikafe (2.9% HIV positive). VCT is one of the entry points for any HIV/AIDS activities and, therefore, vigorous BCC campaigns will be supported to mobilize the beneficiary communities. Other community initiatives such as post-test clubs and support groups will be supported through community mobilization. In order to ensure wider coverage and mobilization for VCT, IRC will identify 20 community members to be trained as counseling assistants. The counseling assistants will mobilize community members to access VCT and strengthen ongoing community counseling to members of the post test clubs. It is also envisaged that the community counseling assistants will provide ongoing counseling during repatriation as a way of ensuring sustained behavioral change among members of post test clubs and the community. 6,000 VCT clients will be targeted during the program period, on the basis of 100 clients per site per month, with minimum staffing of three counselors and one lab personnel per site. VCT will be linked to AB and other prevention interventions, TB/HIV care, and palliative care.

It is expected that with successful implementation of the program, there will be an increased utilization of HIV testing and counseling services, increased public information and understanding of HIV counseling and testing, and increased and enhanced quality of CT services. There will be enhanced linkages between CT services and care and treatment facilities. IRC will ensure a continuous supply of related diagnostic and medical supplies.

Continued Associated Activity Information

Activity ID: 4758
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Rescue Committee
Mechanism: Refugee HIV/AIDS services in northern Uganda
Funding Source: GHAI
Planned Funds: $ 95,177.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets providing counseling and testing according to national and international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards	20	☐

Target Populations:

Adults
Doctors
Nurses
Refugees/internally displaced persons
Children and youth (non-OVC)
Secondary school students
Public health care workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Masindi

Yumbe

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Full Access Counseling and Testing
Prime Partner:	Kumi Director of District Health Services
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8313
Planned Funds:	$ 480,000.00

Activity Narrative: This activity relates to 8314-Palliative Care;Basic Health Care and Support, 8550-Palliative Care;TB/HIV.

In September 2005, Kumi District Local Government received USG funding to implement a Full Access Home Based HIV Confidential Counseling and Testing Program using Outreach Teams in Kumi District, Uganda. The overall goal of this program is to provide HIV counseling and testing services to the entire population residing in Kumi district and refer all those testing HIV positive to sources of ongoing psychosocial support, basic preventive and palliative care, and treatment services. This program also aims at reducing transmission of HIV through preventive counselling and testing and the key components of this activity include mainly, human resource development (staffing & training), procurement, quality assurance and community mobilization.
From the inception of the program (October 2005) the following achievements have been registered: Staff recruitment both administrative and field staff including community own resource persons, Procurement of office equipment and supplies, laboratory HIV Test Kits and consumables, staff development whereby several trainings were conducted such as 3 weeks training on basic HIV/AIDS and counselling skills for counsellors and laboratory technicians, 1 week training in the provision of Home Based Counselling and Testing, a two days training of Health Unit in-charges and management staff on counseling and testing and Community Owned Resource Persons (CORPS) training on home based HIV counseling and Testing (HCT) and Community Mobilization. Sensitization meetings for the district LC V Council and Sub-county leaders were also conducted. Weekly Radio Talk shows were conducted and daily radio Spots and are still on-going. Film Shows were done at the sub county level and HIV/AIDS IEC materials were distributed in the communities.

Sixteen (16) outreach teams have been established comprising a counselor and a laboratory assistant. The teams are based at each sub county in the district and are supported by 8 supervisors based at the health sub-districts. 237 community mobilizers were also established at the parish level to assist with community mobilization activities for the program. It is anticipated that by March 2008, 80,000 households will be reached with home based HCT services, and at least 150,000 adults and children at risk of getting HIV will receive HCT services.

From February 2006 up to July 2006, 25,467 clients have been counselled and tested.
In FY07, Kumi District Directorate of Health Services [DDHS] will continue to develop and strengthen the process of implementing a full access door-to-door confidential counseling and testing services to the entire population residing in the district. The implementation of the program is mainly the responsibility of the HIV counselors, laboratory technicians, supervisors and community own resource persons (CORPS). The CORPS will continue with the registration of households within their parishes and also assist the outreach teams to mobilize communities for Home based counseling and testing services. They will receive re-training to improve their skills in HIV counseling and community mobilization. Each CORP will be expected to conduct community education seminars at the parish level. Community mobilization is an important on-going activity which determines the success of this program. Communities are being mobilized and sensitized about the program using the appropriate media channels in the district such as daily radio spots, weekly talk shows and occasionally having print messages in the local news paper (Etop). Other available opportunities to pass on information to the communities will be used for example during community meetings at the churches or mosques. Sensitization meetings for sub-county leaders will be done for 5 sub-counties that were not covered at the beginning of this program (Atutur, Kidongole, Kolir, Malera and Bukedea). The program plans to involve all HIV/AIDS implementing partners in the District and lower level councilors to advocate and mobilize communities for HB-CT services. People Living with HIV/AIDS (PHAs) will be used to give testimonies as a way of encouraging those who fear to test come forward and accept to take an HIV test. Post Test Clubs (PTCs) and Peer Psychsocial Support groups will also be used for mobilizing communities as they play a vital role in the reduction of stigma, discrimination and can facilitate disclosure.
The outreach team comprising the counselor and laboratory technician will continue with the routine activities such as giving household education to all members of the household they have visited, conducting either couple or individual counseling, HIV testing and filling of data forms, counselor and laboratory registers plus making referral of HIV positive clients to Health units for basic care and treatment. The teams will also continue to collect Dry Spot Blood (DBS) to be taken to the National Reference laboratory for quality

assurance. In order to improve their efficiency and quality of home based (HCT), the teams will be retrained to improve knowledge and skills in couple and child counseling. The outreach teams will be supervised regularly by the supervisors together with the program coordinator and laboratory technologist who will visit each team at their sub counties to ensure that they offer quality HIV counseling and testing services according the counseling protocol and HIV testing algorithm. Procurement of laboratory commodities and other consumables is another very important activity in this program that will be on-going. Other HCT logistics to be procured will include fuel, office supplies and stationery, referral cards, client cards and IEC materials. Data management will be strengthened to inform program is progress and performance. We shall continue to hold monthly review meetings to share problems/challenges field teams face. Monthly meetings between CORPS and supervisors will also be held at the health Sub-district level whereby issues concerning CORPS' work are discussed especially challenges faced while mobilizing communities for HB-CT.

Advisory committee meetings are also going to continue in FY07 because this is the policy making body and overseer of the program. In implementing this program, the office of the District Directorate of Health Services plans to collaborate with all HIV/AIDS implementing partners (CBOs, FBOs & NGOs) in the district thus encouraging building of partnership with existing establishments and local communities. On quarterly basis therefore all the stakeholders/implementing partners will be invited to attend a coordination meeting. Refresher trainings for supervisors and outreach teams will be conducted to up date them as there are always new ideas coming up. Retreats will also be held at least once a year to reduce burnout.

Continued Associated Activity Information

Activity ID:	4046
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kumi Director of District Health Services
Mechanism:	Full Access Counseling and Testing
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of service outlets providing counseling and testing according to national and international standards	16	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	50,000	☐
Number of individuals trained in counseling and testing according to national and international standards	58	☐

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Discordant couples
Infants
Orphans and vulnerable children
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Kumi

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8316
Planned Funds:	$ 1,400,000.00

Activity Narrative: This activity also complements activities 8320-Lab, 8319-ARV Services, 8318-ARV Drugs, 8321-OVC, 8317-TB/HIV, 8315-Basic Health Care & Support, 8313-Condoms and Other Prevention, 8772-AB.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

MJAP implemented the first RTC program in Uganda and contributed towards the revision of the national HIV counseling and testing policy and development of training materials. The program has trained over 1,000 health care providers in Mulago and Mbarara hospitals in the provision of RTC. Since November 2004, the RTC program has expanded from six to 32 hospital units (19 in Mulago and 13 in Mbarara). Cumulatively, more than 100,000 in- and outpatients have received HIV testing and over 25,000 HIV infected individuals identified and linked to care and treatment. The current unit coverage represents 90% in Mbarara. Although the unit coverage in Mulago is 40%, over 90% of the high prevalence units provide RTC. The RTC program is implemented in line with the three C's – confidentiality, informed consent (opt out) and counseling/information, as recommended by WHO. Care for identified HIV positive patients is initiated at the time of diagnosis; all HIV positive patients receive cotrimoxazole prophylaxis, and TB screening is provided for all patients with history of cough for more than 3 weeks irrespective of the HIV status. HIV positive patients are also referred for follow-up care in the HIV clinics where they receive basic HIV care, psychosocial support and ART. For patients found to HIV negative, HIV prevention messages are emphasized to reduce risk of infection. The program also offers HIV testing to family members of patients in the hospital and has found a high HIV prevalence (26%) among these. In order to extend the reach of HIV

testing to family members, MJAP provides home-based HIV counseling and testing (HBHCT) for index ART patients attending Bwizibwera and Kawempe health centers. In HBHCT, HIV C&T is offered in the homes. HIV testing for family members of HIV positive patients identifies other HIV infected individuals in their households, facilitates partner disclosure and testing and identifies many discordant couples. Additionally, testing of family members encourages early entry into care and support for the HIV infected individuals.

In FY07, MJAP will extend RTC services to three MOH regional referral hospitals, in addition to expansion of RTC coverage in Mulago and Mbarara hospitals to ensure 100% coverage of high prevalence units. The program will establish 12 new sites in the 3 regional hospitals (4 in each). The regional hospitals will be selected in collaboration with the MOH. The target is to provide HIV testing to a minimum of 150,000 individuals by March 2008. In the RTC units, all patients with undocumented HIV status will be routinely offered HIV testing but this will not preclude the right to opt-out of testing. The program will target all categories of patients and family members; including adults, infants, children, health care workers, and MJAP program staff. Through the HBHCT program, MJAP will provide HIV C&T to 2,000 households (10,000 family members) of index patients in care. Newly diagnosed HIV positive patients will receive a month's supply of cotrimoxazole before referral for follow-up palliative care and treatment. The program will integrate TB screening for all newly diagnosed HIV-infected patients. MJAP will strengthen prevention with positives counseling and support including HIV testing for spouses of patients in the HIV clinics and RTC wards. A new activity, 'Discordant couples' clubs will be piloted at two sites in the coming year to enhance prevention with positives focusing on peer education and support. The MJAP program will strengthen linkages with other HIV/AIDS care programs to improve referral of identified HIV/AIDS patients. The funds will cover HIV testing supplies, logistics, quality assurance for HIV testing and counseling, support supervision and referral linkages for identified HIV positive patients. The program will also provide training for at least 400 health workers in RTC provision. This will ensure participation of health workers in provision of RTC and will facilitate integration of RTC into routine hospital activities. The program will hire and train additional staff to support RTC in understaffed units and to provide HBHCT. The funding will also go towards quality assurance and support supervision, data management and monitoring and evaluation (M&E).

Continued Associated Activity Information

Activity ID:	4033
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 984,058.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	52	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	150,000	☐
Number of individuals trained in counseling and testing according to national and international standards	400	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8329
Planned Funds: $ 521,850.00
Activity Narrative: This activity also relates to 8330-Laboratory Infrastructure, 8327-PMTCT, 8326-ARV Services,8325-ARV Drugs, 8328-Palliative Care;Basic Health Care & Support, 8322-Other/Policy Analysis, 8323-Palliative Care;TB/HIV,8324-AB.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.
plus up MC for $371,850: The Government of Uganda has recently included medical male circumcision in its National Strategic Plan, which is near finalization. The MOH and the Uganda AIDS Commission have formed a task force, and are planning a national dialogue to present study results from Uganda and answer questions and concerns. The USG Uganda team will support the GOU efforts as they become detailed. The Rakai Health Sciences Program is ideally suited to support the GOU and USG Uganda program in training and service delivery, upon request from the MOH, and following the WHO surgical manual. RHSP has three fully equipped theaters, recovery room, experienced surgeons and nusing staff to provide training for 40 physicians; to provide circumcision services to about 2700 men in the 1st year, and to conduct a public health evaluation to compare 3 the safety, adverse effects, costs and ease of surgery of 3 different surgical procedures (forceps guided, dorsal slit, sleeve procedure).

Continued Associated Activity Information

Activity ID:	4024
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Institute of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 119,400.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	16	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

Adults
Discordant couples
HIV/AIDS-affected families
Orphans and vulnerable children
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
TB patients

Coverage Areas

Rakai

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	HIV/AIDS Project
Prime Partner:	Mildmay International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8337
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336- OVC, 8625-ARV Drugs, 8333-ARV Services, 8335- Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART a Mbuya RO.

Counselling and testing activities at TMC include creating awareness of service availability, provision of counselling and testing for children and their caregivers, pre-test and post-test support for adults and training health workers to counsel and test patients. TMC is responsible for procuring test kits, setting up a specimen-referral mechanism and confidential result handling system, implementation of standard MOH guidelines and protocols for all stages of counselling, and conducting tests by TMC's own laboratory staff. By March 2007 the target is to have 7,000 persons provided with Counselling and Testing (CT) at six sites and CD4 testing at one site, and 194 people trained in CT-related issues. TMC views care and training as complementary processes when offering HIV/AIDS services. Training in CT targets doctors, nurses, HIV/AIDS counsellors, pharmacists and pharmacy technicians, laboratory personnel, clinical officers, religious leaders, people living with HIV/AIDS (PLWHAs), school teachers, school nurses and patient carers. The training sensitises health workers, religious leaders, schoolteachers, members of other community NGOs and community leaders and empowers them to refer patients into the service.

Counsellors are equipped with skills to handle pre- and post-test situations in children, adults, and couples. Laboratory personnel are trained to use rapid HIV testing techniques. The training emphasises the importance of linking with and referring patients to other health professionals to improve patient management. As part of the targeted evaluation soon to be implemented at Mildmay before the end of FY06, Mildmay will provide Home based Counselling and testing for index ART children and adults and will test family members within their homes. This not only encourages care and support for all HIV infected family members (including children) but also partner disclosure and positive prevention. HIV infected individuals identified through VCT are linked to care.

During FY07 TMC will continue to strengthen care and training activities on site in Wakiso District and at the rural clinic sites at Naggalama and Mpigi. Counselling and testing will continue to provide an entry point to basic health care and support, laboratory services and ARV drugs and services as well as an opportunity to test other family members. This service will be provided at TMC, the two rural clinics and at Reach Out. Using a family approach 6,000 patients will be provided with CT at TMC and the rural clinics and 4,000 at RO. 250 people will be trained in CT-related issues. Ten counsellors will be trained at RO to cater for the increasing demand at its new service outlets of Banda and Kinawataka. It is expected that more than 40% of those tested at TMC will be children below 18 years. The funding for this programme is for the procurement of test kits for screening and confirmation of HIV status, consumables, the provision of pre- and post-test counselling, human resources, training activities and capacity building, particularly for the rural sites.

Continued Associated Activity Information

Activity ID:	4418
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Mildmay International
Mechanism:	HIV/AIDS Project
Funding Source:	GHAI
Planned Funds:	$ 157,652.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests	6	☐
Number of laboratories with capactiy to perform CD4=1	1	☐
Number of service outlets providing counseling and testing according to national and international standards	6	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	250	☐

Target Populations:

Adults
Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
TB patients

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8342
Planned Funds:	$ 60,000.00

Activity Narrative: This activity also relates to 8340-AB, 8341-PMTCT, 8343-Palliative CareBasic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8347-Lab, 8345-SI, 8348-Other Policy.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services

HIV/AIDS Counseling and Testing (CT) is a recognized entry point for HIV-positive clients into HIV prevention, care, treatment and support services.
In a country with mature HIV interventions like Uganda, a desired goal for HIV prevention should be that every adult, including sexually active adolescents should know their HIV status.

Uganda launched a year of accelerated HIV prevention beginning 2006. For the uninfected, a negative HIV test result offers an opportunity for reinforcement of information and advice on safe behaviors. For infected individuals referral for care, treatment and support can be made early enough. In addition, prevention with positives interventions for those infected would further contribute to HIV prevention efforts. According to the Uganda HIV/AIDS Sero-Behavioral Survey [2005], 79% of HIV positive Ugandans do not know their sero-status due to stigma, poverty, insecurity, limited access and lack of information. In addition, 58% of all coupes are discordant. The two main challenges of HCT service provision is inadequate human resource and HIV test kits stock-outs.

In FY06 over I million Ugandans received HIV counseling and testing. The revised National policy for HCT was launched and disseminated to stakeholders. Currently there are over 450 testing sites nationwide. Nevertheless HCT access to the rural poor and special groups especially internally displaced persons, uniformed services, prisoners and hard to reach areas like fishing communities is still low.

By the end of FY07, approximately 2 million people through USG funding and support will access HCT. This will increase the National testing coverage by 10%.

In a bid to increase access to testing, Uganda has already embraced most of the latest innovations and approaches to providing HCT. The revised HCT policy now includes routine HCT in clinical settings and Home-based HCT. Currently Home-based HCT is being supported at district levels by CDC/PEPFAR funding. VCT remains the traditional approach to HCT. In the provision of HCT services, during the Post-test counseling protocol, referral linkages to treatment, care and support for all those testing HIV-positive is emphasized.

In FY 07, the main thrust for increasing access to HCT will be through VCT sites and Routine HIV counseling and testing in clinical settings. The Home based VCT services will be implemented by selected NGOs and some public facilities. VCT services will need support to conduct outreaches with emphasis on couple counseling in attempt to identify HIV discordance and reducer HIV transmission among couples. Additional resources for scaling-up VCT and Home Based HCT will be required from other donors.

The scale up of HCT in clinical settings is primarily the role of the Ministry of Health. This approach is vital for early diagnosis and treatment of HIV because in the health care settings, HIV prevalence ranges from 40-60% especially in medical wards.
Currently only 5 hospitals out of 102 provide Routine HIV Testing and Counseling services. Of the 102 hospitals 11 are regional hospitals. So far only 2 regional hospitals have capacity to provide HCT in clinical settings. The plan in FY 07 is to start HCT in the 9 Regional and Referral Hospitals. This mainly entails training of the service providers and supply of HIV test kits. Regional hospitals have 300 – 400 health workers. Starting RTC in 9 Regional hospitals implies training over 3000 health workers. Under the Strengthening of HIV counselor training project in Uganda (SCOT), standards for Routine HIV Testing and Counseling training have already been developed. Opportunities to expand these services through leveraging resources from several USG-supported projects will be explored.

Continued Associated Activity Information

Activity ID: 4403
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 49,154.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards	600	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Discordant couples
Infants
Pregnant women
Out-of-school youth
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
TB patients

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Medical Stores
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8351
Planned Funds: $ 3,645,000.00
Activity Narrative: This activity also relates to 8350-Lab.

In September 2004, National Medical Stores (NMS) was awarded funding by the United States Government through CDC to purchase, distribute and track HIV/AIDS-related laboratory supplies reagents and HIV test kits and accessories for all Health Center III facilities and above to the District Hospitals level. Under this funding FBO, NGO and private-not-for-profit health facilities are provided these HIV-related commodities through a partnership with the Joint Medical Stores (JMS). National Medical Stores is a parastatal organization responsible for the management of the national distribution-chain management of essential medicine kits, antiretroviral medicines, TB medicines, contraceptives and other basic medical and laboratory supplies. In FY05 the National Laboratory Logistics System for HIV/AIDS-related laboratory commodities was developed and is now fully functional with the first two push cycles distributed to the health units country wide in FY06.

Using the Navision 3.7 commodity tracking software, NMS has the ability to generate shipment and consumption reports of HIV/AIDS test kits and laboratory supplies tracked directly to each health facility. In addition, this logistics system allows for the integration of donated test kits and accessories from other sources, such as the Global Fund into the routine supply system for health commodities, thus providing a comprehensive mechanism to track current stock and forecast procurement.
With the USG funding assistance, NMS capacity to ensure the country's health commodity distribution system has been strengthened to handle the HIV/AIDS-related commodities and their timely delivery countrywide by equipping National Medical Stores with additional transport vehicles, warehouse equipment, and central and district cold-chain boxes. This is leveraged by additional funding sources that provided an electrical mobile cargo side loader of appropriate specification that will be installed at the Dispatch Bay, thus enabling faster dispatch of palletized district orders of HIV/AIDS related commodities.

Following the national HIV testing algorithm, National Medical Stores has to-date procured a total of 1,600,00- persons HIV tests and distributed 1,200,000 –persons test kits. To ensure a continuous supply, 600,000 persons tests is expected in the country by mid-November 2006 and the procurement order for the distribution cycle is in process. In FY07, the number of HIV test kits to be procured by National Medical stores will be increased to approximately 2,000,000 persons-tests which will provide for 40% of the MOH forecasted national testing requirements of 5,000,000 persons tests. To address the national "Know your status " drive, MoH requires an additional 2,000,000 persons tests. With challenges faced by other test kits providers, e.g. the Global Fund, the USG is currently perceived as the "solution" to this deficit. In addition an assessment of the national logistics system for HIV/AIDS laboratory supplies and accessories will be conducted to inform the plan for system strengthening.

plus ups: To support the increased demand for HCT services generated by the expansion of new HCT approaches such as provider initiated HCT; door to door HCT and partner/family HCT. The National Medical Stores (NMS) will prpcure and distribute HIV test kits and associated supplies to ensure a continous national supply

Continued Associated Activity Information

Activity ID: 4030
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Medical Stores

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,950,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.	600	☐
Number of Districts receiving HIV test kits and accessories every two months	76	☐
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Infants
Pregnant women
Children and youth (non-OVC)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Trea
Prime Partner: The AIDS Support Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8359
Planned Funds: $ 986,475.00
Activity Narrative: This activity also relates to 8358-Basic Health Care and Support, 8362-TB/HIV, 8360-ARV Drugs, 8361-ARV Services.

The program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related-support services to HIV positive adults, children and their family members. These services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing and psycho-social support.

Initiatives in FY07 will support clinical and related support services through an established network of urban and rural health facilities located throughout the country to ensure equitable access for treatment to an existing pool of 7,000 adults and pediatric patients. Comprehensive HIV support services will also be expanded to reach an additional 60,000 HIV positive individuals with prevention, care and treatment services as appropriate. A family-centered approach will be established, using the index HIV person to reach family members with confidential HIV counseling and testing, and care for those identified as HIV positive. All clients testing positive will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis information; a safe water vessel and chlorine solution; long-lasting insecticide treated bednets; condoms as appropriate; educational materials; and prevention with positives counseling.

Following national ART treatment guidelines and services criteria, each health center will be staffed with fully trained HIV clinical and ancillary health care professionals and establish systems to monitor patients in care for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. Prevention with positive interventions will be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Depending on the location of each health center, service delivery models will be developed to provide easy access to all in need of services, including facility-based, community-based, and home-based approaches, as well as outreach activities to ensure full coverage for the targeted population.

Continued Associated Activity Information

Activity ID: 4411
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The AIDS Support Organization
Mechanism: TASO CDC
Funding Source: GHAI
Planned Funds: $ 869,180.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	45	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	47,250	☐
Number of individuals trained in counseling and testing according to national and international standards	165	☐

Target Populations:

Disabled populations
Discordant couples
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Laboratory workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	TASO CDC
Prime Partner:	The AIDS Support Organization
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8363
Planned Funds:	$ 600,000.00

Activity Narrative: This activity also relates to 8365-Other/Policy.

The Strengthening Counselor Training project (SCOT) is a stakeholders' partnership for organizations involved in HIV/AIDS Counselor training and service delivery. The project is directly supervised by TASO Uganda on behalf of the partners and works closely with the MOH, AIDS care organizations, providers of HIV/AIDS counselor training services, PHA networks, Uganda AIDS Commission and Uganda Counseling Association. The aim of the SCOT project is to improve the quality of counselor training and at the same time respond to the increasing demand for training counselors to support expansion of prevention, care and treatment activities in Uganda. SCOT is focusing on standardizing training curricula, building the capacity of institutions to implement provider materials, facilitate the development of criteria for certification of counselors and work with partners to develop a system of accrediting institutions for training counselors. There are regular stakeholder meetings to determine strategy, work plans and budgets for the project. SCOT receives technical assistance from the California STD/HIV prevention training center (CAPTC) as a subcontractor.

In FY06, 40 people from stakeholder organizations were trained in curriculum development and have supported SCOT in reviewing the Home Based Counseling and Testing curriculum and the Routine Testing and Counseling curriculum. SCOT has also supported the MOH and the CPHL to customize the WHO/CDC HIV Rapid testing curriculum which is now the national standard for training in rapid testing. 25 trainers were trained in the use of the HIV rapid testing curriculum and these have rolled out training to laboratory personnel and other service providers nationwide. The HBHCT and RTC curricula have been updated and SCOT has trained 60 national level trainers in the use of the HBHCT curriculum. These trainers have in turn trained over 510 service providers from TASO, Mildmay, PREFA, Kumi District, ICOBI, Reach Out Mbuya, IMAU, and Ministry of Health. These service providers are involved in implementing Home Based Counseling and Testing. 20 national trainers have been trained in the use of the updated RTC curriculum and these will support the Ministry of Health and NGOs to scale up RTC services in Hospitals. SCOT will support MOH to train health workers from 2 regional hospitals to conduct RTC. A counselor training needs assessment to determine key areas for development of counselor training curricula has been conducted and the results thereof shall be disseminated in October 06. This assessment highlighted the need for curricula in the areas of Child counseling, ART counseling, Stigma reduction, discordance, sero status disclosure and counselor supervision. As a result of this, SCOT is developing the ART curriculum for counselors to improve the skills of service providers in providing counseling support to PHA receiving ART. Development of this curriculum shall be followed by a TOT for 20 trainers. SCOT will give out 200 scholarships in FY06 for staff of stakeholder organizations to attend short counselor training courses. 50 scholarships have so far been given out to TASO, AIC, NACWOLA, PIDC, JCRC, and Reach Out for child counseling and HBHCT courses. SCOT has provided support to the Uganda Counseling Association to set up a secretariat by procuring office equipment and to organize a National conference for counselors. SCOT has established a resource center with reference materials for counselors and counselor trainers in print and electronic form. The recently concluded review of the ART service delivery program highlighted the missed opportunities for integrating messages regarding prevention with positives, family planning, and STIs during care and treatment of HIV positive individuals. This review recommended an increased focus on the integration of prevention activities in care and treatment programs, an improvement in prevention and counseling activities in general, and increasing the availability of materials for use in client-provider interaction in addition to improving the quality of counseling skills of clinical and non-clinical staff. SCOT has received supplemental funds for developing training materials for positive prevention and integration of FP together with ACQUIRE. Additional staff have been recruited including PHA trainers to strengthen the technical team at the SCOT secretariat and extra office equipment has been procured. A performance needs assessment is being conducted to determine gaps in positive prevention among service providers in AIDS Service Organizations and Peer Educators and Peer Counselors. A curriculum for positive prevention will be developed and will be used to train 60 trainers and 500 service providers from various organizations implementing positive prevention, and 250 PHA peer counselors and educators to conduct positive prevention counseling and education.

This proposal for funding for FY07 shall further improve the quality and access of HIV

counseling services in the country by supporting training care providers in public and NGO health care facilities as well as PHA networks. The HBHCT, RTC and basic HIV counseling and Testing (HCT) curricula shall be reviewed and updated. The child counseling and counselor support supervision curricula shall be developed. For each curriculum, accompanying training materials will be developed. 1200 copies of the child counseling and RTC curricula and accompanying materials will be produced. 20 trainers shall be trained for each of the following curricula: HBHCT, Child counseling, RTC, Counselor support supervision, ART counseling. These shall support the training of 640 service providers for various organizations. 95 scholarships shall be given to individuals from stakeholder organizations to attend accredited HIV counseling courses. The resource center at SCOT shall be further equipped with reference materials and equipment to the benefit of counselors and counselor trainers.

Continued Associated Activity Information

Activity ID:	4411
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	The AIDS Support Organization
Mechanism:	TASO CDC
Funding Source:	GHAI
Planned Funds:	$ 869,180.00

Emphasis Areas	**% Of Effort**
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	785	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Religious leaders
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8388
Planned Funds: $ 138,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Prevention, 8386-Palliative Care;Basic Health Care & Support, 8391-ARV Services, 8987-Palliative Care;TB/HIV, 8387-SI, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (ref. FY06 COP:$250,000 for ARVs, $250,000 for services).

The USG program has been highly successful in establishing, over the past 3 years, 13 CT centers across the military units and across the country. There has been a strong uptake of testing, which has in part been facilitated by the awareness and counseling services of the PTCs. This is in the process of being extended into hospitals and clinics (RTC), and as with the VTC centers, testing is linked to clinical services.

For 07, there will be continued support for the established CT centers, continuation of RCT, with a new activity of adding 2 mobile testing and counseling services teams. This will allow reach of military personnel and their family members that are not co-located with a military clinic and can be linked with other palliative care services for these hard to reach populations. One of the teams will be operating from the Gulu based static center to cover Gulu, Kitgum, Apac, and Adjumani. The other mobile team will be based in the eastern part of the country, in Mbale, to cover Tororo, Soroti, Katakwi, Moroto, and Kotido. It is estimated that an additional 8,000 additional people will be reached by the mobile teams.

Continued Associated Activity Information

Activity ID: 3970
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 138,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets providing counseling and testing according to national and international standards	13	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

Doctors
Nurses
Discordant couples
Military personnel
Men (including men of reproductive age)
Women (including women of reproductive age)
Laboratory workers

Key Legislative Issues

Gender

Stigma and discrimination

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8404
Planned Funds:	$ 3,345,000.00

Activity Narrative: This activity also relates to Abstinence/Be Faithful (8406), Condoms and Other Prevention (8403), Palliative Care: Basic Health Care (8405) and Palliative Care: TB/HIV (9058).

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide the public with Voluntary Counseling and Testing (VCT) services on the premise that knowledge of ones own sera-status is an important determinant in controlling the spread of HIV. AIC also uses HCT as an entry point to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, PMTCT services and ART referrals and other care and support services. In FY 07 AIC will continue contributing towards the national efforts of decreasing the 79% of people living with HIV/AIDS who do not know their HIV aerostats (Uganda Behavioral sero-survey 2005).

Achievements to date: 262 service providers trained in counseling and testing according to national standards from 170 functional HCT outlets to reach 120,503 individuals who have been counseled, test and received results.

In FY 07, AIC will support MOH to scale up the implementation of Routine counseling and testing (RTC) a new government policy on HCT. AIC in collaboration with MOH will provide counseling and testing services to 56 public hospitals and Health centers IVs. These services will target in inpatients that include men, women and children coming to seek other health services. It is expected that 10,800 people will receive counseling and testing services from the RTC approach. AIC will continue to provide counseling and testing services to clients at 7 main branches (this excludes districts falling within the new Northern Uganda Malaria, AIDS & TB project).

In FY 07, AIC will scale up activities targeting couples by introducing free HIV testing and counseling on specific days, increasing couple clubs from the 4 existing ones to 7 and providing training in key communication skills and prevention of gender based violence among couples. Discordant couples clubs will provide psychosocial support to help members cope with HIV discordance and disclosure, sharing of personal testimonies, promotes and advocate for the benefits of couple testing and receiving results together with the general community. All these interventions are aimed at increasing HCT service uptake and access to couples as well as addressing issues of non disclosure related to discordant results. It is estimated that 30,000 couples will be reached with HCT in this funding period.

Another component of this activity is increasing youth access to HCT services. Funding will be used to scale up HCT services to reach more youth by adding youth centers in the other AIC branches. Youth will be encouraged through AIC led Radio programs, Post test club activities in the community to participate in AIC – Youth activities. Youth friendly services and activities be supported include education talks on STIs as well as treatment and responsible sexuality, Family planning services, Life skills training, specific training in prevention of gender based violence, and basic income generating skills. It is estimated that 39,500 youth both in and out of school will be targeted in this funding period.

AIC will scale up its strategy of increasing access of HCT services to Most At Risk Populations(MARPS) who include fishing communities, commercial sex workers uniformed personnel and sexually active youth in higher institutions of learning. Through increasing HCT outreaches and community mobilization activities led by PTCs, fishing communities will be mobilized for HCT services during specific days of the week. AIC counselors and medical staff will be available at the targeted landing sites on the agreed days and time to provide education on HIV/AIDS, family planning, STI information and TB screening through providing counseling and testing to individuals and couples. The number of landing sites that AIC will provide HCT services will increase from 5 to 10 in FY 07. It is estimated that a total of 7,800 people in fishing communities will be reached with HCT services in this funding period. Commercial sex workers (CSW) are another group at risk that AIC will increase its focus for HCT services. In collaboration with AMREF in Kawempe division , AIC will continue to provide HCT services as well as training of peer educators among CSWs, who will reach out their fellow peers in lodges and brothels with information and condoms and well as encouraging them to access HCT services. In towns of Kampala, Jinja, Mbale and Mbarara mobilization and HIV/AIDS education activities for lodge and bar

owners will be increased and counselors will reach out to the private places provided by lodge owners to provide HCT services to CSWs. It is estimated that 4,300 CSWs will be reached with HCT services. Uniformed personnel will also be reached with HCT services provided by each AIC branch. The uniformed personnel include police and prison services, private security firms and army detaches in the field that are not directly covered by the UPDF medical services. A total of 2,000 uniformed personnel will be reached with HCT services. AIC procurement of test kits is largely for AIC branches and their supported sites, but also functions as a back up to their National system in case of acute short outs.

OGAC Reviews: Please clarify Activity 8404 (AIC) – There are 1229 people targeted for training, but no mention in the narrative.

We will update the COP. For information an estimated 1,229 service providers for AIC and partners will receive training and appropriate support supervision to meet the increasing demand for counseling and testing services. Personnel to be trained include 541 counselors, 176 lab technicians, 152 HCT Supervisors and 360 HCT service providers.

plus ups: As part of AIC's support supervision at its branches and in several Ministry of Health sites providing CT, AIC will partner with MOH, particularly the Quality Assurance Unit, the HIV rapid testing training coordination unit at CPHL/UVRI and district-level laboratories to implement the quality assurance plan from the MOH. Support supervision through external quality assurance will include monitoring of adherence to set quality CT standards, identifying personnel for training in rapid testing, use of finger stick technology for non-laboratory staff by the appropriate partner, promotion of post test counseling and managing referrals.

Continued Associated Activity Information

Activity ID:	3194
USG Agency:	U.S. Agency for International Development
Prime Partner:	AIDS Information Centre
Mechanism:	AIC USAID
Funding Source:	GHAI
Planned Funds:	$ 2,765,557.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets providing counseling and testing according to national and international standards	175	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	390,000	☐
Number of individuals trained in counseling and testing according to national and international standards	1,229	☐

Target Populations:

Adults
Mobile populations
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Arua

Jinja

Kabale

Kampala

Kamuli

Kayunga

Mbale

Mbarara

Nebbi

Soroti

Tororo

Mpigi

Rukungiri

Wakiso

Amuria

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Northern Corridor Program/Uganda Section
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8417
Planned Funds:	$ 375,000.00

Activity Narrative: This activity relates specifically to activities funded under Abstinence/Being Faithful (9169), Other Prevention (8416), Palliative Care: Basic (8418) and Orphans and Vulnerable Children (9176).
Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (Mars), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With FY 2007 funds, ROADS will extend and strengthen ongoing activities in Busia and Malaba (Uganda-Kenya border) while expanding to Katuna (Uganda-Rwanda border). The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

At the end of 2003, approximately 5.7 percent of Ugandans (15-49) in the Eastern Region were infected with HIV, with prevalence rates among women significantly higher than those among men. In Busia, Malaba and Katuna, major hubs for goods transported from the Port of Mombasa to the Great Lakes Region. HIV prevalence exceeds the national estimate, with alarming levels of unprotected sex and untreated sexually transmitted infections. In Busia District, adult HIV prevalence is estimated to be 5.0 percent. Service statistics indicate that prevalence spikes to more than 20 percent in Busia Town. In Tororo District, location of the Malaba border crossing, adult HIV prevalence is estimated to be 6.3 percent. Estimated HIV prevalence in Western Region, location of the Katuna border crossing, is 6.9 percent, with prevalence reportedly much higher in Katuna Town. These communities, ranging from 10,000-30,000 people not including the mobile populations that spend time there are sizable. In the three sites, truck drivers can spend up to a week waiting to clear customs. The combination of poverty, high concentration of transient workers, high HIV prevalence, sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. Busia, Malaba and Katuna are also bridges of infection to the rest of the country. Counseling and testing (C&T) services in Busia, Malaba and Katuna remain significantly underdeveloped and are inadequate to meet increasing demand. For example, Malaba Health Centre 3 is the only C&T site in Malaba. This site, established with resources contributed by community residents, does not have security, electricity or running water necessary to maintain viable C&T services. With upgraded infrastructure through support to counseling rooms and laboratory, C&T in Malaba will expand satisfactorily, thereby fueling uptake of HIV care, support and treatment services. In Busia, lack of quality C&T leads many people to cross into Kenya for this service. In Katuna, the busier and more populous side of the Uganda-Rwanda border, individuals interested in C&T must travel 20 kilometers to the nearest C&T site. In our interactions with truck drivers, they expressed that one of the greatest barriers to C&T is that these services are often inaccessible due to distance from the truck stops and the designated time that service is availed. Service outlets are often closed for the day when truckers get into the site in the evenings.

Since launching SafeTStop in Busia and Malaba in mid-2006, ROADS has referred more than 1,500 people for C&T, while training 150 community counselors. This has been accomplished in partnership with local health providers and associations of people living with HIV and AIDS. The ROADS "cluster" model, which mobilizes more than 100 community- and faith-based groups, has generated significant interest and demand in C&T, which at present is greatly exceeding the capacity of local C&T services. With FY 2007 funding, the project will continue to build demand for C&T services, expanding C&T sites to ensure services are widely accessible to MARPs in project sites. Recognizing the shortage of trained counselors in all three sites, the project will train 75 individuals in C&T according to national standards and provide 5,000 people with C&T services. Activities will include targeted renovations at Malaba Health Centre 3 (counseling rooms and laboratory), purchase of test kits as needed and limited equipment procurement to bring this facility up to national standards. In Busia, ROADS will work with Friends of Christ – Revival Ministries to expand their nascent C&T outreach service. In conjunction with ROADS partner Howard University/PACE Center, the Pharmaceutical Society and Pharmacy Board of Uganda, and the Uganda Ministry of Health, the project will test an innovative

strategy to provide evening C&T services in pharmacies/drug shops and the SafeTStop resource centers. Importantly, ROADS will organize meetings between C&T staff, health providers and community caregivers to ensure C&T clients are referred to and can access follow-up services. As a wrap-around to C&T, the project will address gender barriers to uptake of C&T and safe disclosure of results. In total, ROADS will expand C&T through 15 sites, based at health facilities, pharmacies and SafeTStop resource centers.
Most of the funding under this program will go into increasing access and utilization of counseling and testing services, brokering with counseling and testing providers and linkages to referrals for care and support.
Not all funding for this activity will go for direct counseling and testing provision. Most of the resources will go towards community awareness, utilization of counseling and testing services and linkages to referrals for care and support.

Continued Associated Activity Information

Activity ID:	4509
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Northern Corridor Program/Uganda Section
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	90	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards	75	☐

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Truck drivers
People living with HIV/AIDS
Secondary school students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Host country government workers
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

Busia

Kabale

Tororo

Table 3.3.09: Activities by Funding Mechanism

Mechanism: IRCU
Prime Partner: Inter-Religious Council of Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8424
Planned Funds: $ 600,000.00

Activity Narrative:

This activity is closely linked to HIV prevention (8426), Palliative care: basic (8422), OVC (8427), Treatment: ARV drugs (8428), ARV Services (8425) and Laboratory Support (9455).The Inter-Religious Council of Uganda (IRCU) is an indigenous, faith-based organization uniting the efforts of five major religious institutions of Uganda including Catholics, Anglican Protestants, Muslims, Orthodox and Seventh Day Adventists to jointly address HIV/AIDS and other development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. Through its religious affiliates, IRCU encompasses a nation-wide network of not-for-profit hospitals and clinics as well as faith-based and community organizations, providing an array of HIV/AIDS services including prevention, care and support to affected individuals, families. IRCU has received PEPFAR funds since 2004 and has developed a sub-granting program through which resources are channeled to faith-based organizations.

In FY07, IRCU plans to expand access to quality HIV counseling and testing (HCT) services through twenty faith-based palliative care and treatment sites. HCT will be provided as an entry point to and will be linked to care and treatment. All individuals testing positive will be linked to care and where necessary, ART through a developed and monitored referral system. Religious leaders will be utilized to play key roles in raising community awareness on HCT, refer individuals for services and provide basic intermediate care for those testing HIV positive. Using FY06 funds, IRCU has trained several community level religious leaders and pastoral agents to integrate HIV/AIDS messages including HCT in their routine work. IRCU will also provide support to Post-Test Clubs composed of individuals who graduate from HCT services and use these groups to further raise advocacy for HCT in communities and also serve as a support system especially for those testing HIV-positive.

In partnership with other USAID-funded partners, including the AIDS Information Center (AIC), AMREF, and the CDC-funded Mbarara/Mulago Joint AIDS Program, IRCU will continue to build the capacity within its supported health facilities to deliver quality HCT. Focus will be put on training laboratory staff in new HCT technologies including rapid testing and the new finger prick approach. Similarly counselors will receive more training on emerging HIV/AIDS challenges, particularly the rising HIV discordance among couples and how to appropriately assist clients in these situations. 85 counselors, 34 laboratory technicians and 1,000 community level religious leaders will be trained in HCT delivery and mobilization. Where need arises, more counseling rooms will be refurbished to enhance confidentiality in service delivery. To ensure quality assurance, health facilities will be required to send samples of specimens and test results from their laboratories for re-testing and comparison with other major HCT providers in Uganda.

IRCU will also support the introduction of provider-initiated counseling and testing, commonly known as Routine Testing and Counseling (RTC)) as part of the routine clinical investigations within the twenty faith-based health units. RTC will primarily be targeted at in-patients, STI clinic attendees, TB wards and antenatal clinics and it is envisaged to enhance access to early comprehensive care for individuals. Currently HIV prevalence among in-patients in Uganda is estimated to be between 40% and 60%. With no access to HCT, HIV remains undiagnosed and hence patients continue to receive inappropriate care. To ensure quality and cost-effectiveness of care, service providers will be trained to emphasize risk assessment especially among those testing HIV-negative with the aim of reducing the need for repeat tests and also crafting appropriate interventions to reduce the risk of HIV infection. Individuals who test negative will be referred for on-going HIV prevention information delivered through networks of religious organizations and institutions.

Stable supply of test kits and other laboratory supplies will be critical to this activity. IRCU will utilize test kits supplied through the national system but will also develop procurement systems which can be used for chronic stock outs in the system. IRCU will also ensure that HCT is provided within the MOH guidelines and that testing protocols are harmonized with the national HCT policy and guidelines.

Through this activity, IRCU targets to access counseling and testing to 58,000 individuals through twenty sites. 85 counselors, 34 laboratory technicians and 1,000 community level religious leaders will be trained.

Continued Associated Activity Information

Activity ID:	4365
USG Agency:	U.S. Agency for International Development
Prime Partner:	Inter-Religious Council of Uganda
Mechanism:	IRCU
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	58,000	☐
Number of individuals trained in counseling and testing according to national and international standards	119	☐

Target Populations:

Adults
Community leaders
Refugees/internally displaced persons
Orphans and vulnerable children
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
TB patients

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arua

Bushenyi

Iganga

Jinja

Kampala

Kasese

Kitgum

Kumi

Lira

Luwero

Mbarara

Mukono

Nebbi

Rakai

Rukungiri

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8433
Planned Funds:	$ 700,000.00

Activity Narrative: This activity also relates to activities in Abstinence and Being Faithful (8437), PMTCT (8434), Condoms and Other Prevention (8432), Palliative Care: BasicHealth Care and Support (8435), Palliative Care: TB/HIV (8431), Strategic Information (8436), Other/Policy Analysis and Systems Strengthening (8838) as well as Treatment: ARV Services (8845).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Achievements to date: 98,980 individuals have been counseled, tested and received results; 165 individuals have been trained in counseling and testing according to national standards; and 404 HCT service outlets are providing HCT services.

According to the 2005 Uganda HIV/AIDS Sero-Behavioural Survey 2004-05, 79% of HIV-positive Ugandans do not know their HIV sero-status due to various reasons including limited access to HIV counseling and testing (HCT) services. This funding will assist UPHOLD to contribute towards increasing accessibility to HCT services particularly among the rural poor and hard-to-reach high risk populations including the fishing communities, internally displaced persons, motorcycle drivers in major town centres (commonly known as 'Boda boda' in Uganda) and out-of-school youth. Home-to-home and family-based HIV counseling and testing will be utilized. Additionally, individuals will be encouraged to test through testimonials by those who have tested. Counseling and testing will be implemented in 28 districts (including 8 that were formerly shared with the just concluded AIM program and the newly gazetted districts). A key target for FY07 is to provide integrated HCT services to 150,000 individuals. This target is expected to be achieved through supporting partners including 35 CSOs, 215 static sites including hospitals, HC IV and HC III including 100 formerly supported by AIM, and 40 new private-for-profit clinics), and a total of 285 outreach outlets. Outreaches will prioritize locations near high activity areas like communal markets, landing sites for fishing communities, camps for internally displaced persons (in Katakwi district), tertiary institutions and trading centres. UPHOLD will transition out of the North in FY07 with the start up of the new Northern Uganda Program.

Another component of this activity includes training of health service providers such as counselors, laboratory staff, and data assistants to support the roll-out of the new routine counseling and testing (RCT) policy in UPHOLD supported health facilities(both public and private).Training activities will mainly focus on strengthening counseling skills, logistics and records management, laboratory services, referral and general patient care with an aim of improving provision of integrated HIV counseling and testing/tuberculosis and sexually transmitted infection service delivery mainly targeting pregnant women, couples, patients with TB symptoms and children born to HIV+ positive mothers. A total of 750 personnel will be trained.

In order to strengthen the planned activities, there will be increased support for and utilization of post test services through post test clubs (PTCs) and promotion of awareness about discordance and disclosure. People living with HIV/AIDS (PLHA) networks and PTCs will be strengthened by providing them with counseling and advocacy training so that they can effectively engage in peer psychosocial support, community mobilization activities and link PLHAs to care and treatment services. Couple counseling and testing will be promoted through use of 'model couples' in PTCs and information, education and communication activities. Prevention of gender based violence (GBV) will also be supported by training and conducting support supervision of all the CSOs and supporting them to conduct action oriented community dialogue on GBV issues. The training and the post training support supervision that will be provided to public heath units, CSOs and private clinics will principally aim at building the capacity of existing institutions, supporting sustainability and harnessing the synergies of the private and public sectors and enhancing inter-sectoral co-ordination and referrals for other HIV/AIDS services.

An additional component of this program area will focus on increasing awareness about use and benefits of HCT services through targeted and participatory community mobilization interventions which will mainly be channeled through local communication outlets such as local theatre/drama groups. The key legislative areas to be addressed include issues of gender equity and prevention of gender based violence, stigma and discrimination, denial, routine counseling and testing, couple dialogue and counseling and testing together, male norms about masculinity, early marriages, multiple sexual partners and transactional sex as well as linkages to other prevention, care and treatment services.

Continued Associated Activity Information

Activity ID: 3952
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: UPHOLD
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	500	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	150,000	☐
Number of individuals trained in counseling and testing according to national and international standards	750	☐

Target Populations:

Adults
Disabled populations
HIV/AIDS-affected families
Mobile populations
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
TB patients

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Gender

Coverage Areas

Bugiri

Bundibugyo

Kamuli

Kyenjojo

Luwero

Mayuge

Mbarara

Nakapiripirit

Rakai

Wakiso

Arua

Bushenyi

Katakwi

Mubende

Pallisa

Rukungiri

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8470
Planned Funds:	$ 500,000.00

Activity Narrative: This activity also relates to Abstinence/Being Faithful (8775), Condoms and Other Prevention (8467), Palliative Care: Basic Health Care and Support (8468), Palliative Care: TB/HIV (8469), Counseling and Testing (8470) , Treatment :ARV Services (8472), Laboratory Infrastructure (8473), Strategic Information (8474) and Other /Policy System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources. Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end in FY07, and NUMAT will serve as the primary district based HIV/AIDS program for the USG.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In the Acholi region, where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

In view of the acute human resource constraints facing the conflict affected districts of the North, one specific area that the project will put focus on is to work with other stakeholders to innovatively address the critical human resource gaps in the region. NUMAT will collaborate with UNICEF and the MOH in the implementation of the minimum package of Health Facilities support and with others to design and implement appropriate incentive packages that will be linked to a broad human resource support strategy in conflict and post conflict districts.

NUMAT will also work in close collaboration with all of the key stakeholders supporting the North including the GOU, local government political and technical officials, UN agencies, humanitarian organizations, local faith and community based organizations and USG supported activities. Organizations specifically supporting CT include the Military, UNICEF and PSI.

The planned key achievements in year 1 include: Building and strengthening the capacity of all hospitals, HC1V to offer HCT services including RHCT. Outreaches to camps beyond the municipalities will be supported through HCIVs and HC3's where capacity existis.

Year 2 activities will build on year 1 achievements and will include: working closely with central and local governments (MOH), CSOs and the private sector, to develop HCT services tailored to individual, family and community needs and expectations and to most at risk populations, particularly uniformed services, IDPs, and commercial sex workers. The project will emphasize scaling up HCT services to reach peripheral communities, especially those in IDP camps.

HCT promotion and community mobilization will focus on IDPs, military and commercial sex workers. IEC/BCC materials will be translated and/or adapted for relevant languages and cultures. Post test clubs will be supported at each health unit providing HCT as well as in all camps that do not currently have such groups. Each PTC will be supported to: sensitize and mobilize key populations to access HCT, offer ongoing counseling to members through trained psychosocial support counselors, offer regular educational talks and recreation, and train peer educators. Activities in the first year include conducting PTC needs assessments, feed back meetings, planning meeting and equipping the new PTCs.

The project will implement a variety of complementary service delivery models, including

RHCT in established health units, integrated outreach including HCT, and other innovations that meet the needs of IDPs and returnees. For RHCT, hospitals, HC IVs and IIIs, will be strengthened to develop systems that target the most at-risk clients including those on medical wards presenting with STIs and TB. NUMAT will also scale up HCT to selected level HC IIIs. Hospitals and HC IVs with sufficient human capacity will be supported to conduct at least two integrated outreach efforts per month. These will be initially to HC III facilities that do not have the capability to offer these services. This scenario will be promoted more in the Lango region where most of the IDPs are back in their communities and can access services at HCIII. The project will train staff with a focus on couples counseling and pediatric testing, perform modest rehabilitation, equip laboratories and form alliances with CBOs to provide counseling and referral to static and outreach sites. In Acholi, where possible, outreach will be done in HCIII. However since most of the population is living in peripheral camps and far from health centers, we will offer confidential services in temporary structures such as mobile tents. Mindful of the rapidly evolving situation, the project will also quickly begin working with existing HCIII in Acholi so that as people return to their homes, services will be available.

Logistical support will be provided by regional offices and will work in partnership with SCMS and Deliver II to support the pull system and to strengthen capacity in lower level facilities, including training and mentoring of health workers, forecasting and delivery of test kits and related commodities.

Referrals to care and support will be facilitates to ensure that those tested can access a wide range of services including wrap around services. PTCs and PHA groups will act as one avenue for this. However, referral mechanisms will be developed (or strengthened where e existing) suitable for specific intra facility referrals and also within a given geographical area.

Continued Associated Activity Information

Activity ID:	4702
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	36	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	34,000	☐
Number of individuals trained in counseling and testing according to national and international standards	58	☐

Target Populations:

Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Volunteers
Out-of-school youth
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Education Sector Workplace AIDS Policy Implementation
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8479
Planned Funds: $ 104,000.00
Activity Narrative: This activity also relates to activities in Palliative care: Basic Health Care and Support (8480) and Condoms and Other Prevention (8478). Building on USG public sector programs, this activity continues to serve as the USG prime mechanism for leveraging the public sector support to increase access to and use of AIDS treatment, prevention and care services in the Education sector.

Achievements to date: 5,700 individuals have been reached with IEC/BCC promoting the benefits of HCT, of whom 1,800 have been tested and received results. The project has also supported 8 HCT facilities to provide outreach services in the project catchment area.

The 2005 Uganda HIV/AIDS Sero-Behavioural Survey Report (UHSBS) indicates that 79% of HIV-positive Ugandans do not know their HIV sero-status. UDHS (2002) and other surveys estimate that only 15% of Ugandans have ever taken an HIV test. Yet, Counseling and Testing for HIV/AIDS is recognized as a gateway to HIV/AIDS prevention, care, treatment and support interventions. ESWAPI will continue increasing demand and utilization of CT services among teachers and MoES employees for enhancing primary and secondary HIV/AIDS prevention and as an entry point to care, treatment and support.

In 2007, the ESWAPI project will expand promotion of HCT beyond the eastern region to education workplaces in northern, western and central Uganda emphasizing comprehensive benefits of CT in general and couples counseling and mutual disclosure in particular. Couples Testing, mutual disclosure and awareness of partner's status will be promoted among married teachers and MoES employees to reduce the risk of spouses ignorantly continuing with unsafe sex. Discordant couples will be identified, counseled and referred for further support in practicing safer sex and positive living (for the infected partner). HCT promotion will be achieved through dissemination of IEC messages and awareness by the project team (BCAs) to the beneficiaries. Post-test referrals and education on post-test choices for both those with negative and positive test results will be an integral part of the HCT activity so as to enhance primary and secondary prevention as well as increased teachers access to a full continuum of care through the network model. Updated HCT service directories highlighting places where HCT services are offered will be provided through BCAs. MoES leaders, Tutors, CCTs, Head teachers and other education managers who be mobilized and encouraged to lead by example by publicly taking HIV tests.

To increase access and availability of CT services to hard to reach education workplaces, ESWAPI will continue facilitating CT service providers to take outreach HCT services to schools and other education workplaces. Experience from the past year indicates that teachers prefer testing services provided within a school setting and targeted at teachers than moving to health units where they mix with other members of the public.

Continued Associated Activity Information

Activity ID: 4447
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: Education Sector Workplace AIDS Policy Implementation
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets providing counseling and testing according to national and international standards	100	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Teachers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Busia

Gulu

Kabale

Kaberamaido

Kapchorwa

Katakwi

Kisoro

Kitgum

Kumi

Kyenjojo

Lira

Nakasongola

Rakai

Sembabule

Soroti

Tororo

Luwero

Masaka

Pallisa

Sironko

Kiboga

Mubende

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Routine Counseling and Testing in Two District Hospitals
Prime Partner:	Research Triangle International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8518
Planned Funds:	$ 750,000.00

Activity Narrative: This activity also relates to activities numbers: 8540-AB, 8517-Palliative Care;Basic Health Care and Support, 8539-Palliative Care;TB/HIV, 9636-Condoms and Other Prevention.

Research Triangle Institute (RTI International) is an international, independent not-for-profit organization dedicated to improving the human condition through multidisciplinary technical assistance, training and research services that meet the highest standards of professional performance. RTI is partnering with AIDS Healthcare Foundation (AHF) to support the Uganda Ministry of Health (MOH) in providing Routine HIV Testing and Counseling (RTC) and basic care (BC) services to patients in district hospitals and health center (HC) IV facilities. In this partnership RTI contributes to the national response to address the significant service gaps that still exist in the provision of HIV counseling and testing (HCT) services in Uganda. Currently, HCT services are available mainly in select district and regional hospitals. In some cases, even the available services are accessible only to selected population groups; e.g., pregnant women through antenatal clinics. Frequent shortages of HIV test kits and poor (and at times absent) testing and counseling support due to limited laboratory and human resources capacity further reduce access to HCT by the population. Fear of stigma and violence in case of an HIV-positive result also still hinder effective utilization of HCT services.

Currently, the RTC/BC program is being implemented in six health facilities in Kaberamaido, Mpigi and Masindi districts. A number of accomplishments have been made that include the following. RTI contributed to the development of materials for use in training and implementing RTC activities by health workers in collaboration with several other partners in the country. These materials which include training manuals, provider cue cards, standard operating procedures and implementation protocols have been useful in the harmonization of HCT training programs for health workers around the country. Using these training materials, RTI has trained 645 health workers in RTC/BC implementation from target health facilities in Kaberamaido, Mpigi and Masindi districts. By the end of July, 2006, a total of 35,426 persons had been counseled and tested for HIV in Kaberamaido and Mpigi while Masindi health facilities started RTC activities in August 2006. Four additional HCIV facilities will be added to the program by November 2006 and it is hoped that by the end of FY06, more than 55,000 persons will have been tested under this program. RTI has also conducted several sensitization meetings with health facility, district and community leaders so as to increase program awareness. Information, education and communication (IEC) materials have been developed in English and local languages for distribution in target health facilities so as to further inform patients and health workers about the program. The program has adapted MOH health management information (HMIS) tools to generate accurate RTC/BC data.

The proposed FY07 activities aim at consolidating and expanding the model RTC and BC program in the target districts and facilities, as part of the routine health care package. RTI has ensured district and health unit ownership of the RTC/BC program through identification and training of local district staff and having the program actively incorporated in district health plans. The program will promote activities that emphasize combining HIV testing with counseling and equipping of patients with important information that will enable them to change behaviors so as to reduce sexual and vertical (mother-to-child) transmission of HIV once they know their sero-status after testing. This program will be part of a sustained holistic approach to increasing a wide range of HIV/AIDS-related services available along a continuum of prevention, care, and treatment. During FY07, RTI will scale up project activities to four new health facilities in Kasese district that has been identified in consultation with MOH. This scale up will lead to a total of 14 health facilities where the program will be working in FY07, each with an average attendance of 1,100 patients per month. Technical support supervision and in-service training will be provided so as to help build the capacity of health workers to implement CT and to maintain a high quality of service delivery. Standard operating procedures and protocols for implementation of RTC will be distributed to the news sites. Partner testing will be strengthened through use of index patients as a point of entry to the family so as to provide HCT to the other family members (spouses and children). In the case of infant testing, the program will develop protocols and strengthen mechanisms for transporting specimens from lower level facilities to referral laboratories for conducting polymerase chain reaction (PCR) HIV testing on the dry blood spot samples and for submitting results back to the facilities. To increase utilization of CT services, sensitization meetings will be held with key community leaders in the areas surrounding the new project facilities. The

program will also produce IEC materials on RTC and BC which will be disseminated in the health facilities and where appropriate to community leaders. RTI will collaborate with other partners to strengthen logistics management so as to minimize stock-outs. Technical support will be provided to improve the collection, analysis, distribution and use of data on routine HIV counseling and testing so as to inform and improve program activities.

plus ups: To expand Routine HIV counseling and testing services in the district hospitals and lower level health units. RTI will collaborate with districts and communities to consolidate and expand RTC services in 4 additional districts as part of the routine health care package

Continued Associated Activity Information

Activity ID: 4045
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Research Triangle International
Mechanism: Routine Counseling and Testing in Two District Hospitals
Funding Source: GHAI
Planned Funds: $ 233,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT	0	☐
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	26	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	261,000	☐
Number of individuals trained in counseling and testing according to national and international standards	450	☐

Target Populations:

Adults
Disabled populations
Doctors
Nurses
Pharmacists
Most at risk populations
Discordant couples
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
TB patients

Coverage Areas

Kaberamaido

Mpigi

Kasese

Masindi

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Makerere University Walter Reed Project (MUWRP)
Prime Partner:	Walter Reed
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8543
Planned Funds:	$ 216,000.00

Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8531-OVC, 8527-ARV Services, 8528-Lab, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing.
These activities link to MUWRP activities under Treatment, Care, Prevention, Laboratory, OVC and SI. ART was first made available in Kayunga District in April 2005. Since that time the number of residents who have sought out VCT services has increased more than 20 fold going from 40 individuals tested during the month of May 2005 to more than 800 individuals tested during May 2006. District Health authorities have been unable to meet escalating VCT demands and many Kayunga residents are turned away from VCT venues each month due to lack of resources and test kits. This represents a serious lost opportunity to reach potential patients in need of HIV care and treatment. In Kayunga District, where most of the populace lives in very rural villages, people must travel great distances (expending important individual resources) in order to take this first step toward knowing their status and accessing HIV care and treatment. Also, as rapid ART scale up is occurring in Kayunga, it is becoming increasingly obvious that provider initiated CT services need to be expanded to at least the three in-patient facilities where ART is being provided in Kayunga. The increase in demand for this service needs to be met through training of additional counselors and medical staff to provide this service not only at the HIV clinic and VCT centers, but as part of inpatient and out patient services, including the TB clinic, where a majority of treatment eligible patients will be found. In 2007, MUWRP will work with the Kayunga District Hospital, Baale Health Center and Kangulamiria Health Center to meet CT demand in Kayunga District so that patients in need of HIV care and treatment can be identified and linked to established District HIV services. This will include supporting the integration of routine CT services to the three ART District clinics and the facilities' in-patient wards and out patient services. It also includes training of designated staff from each ward and clinic in VCT through nationally available programs. MUWRP will also work alongside other health agencies in Kayunga, such as Doctors with Africa (CUAMM) and the National TB and Leprosy Programme (NTLP), so that capacity is developed to ensure that individuals being screened for TB at NTLP sites will concurrently be tested for HIV and referred to HIV services if HIV-positive. In addition to clinic based CT and VCT, CT services targeting high-risk groups are lacking in Kayunga. Two at-risk populations in particular in this district that have been ignored in the past are youth and fishermen. In response to this demand, in 2006 MUWRP has collaborated with Kayunga District Health authorities to establish a Youth Center in Kayunga Town. MUWRP administers the Center while volunteer district clinicians staff the Youth HIV/ART clinic. Successes have been recorded in the four months since this center has opened. For example, between the months of March and July of 2006, the Center counseled and tested 278 youth and successfully referred 100%of those testing positive for evaluation for ART by clinical staff of the District Hospital. Notwithstanding this, the majority of the district youth population remains HIV untested. In 2007, funding will support the newly established Youth Center in Kayunga in promoting quality health activities, in particular VCT. Services at the Center are currently provided by nurses and counselors from the District Hospital and MUWRP on a rotational basis. Close links with the nearby District Hospital will be maintained through medical staff providing clinical services at the Center, ensuring quick referrals and evaluation for treatment eligibility at the Center or District Hospital. Increased outreach through advertising and community campaigns will focus on a youth approach/audience using such venues as sports, drama, and music concerts to increase youth attendance at the Center and accessing of VCT. The other at risk population in need of VCT and access to HIV care and treatment services in Kayunga are the residents of the many fishing communities along the banks of the Nile and at the inlet to Lake Kioga. Ecological data from District outreach activities has informed the program of high HIV prevalence within these communities as well as an extraordinary interest

among the population in receiving CT, care and treatment services.

The Kayunga District Authorities and District Medical Office have requested assistance from MUWRP in implementing a VCT mobile effort. In 2007, this outreach will look to mix "walk-in" mobile VCT as well as elements similar to one being run in Tororo by CDC using a house-to-house, family-testing approach. This mobile unit will be staffed with District health service personnel who work at the District HIV clinic and thus also provide a direct link and referral to HIV care and treatment services. Currently mobile VCT/community education efforts are underway with villages surrounding treatment sites. These focus on reaching villages during market days and have shown great success in testing (on average) 60 individuals/day and referring 100% of those testing positive for evaluation for treatment eligibility at the nearest HIV clinic. This mobile effort will be refocused to include the fishing villages and modifications in approach for such communities based on models tested in Uganda to maximize uptake. All the activities proposed by MUWRP above build upon an ongoing relationship with the Kayunga District Authorities and the District Director for Health Services in ensuring quality CT/VCT services are available to the population in this district. Under this submission, MUWPR will work with Kayunga District Authorities and facilities to introduce and implement CT services at HIV and TB clinics, inpatient wards and outpatient services at 3 District HIV/ART facilities. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving CT services to help develop strategies to reach equal number of men and women. MUWRP will coordinate with Kayunga District authorities to expand and strengthen youth VCT as well as establish a mobile VCT/outreach program to rural villages and fishing communities. Funding will cover supportive supervision and on-going technical assistance by MUWRP, provision of materials and supplies for sites, infrastructure modifications where required to ensure confidential counseling space, and mobile resources.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	12,700	☐
Number of individuals trained in counseling and testing according to national and international standards	12	☐

Coverage Areas

Kayunga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Uganda Blood Transfusion Services
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8585
Planned Funds: $ 0.00
Activity Narrative: .

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of service outlets providing counseling and testing according to national and international standards	1,700	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	108,000	☐
Number of individuals trained in counseling and testing according to national and international standards	25	☐

Target Populations:

Adults

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Partnership for Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8882
Planned Funds: $ 390,000.00
Activity Narrative: This activity is linked to Palliative care: basic (8862), TB/HIV (8995), Treatment: ARV drugs (8933) and Laboratory Support (8984).
The SCMS project will provide critical logistics technical assistance to the key providers of counseling and testing services, ARV treatment, diagnosis and prevention in Uganda, including the Ministry of Health, JCRC, IRCU and other PEPFAR NGO partners including the new program in 2006 targeting northern conflict zones. This will include forecasting and quantification, procurement tracking, product delivery and warehouse system improvement and delivery tracking for decision making. Procurement for ARV drugs for IRCU at a level of 1,000,000 is included this year. Commodities to be included under SCMS technical support include ARVs, HIV test kits, condoms, cotrimoxazole, Nevirapine and other PMTCT drugs, STI & OI drugs, and lab reagents and consumables for diagnosis. Uganda has made major advances in ARV treatment, diagnosis and prevention, but much remains to be done as patient numbers increase, access is brought closer to the local level, policies such as HIV routine counseling & testing, TB and HIV integration and new treatment for PMTCT mothers and newborns is adopted nationwide. Systems need to expand rapidly, be flexible to adjust to new policy demands and to be able to cope with emergency threats to the HIV/AIDS supply chain.

Counseling and testing services by the MOH, AIC, JCRC, IRCU and other PEPFAR NGO's have more than tripled in the past two years. This expansion in the volume of tests now available, numbers of patients tested, and in the number of sites where tests are done has put substantial pressure on the distribution system for HIV tests. Maintaining adequate supplies of test kits requires logistics systems that can collect logistics information used for defining commodity needs, and tracking national level procurement from multiple sources. To maintain the effectiveness of this information, emphasis needs to be put on data quality which will be maintained by implementing support supervision and on the job training.

Logistics technical support will be provided by Supply Chain Management System (SCMS) project which will offer commodity procurement services, systems development, assisting in forecasting/quantification, product procurement, tracking of procurement and delivery to the national level from multiple sources, product integration into national systems where necessary, distribution planning from national level to end user, system efficiency improvement, development of logistics data collection tools, upgrading computerized logistics information systems and integrating or linking them with HMIS and other relevant information systems. SCMS will provide technical assistance to both NMS and AIC in supply chain management of counseling and testing commodities. IRCU will also receive technical assistance to develop an emergency procurement system which the organization can use in case of shortages in the national system. Continued support to deal with test kit shortfalls, and emergency distribution requirements, logistics implications in product selection, and meeting specific donor (PTMCT) reporting requirements. Some key areas of focus will be on adapting logistics systems to the policy change from VCT to RCT (Routine Counseling & Testing) and integrating reporting/ordering with the lab credit line. SCMS will also provide training to 4,500 individuals in logistics - ARVs, TB, and Labs.

Through USAID logistics support, technical assistance is available to help design, maintain and revise national systems. We expect the numbers of tests done this year to exceed 1 million through the MOH national RCT program with partner support. Because HIV testing is the entry point into the ART program, the provision of adequate HIV tests is a necessity to ensure the success of the ART program.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	1,200	☐

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Expanding the role of People Living with HIV/AIDS Networks
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8900
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to Palliative Care: Basic (8462), TB/HIV (8463), Orphans & Vulnerable Children (8464) and Treatment: ARV Services (8465). HIV/AIDS counseling and Testing (CT) is a recognized point of entry for HIV positive clients into HIV prevention, care, treatment and support services. Referrals and linkages to of CT services to care, treatment and prevention services is therefore a critical element of HIV/AIDS Counseling and Testing. The Program for expanding the Role of PHA Networks in Uganda, a 3-year program implemented by the International HIV/AIDS Alliance(IHAA) serves to increase PHAs' access and utilization of HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services. The program through the provision of technical and financial support through sub-grants, is tasked with mobilizing and strengthening the national PHA organization (NAFOPHANU), 14 district and over 40 sub-district PHA networks in Uganda. CT is one of the new core areas that the program has taken on in FY07. The IHAA will build institutional and technical capacity of these PHA networks to increase their involvement in the provision of HIV counseling and testing and in the establishment and management of effective referral mechanisms to link their members, families and the communities to CT and HIV/AIDS care, prevention and treatment services.

In addition to providing counseling and testing services to PHA households and the community , PHA networks and groups will be trained to manage referral and linkages to HIV/AIDS care, treatment and prevention services of all those that test HIV-positive. 40 PHA networks and groups will receive financial and technical support to do CT community outreaches and carry out family-based CT and couples counseling and testing, using the HIV-positive index client as a point of entry into the household. It is estimated that this activity will train 80 CT providers and directly provide CT services to over 20,000 clients through 40 service outlets.

Post-test clubs(PTC) have for a long-time acted a transition point between CT services and care, treatment and prevention services. PTCs also play a critical role in breaking stigma and encouraging disclosure of sero-status to partners and family members. This activity will build the capacity of PHA networks and groups to create, support and sustain PTCs and link PTCs to community PHA networks and groups, and providers of care, treatment and prevention services. Key services will cover STIs diagnosis and treatment, TB screening and treatment, secondary HIV-prevention and family planning.
Under this activity, in FY07, 80 PHAs, equal numbers of male and female, from 40 PHA groups will be trained as Network Support Agents (NSAs). NSA who are PHAs and members of PHA networks and groups will be identified and selected by the respective groups they belong to. They will be provided with bicycles to enable them do home visits and also commute between the community and the health facilities. Training of NSA will include the role of NSA including relationships with clinic staff, Counseling and Testing, Communication and counseling skills-including how to support disclosure and adherence, Living with a chronic condition-including prevention for HIV positive people themselves and their partners (the issue of discordant couples will be addressed here), stigma and gender-based violence reduction strategies. NSAs will be based at the CT facilities but will on rotational basis dedicate sometime each week to working directly with the communities they represent. This will enable NSA understand problems of PHAs and how these patients can be facilitated to access facility based care.

Over the course of the year, the PHA networks and groups will be trained to play a supportive role in providing CT in public health facilities. This will help alleviate the acute shortage of health workers in public health facilities. The program is working closely with Ministry of Health to develop a set of practices that will guide the working relationship between the PHAs – as auxiliary health workers, and the public health workers. It is planned that PHAs will be actively involved in Pre-test and post-test counseling, rapid HIV testing, running of post-test clubs and management of referrals and linkages to care, treatment and prevention services. PHA networks will also link their members to wrap around activities ranging from family planning to IGAs.
As a trained cadre of support staff, Network Support Agents also play a crucial role in prevention work, which empowers people with HIV to protect their sexual health, to avoid new STIs, to delay HIV/AIDS disease progression and to avoid passing their infection on to others. Strategies for positive prevention act synergistically with other prevention, care and treatment efforts. The prevention-treatment-care and support continuum reinforces

the rationale for supporting prevention interventions for PHA. Access to medical care and psychosocial support services offer strategic opportunities for building the skills of PHA to adopt and maintain safe behavior. In Uganda, there is an urgent need to sharpen the focus on prevention among PHA as treatment becomes more accessible and as treatment programs and current studies show a high rate of discordance amongst couples.

Lastly, on key role that PHAs within their networks and group will play is to increase community awareness for CT leading to increased utilization of CT services. Through this program PHAs will also increase awareness of communities on the value of couples testing and early access to care, treatment and prevention activities including wrap around services like family planning, nutrition and other social re-integration services like IGAs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets providing counseling and testing according to national and international standards	28	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	80	☐

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9080
Planned Funds: $ 100,000.00
Activity Narrative: This activity also relates to HIV/AIDS Treatment/ARV services (9077), Palliative Care (9075), Prevention/Abstinence and Being Faithful (9086), Other prevention (9084), Orphans and Vulnerable Children (9081) and Other/Policy analysis and system strengthening (9082). Building on USG private sector initiatives which ends in may 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

Selected achievements to date: The current private program has trained service providers from 15 companies that provide VCT services at either company site facilities or private facilities where employees, dependants and surrounding community receive services. The trained service providers have been able to reach 1,600 clients with VCT services. Free VCT outreach services especially during the HIV/AIDS workplace policy launches have been arranged to benefit employees, dependants and the surrounding community reaching over 5,000 individuals. Referrals are made at the time of testing to services for both the HIV+ and HIV- clients.

One of the key areas identified through stakeholder consultations as a major entry point to CT was the workplace. Workers spend most of their time at the workplace place and their behavior is largely influenced in the workplace. However, workplace practices such as human resource policies on accommodation of sick employees, fear of stigmatization and dismissal can hinder workers from accessing CT services to know their HIV status and also seek HIV/AIDS care and treatment services early. This program will build on existing private sector initiative program to work with private sector organizations to develop HIV/AIDS workplace policies and programs aimed at reducing stigma and increasing access and utilization of CT services. The program will work with these organizations to train peer educators and HIV/AIDS champions in the workplace that will break the silence and move the HIV/AIDS discussions from personal-private to the public policy sphere and act as change agents. The peer educators and champions will also provide counseling and encourage their peers to go for counseling and testing. They will also provide follow up post-test counseling to those that agree to test. For those testing HIV+ve, peer educators will facilitate referrals and linkages to care and treatment services.

Through dedicated CT days, at least once every three months, all workers and their dependants will be offered an opportunity to receive counseling and testing at the workplace. Community outreaches for CT will also be provided to cater for satellite posts and the surrounding community. Special emphasis will be placed on encouraging couple counseling for the company employees and surrounding community members. In case the company site is surrounded by a most at risk population such as migrant workers, fishing community and commercial sex workers, greater emphasis will be placed in ensuring periodic mobile CT outreaches with referrals to care and treatment.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,500	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults

Business community/private sector

Community leaders

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9667
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), and strategic Information (3984).

Activities will continue into FY07 but with FY06 funding only.

CRD has been providing HCT services to war affected regions of Western Uganda, Northern and Northeastern Uganda. Data collected shows high demand for such services especially among the female population where prevalence is high. Hence, with this new funding CRD through its partners (CRS and IRC) plan to continue with the provision of high quality CT services in severely affected war districts of Uganda. One of these districts is Gulu where HIV prevalence is estimated to be at 12% (9.1% regionally). CRS in collaboration with a missionary hospital (Lacor HSP) will continue providing technical support to CT service provision to clients visiting this hospital. In addition, arrangements will be made to extend the same support to two health units in IDP camps.

The 18 years war in Northern Uganda has had a devastating effects on the region and caused displacement of over 1.6 million persons, mostly women and children who now live in camps as internally displaced persons (IDP), with limited access to health services such as CT. The high HIV prevalence means the spread will continue if prevention, care and treatment activities are not conducted for high risk populations. Other districts are being supported in a similar manner in the underserved region of the North. IRC will work with other partners in the region to provide support to CT static sites, outreach operations, and home based CT services. Implementation of CT services in these regions will require staff to be identified by the management centers to be trained in provision of quality CT services. The training will be conducted by MOH in collaboration with other HIV/AIDS training agencies in the country, using the newly developed CT curriculum.

In addition, the training will address gender, stigma and discrimination issues in HIV service provision. CRS and IRC will link CT centers to MOH stores to get testing kits for client. In events that MOH will have stock outs, plans will be made to supplement commodities through procurement of test kits. In order to provide quality services, the MOH will be consulted in provision of quality assurance and supportive supervision. Community mobilization, information, education and communication activities will be carried out for the public to know more about HIV/AIDS facts, availability of CT in their areas, benefits of testing/knowledge of HIV status and referral services including ARVs. The principal target populations for this component are: adults (males and females) children, youths and couples. Funding will go specifically to support training of staff, community mobilization, commodity procurement, IEC, quality assurance, development of network/referral, and linkages with other sectors. In total the component will support 9 static CT sites, 10 outreach sites, training of 35 CT staff and the will serve 11,300 clients.

Continued Associated Activity Information

Activity ID: 3989
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 228,779.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of service outlets providing counseling and testing according to national and international standards	19	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	11,300	☐
Number of individuals trained in counseling and testing according to national and international standards	35	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Gender

Increasing women's access to income and productive resources

Increasing women's legal rights

Coverage Areas

Gulu

Kotido

Moroto

Nakapiripirit

Kitgum

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Health Comm Partnership; AFFORD
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12492
Planned Funds: $ 400,000.00
Activity Narrative: plus ups: Knowledge of one's HIV status may motivate individuals to protest themselves and others. 2004/05 survey data indicate that the vast majority of Ugandans have not been tested and therefore do not know their status. Although the proportion of women who have ever been tested has recently increased from 8% in 2000-01 to 15% in 2004-05, the proportion of men tested has remained constant at 12%. Johns Hopkins University will support the MOH's Know your Status campaign and will provide technical assistance to design the campaign, its materials and messages, as well as the holding of national testing days. Overall objectives of the campaign will be to increase numbers of couples testing together. Strategies will be developed to encourage and facilitate mutual disclosure of sero-status. It is anticipated that the campaign will directly contribute to reducing stigma and discrimination surrounding testing and disclosure. JHU will work closely with appropriate MOH departments with USG implementing partners working in the area of HIV counseling and testing.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50

Key Legislative Issues

Stigma and discrimination

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Laboratory Quality Assurance-Cooperative Agreement
Prime Partner: Uganda Virus Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12494
Planned Funds: $ 350,000.00
Activity Narrative: plus ups: To scale up rapid HIV testing services and accompanying External Quality Assurance. Central Public Health Laboratory (CPHL) will expand the training on rapid HIV testing including finger stick techniques to enable non laboratory personnel to provide testing services outside health facilities. EQA will ensure that accurate performance of HIV testing is maintained in all HCT sites and communities

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	12495
Planned Funds:	$ 0.00
Activity Narrative:	plus ups: To support the national 'know your status campaign', USG will work with MOH to design an implementation plan and identify appropriate mechanisms for technical assistance and related commodities procurement for the public, NGO and private sector facilities to roll-out activities in FY07.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in logistics pull system for VCT		☑
Number of laboratories with capacity to do HIV tests		☑
Number of laboratories with capactiy to perform CD4=1		☑
Number of individuals reached through community outreach that promote VCT services, partuicularly for OVCs, disclosure of status to partners and families, couple counseling and testing.		☑
Post-test clubs established at service outlets to promote positive living		☑
Number of service outlets in the country receiving HIV test kits and accessories every two months.		☑
Number of Districts receiving HIV test kits and accessories every two months		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	280,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: $ 39,204,767.00

Program Area Context:

The procurement of Antiretroviral (ARV) drugs is a critical component of the Emergency Plan's program in Uganda as it supports the Ministry of Health (MOH) in its national roll out of antiretroviral treatment (ART). Although the costs of second line therapies and pediatric ART formulations are yet to decline to the same extent as first-line adult regimens, USG is able to leverage the availability of Global Fund for HIV/AIDS, TB, and Malaria (GFATM) drugs and other less expensive FDA approved generic ARVs to increase the number of people on first line regimens, address the needs of those needing second line and salvage therapies, and increase the number of children on ART. According to the FY06 Semi Annual PEPFAR report (SAPR), 39,712 people were receiving ART with direct support from the USG and an additional 36,000 were supported for treatment indirectly through USG's inputs in national logistics systems, training, quality assurance and policy work. USG will directly support 88,907 people in FY07, including 10,432 children.
The three national mechanisms that currently support the procurement of ARVs include: (1) the Ministry of Health (MOH), which provides logistics management of GFATM ARVs using the National Medical Stores (NMS) for the public sector and Joint Medical Stores (JMS) for the faith based and other Non-Governmental Organization (NGO) facilities. (2) Direct central purchasing of generic and branded drugs by Joint Clinical Research Center (JCRC) and AIDS Relief from manufacturers with distribution to the ART points of service throughout the country; and (3) third party local procurement led by Medical Access Ltd, which is a non-profit NGO that began under the Drug Access Initiative in 1998. These three distinct procurement mechanisms evolved as the ART rolled out in Uganda prior to the existence of the Emergency Plan. A fourth procurement mechanism is currently being established with FY06 funds to allow procurement of drugs and commodities for the Inter-religious Council of Uganda (IRCU) through the Supply Chain Management (SCMS) project.
While there are some challenges working with a variety of procurement mechanisms in the country, there are also advantages. A key advantage is the continued supply of ARVs should any one mechanism experience a stock out as borrowing across programs can be facilitated. One of the significant challenges facing Uganda in 2006 has been stock-outs of some GFATM procured ARV drugs since November 2005 when GFATM funding was reinstated after a two-month suspension. The funds were suspended (except for life saving commodities) and the Project Management Unit was disbanded due to mismanagement. In the months that followed, there were challenges in reconstructing contracts and procurements. USG partners have been filling gaps where possible at site level to assure continuous treatment among GFATM clients attending USG supported sites. Another challenge has been the expiration of GFATM procured ARV drugs. The SCMS project has been requested to conduct an assessment of all the existing procurement mechanisms and make recommendations to the USG on how best to rationalize the existing mechanisms and forge efficiencies, linkages, and synergies across them to obtain maximum benefit including cost savings in the procurement of ARVs; while continuing to build local capacity.
To ensure an unbroken supply chain nationally, USG has consistently provided logistics and supply chain management support to the national ART program through MOH, its pharmacy department, National Medical stores and USG NGO partners. The support includes ongoing training and follow-up in forecasting, stock management, instituting standard operating procedures, and ensuring adequate buffer stocks among USG partners and within the national system. In FY07, USG will increase support to NMS, the primary source for public sector health drugs and commodities, and the JMS, which serves the faith based and other Non-Governmental Organization (NGO) health facilities. This increased support will minimize the likelihood of stock-outs of critical drugs and supplies and will improve efficiencies in distribution and logistics management. District-based programs and the national Prevention of Mother to Child Transmission (PMTCT) programs will play an active role in ensuring commodities reach health facilities in a timely fashion.
Since early 2006, numerous FDA-approved generic ARV drugs have entered the market in Uganda. These drugs have led to significant cost savings of 15-50 percent, depending on the drug regimen. Individual formulations from Ranbaxy, Aurobindo, and combined regimens procured from Aspen, are now registered in Uganda and have contributed to these cost reductions. It is anticipated that the tablet co-formulation of lopinavir and ritonavir will be available in Uganda shortly, optimizing second line regimen choices without

the previous cold-chain requirement. Aurobindo's newly approved fixed-dose combination is also expected to enter the Uganda market shortly. While the new combination may not provide significant cost-reductions, it will provide an FDA-approved limited pill burden option for a first line regimen.
Nearly half of all Ugandans receiving ART receive GFATM ARV drugs. Current in-country GFATM approvals suggest that by July 2008, over 50,000 Ugandans will receive ART through GFATM support. In June 2006, it was agreed that WHO would provide procurement services for the GTATM until the final management structure is finalized in November 2006. It is hoped that with the long term institutional GFATM arrangements to be adopted by the Ugandan government, the planning and procurements for ARVs and other HIV commodities will work more efficiently. However, USG proposes to include additional buffer stock in FY07 within select programs that work in GFATM sites to be able to respond quickly to any gaps in procurement. USG has and will continue to provide logistics management technical assistance, human resource, and material support.
In FY07, USG support aims to reach 88,907 Ugandans directly with ART, train 62,863 individuals, and build capacity in about 200 service outlets throughout Uganda.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8283
Planned Funds: $ 2,306,832.00
Activity Narrative: This activity also relates to 8702-AB, 8285-TB/HIV, 8282-Counseling and Testing, 8719-Other Prevention, 8286-OVC, 8284-ARV Services, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

plus ups: It is estimated that an additional 1300 children will be enrolled into active care of which 700 will initiate antiretroviral therapy through this program. Plusup funding for this activity will largely go into procurement of pediatric formulations of ARVs to cater for increased number of children under 5 years initiating ART. this activity will also develop methods to evaluate quality of ARVs services for children.

Continued Associated Activity Information

Activity ID: 4380
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Baylor University, College of Medicine
Mechanism: Pediatric Infectious Disease Clinic
Funding Source: GHAI
Planned Funds: $ 861,623.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services		☑
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period		☑
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period		☑
Number of health workers trained to deliver ART services, according to national and/or itnernational standards		☑
Number of individuals newly initiating antiretroviral therapy		☑

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	8288
Planned Funds:	$ 3,667,621.00

Activity Narrative: This program area also relates to activities in 8289-ARV Services, 8588-PMTCT, 8290-Laboratory, 8291-AB, 8292-Basic Health Care & Support, 8294-OVC, 8293-TB/HIV, 8584-PMTCT.

AIDSRelief (AR) is a comprehensive HIV care and treatment program, providing ARV drugs, preventive, palliative, curative, social and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of five organizations with CRS as prime; Constella Futures Group and the Institute of Human Virology (IHV) providing technical assistance. AR works through 15 Local Partner Treatment Facilities (LPTFs), many of which are in rural and underserved areas.

Procurement of ARV drugs follows USG grant guidelines and National Drug Authority regulations and agrees with National Treatment Guidelines. AR's procurement system, encompasses cost effectiveness through global procurement orders & contracts with a regional pharmaceutical procurement company; local sustainability is supported through the Joint Medical Stores (JMS) for warehousing and distribution. AR substitutes innovator proprietary ARVs with FDA approved generic equivalents. Over 60% of drugs used in the program are generically bioequivalent. All the drugs are purchased at Access prices. For generics AR has negotiated prices even lower than those offered under the Clinton Foundation agreement with selected pharmaceutical companies. The Pharmaceutical Management team manages in-country operations with a Therapeutic Drug Committee (TDC) of clinicians, pharmacists, strategic information advisors and program managers. The TDC reviews drug utilization patterns across all LPTFs, assesses scale-up progress and develops required technical support plans. The TDC will be replicated at all LPTFs to ensure ARV SCM is clinically informed and logistically supported.

The Logistic Management Information System (LMIS) used, includes a web-based enterprise inventory and financial management system that allows drug tracking from procurement to dispensing, interfacing with the ART Dispensing Software developed by MSH RPMPlus Program installed at LPTFs. This permits continuous modulation of patient enrollment to reflect ARV availability and to ensure a guaranteed and continuous supply of drugs for each patient initiated on therapy.

Under COP07, AR Uganda will provide ARV drugs to maintain the 10,700 people started on treatment. AR estimates that an additional 5,000 patients across the 15 ART sites will not be able to access ARV drugs through this mechanism in the coming year because of limitatations in funding. ARV services are provided to additional 1300 patients on treatment with non-USG funded drugs making a total of 12,000 patients. The funding scenario under COP07 will only allow replacement of patients who have died or transferred to another program (March 2007-February 2008). AR will, however, also look into options of enrolling additional number of patients if at all possible. AR will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for both adults (9845) and children (855). Standard Operating Procedures (SOPs) have been developed in accordance with national guidelines that guide supply chain activities from product selection, forecasting, procurement and drug use monitoring. AR will ensure excellent supply chain management and uninterrupted ARV provision through local capacity building at critical points within the supply management chain. Emphasis will be made on strengthening all these systems, especially at LPTF level. AIDSRelief will also work closely with the Government of Uganda, the USG team in-country, and other partners and programs to harmonize and strengthen pharmaceutical supply chain systems.

IHV will participate in the periodic review of National Treatment Guidelines in order to assist in the selection of regimens most appropriate to the Ugandan context. Choice of regimen is guided by most recent evidence to ensure that the most effective & durable regimen available within the national guidelines with the best possible toxicity and resistance profile. Current choice of primary regimen for AR sites consists of Truvada (TVD) combined with Nevirapine (NVP) or Efavirenz (EFV).Kaletra and/or Combivir (AZT/3TC) will be substituted in case of toxicity or failure. Alternative regimens including Stavudine (D4T) and Lamivudine (3TC) are also procured to be used for patients with both renal insufficiency and anemia. The choice of regimen is based on the more favorable pharmacokinetic and safety profile and is supported by extensive clinical evidence. This is also designed to preserve optimal therapeutic choices for second line regimens.

AIDSRelief site activation process includes a 2- week on site program with both didactic and clinical preceptorship activities. AIDSRelief has and will continue to support its sites with frequent on-site mentoring, quarterly focus group meetings and access to a web based site on which difficult cases can be discussed. This process is designed to provide LPTFs with ongoing clinical technical assistance and to keep them abreast with the latest developments in the care of HIV patients.

Continued Associated Activity Information

Activity ID:	4377
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief
Funding Source:	GHAI
Planned Funds:	$ 3,667,621.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Faith-based organizations
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas

Kitgum

Bushenyi

Gulu

Jinja

Kabarole

Kasese

Masaka

Mbarara

Mukono

Pader

Kampala

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	8318
Planned Funds:	$ 3,742,541.00

Activity Narrative: This activity relates to 8316-CT, 8317-Palliative care; TB-HIV, 8315-Palliative care; Basic Health Care and Support, 8319-ART services, 8320-Lab, 8321-OVC , 8313-OP, 8772-AB. Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-Dec 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda MoH and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the FoM of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

Currently, MJAP procures and distributes ARV drugs for 8 service outlets including Mbarara ISS clinic, AIDC, Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Naguru, Bwizibwera and Mbarara municipality health centers. The 8 service outlets currently attend to up to 20,000 patients in care, 2,100 of who have their ARV drugs procured through MJAP funding (900 at AIDC, 600 in Mbarara ISS clinic, 200 in Mulago ISS clinic, 150 in Mbarara municipality clinic, 100 in Kawempe KCC, 100 in Bwizibwera HCIV, and 50 in Naguru KCC (by June 2006). An additional two satellite HIV/AIDS clinics will be established within Kampala district by March 2007 in collaboration with IDI and KCC increasing the target to 2600. The demand for ART in the clinics continues to increase with the expansion of RTC in the hospitals. Majority of HIV positive patients identified through the RTC program (70%) need ARVs (WHO Stages 3 and 4). It is estimated that an additional 5,000 patients who are eligible for ART at the 8 service outlets supported by MJAP will not be able to access ARV drugs through this mechanism in FY07 due to funding constraints. Currently, we estimate that only 50% of clinically eligible patients are receiving ART at the clinic sites.
MJAP has trained over 300 health care providers in the provision of antiretroviral therapy and strengthened systems for ART delivery including staffing, laboratory support, logistics and data management. As a result of the capacity building of lower level clinics within the catchment's areas of Mulago and Mbarara for HIV care by MJAP, an additional >6000 patients are able to access ARV drugs from MOH/MAP/GFATM at the MJAP supported

sites. In the past year, due to ARV drug procurement interruptions for GF, MJAP supported the procurement of 3 months' buffer stock for up to an estimated 2000 of these patients attending Mbarara.

In the next year, two new satellite care and treatment sites will be opened in collaboration with IDI, bringing the total to 12 sites. As a result of increased availability of less expensive FDA approved generics in-country, the MJAP program will switch from the branded ARVs to the FDA approved generic ARVs to reduce costs and double the number of individuals receiving ARV drugs from 2,600 to >5000 by March 2008. Allocation of the slots across the 12 sites in FY07 will be done according to patient numbers and ART requirements in the facilities. MJAP will hire and train additional and existing staff to enhance care in the clinics – 200 health care providers will receive training in ART delivery. Training is both for program clinics and other national needs. Health care providers in three regional referral hospitals will also receive training in HIV care and treatment. Training will ensure quality of services and continued access to GFATM at the sites for eligible patients. The program will target mainly adult patients receiving care from all the clinics (children receive ART from the Pediatrics Infectious Diseases Clinic – PIDC, and the Mbarara pediatric HIV clinic) but will also include some children in the satellite clinics. The funding for ART drugs will go towards the purchase of ARVs (including 3 months buffer for Global fund clients), logistics and ARV drug distribution and tracking. MJAP ARV procurement through Medical Access will be maintained. Forecasting is done for the whole year but purchase of drugs including three months buffer stock for each patient is done on a quarterly basis. Drugs are delivered by Medical Access, checked and received by the program pharmacist and store keeper before storage. An entry is made into the goods received note (GRN) for all drug items received. Stocktaking and reporting is done monthly at the points of service.

*Expansion of ARV treatment to eligible patients currently in care and those identified through the expanded HIV CT. Over 2,000 new HIV cases are identified monthly through this program and the majority of these are ART eligible. The program leverages resources for MOH/GF by providing capacity building for ARV service provision at 10 MOH sites. In the past year, the sites have experienced stock-outs for ARVs procured through GF. The program will support procurement of ARV buffer stock for GF clients attending these clinics and provide the lab services for these clients.

Continued Associated Activity Information

Activity ID:	4035
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 2,725,400.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services		☑
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period		☑
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period		☑
Number of health workers trained to deliver ART services, according to national and/or itnernational standards		☑
Number of individuals newly initiating antiretroviral therapy		☑

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8325
Planned Funds: $ 887,805.00
Activity Narrative: This activity also relates to 8330-Laboratory Infrastructure, 8327-PMTCT, 8326-ARV Services, 8329-CT, 8328-Basic Health Care & Support, 8322-Other/Policy Analysis, 8323-TB/HIV,8324-AB.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4020
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 637,805.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Training	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas

Rakai

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Medical Research Council of Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8332
Planned Funds: $ 150,000.00
Activity Narrative: This activity also relates to 8331-Strategic Information.

The Medical Research Council (MRC) has worked in Uganda since 1989 conducting population-based evaluations in conjunction with the MOH and other partners to inform the control of the HIV/AIDS epidemic and its consequences. For example, in collaboration with the Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine MRC is currently conducting large-scale field trails on HIV-prevention strategies and ARV therapy approaches. As part of this, they have over 40 clusters, defined as groups of communities being evaluated. In late FY04 a partnership between MRC, CDC and TASO was established to conduct an evaluation to compare facility- and home-based ART service delivery systems. The study population comprises 1000 current TASO clients served in the Jinja District branch. During that time the study protocol was developed and approved, and systems to begin data collection were designed. In FY05 activities focused on training TASO health care providers in delivering ART services to clients using both the facility-based and home-based service delivery models; the enrollment of clients for the evaluation; initial client registration data collection; an analysis of the existing TASO services and data for the clients enrolled. In FY06, MRC through a sub-partner agreement with TASO provided funding to procure ARTs and other related OI drugs for the 1,000 clients recruited as part of the targeted evaluation.

In FY07 follow-up of clients on ART will continue and clinical, laboratory, social, economic and behavioral data will be recorded. The purpose of the evaluation is to follow the 1000 ART clients enrolled to measure the two service delivery models effectiveness and costs, client behavior and adherence and, family counseling and testing uptake. Other related MRC activities outlined in the strategic information section are to provide support and technical assistance to TASO's HMIS unit and assist TASO with the conduct of population-based client survey on behavior with treatment and adherence to the drug regime. The activity will strengthen TASO's capacity in the collection and interpretation of client and service delivery data to inform clinical services and program management. MRC/UVRI will also conduct the evaluation activities to compare the effectiveness of both strategies. The primary outcome indicator for this evaluation is the number of clients who experience treatment failure as measured by a viral load of >500 copies/microlitre after initial successful viral suppression. Other outcomes include treatment adherence and uptake of VCT services by clients' family members. Evaluation findings will be shared as appropriate to inform the national program and other provider on the most effective approaches for clients to access HIV care and treatment in resource-limited settings.

Continued Associated Activity Information

Activity ID: 4692
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Medical Research Council of Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

People living with HIV/AIDS

Coverage Areas

Jinja

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Trea
Prime Partner: The AIDS Support Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8360
Planned Funds: $ 6,766,294.00
Activity Narrative: This activity also relates to activities numbers: 8358-Palliative Care;Basic Health Care and Support, 8362-Palliative Care;TB/HIV, 8359-CT, 8361-ARV Services.

The program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related-support services to HIV positive adults, children and their family members. These services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing and psycho-social support.

Initiatives in FY07 will support clinical and related support services through an established network of urban and rural health facilities located throughout the country to ensure equitable access for treatment to an existing pool of 7,000 adults and pediatric patients. Comprehensive HIV support services will also be expanded to reach an additional 60,000 HIV positive individuals with prevention, care and treatment services as appropriate. A family-centered approach will be established, using the index HIV person to reach family members with confidential HIV counseling and testing, and care for those identified as HIV positive. All clients testing positive will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis information; a safe water vessel and chlorine solution; long-lasting insecticide treated bednets; condoms as appropriate; educational materials; and prevention with positives counseling.

Following national ART treatment guidelines and services criteria, each health center will be staffed with fully trained HIV clinical and ancillary health care professionals and establish systems to monitor patients in care for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. Prevention with positive interventions will be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Depending on the location of each health center, service delivery models will be developed to provide easy access to all in need of services, including facility-based, community-based, and home-based approaches, as well as outreach activities to ensure full coverage for the targeted population.

Continued Associated Activity Information

Activity ID: 4056
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The AIDS Support Organization
Mechanism: TASO CDC
Funding Source: GHAI
Planned Funds: $ 6,263,946.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: IRCU
Prime Partner: Inter-Religious Council of Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8428
Planned Funds: $ 1,000,000.00

Activity Narrative: This activity is linked to HIV prevention (8426), Palliative care: basic (8422), TB/HIV (8423), OVC (8427), Counseling and testing (8424), Treatment: ARV Services (8425), and Laboratory Support (9455).
The Inter-Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. IRCU also works with other Pentecostal and independent churches. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. It has evolved as the official coordinating mechanism for the faith-based HIV/AIDS response in Uganda. Through its constituent faiths, IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. In this position, IRCU has been a major player in rolling out ART services in Uganda. Using FY06 funds, IRCU plans to access quality ART to 2,500 individuals by September 2007 in 15 Faith based hospitals.

IRCU, like other stakeholders including Joint Clinical Research Center (JCRC), Ministry of Health, CRS and TASO is committed to contributing to the PEPFAR goal of increasing the number of patients on ART in resource limited countries. IRCU plans to utilize FY07 funds to sustain the 2,500 individuals on therapy through fifteen faith based hospitals and health centers IVs. The number of people on therapy is likely to increase as the cost of drugs continues to fall, especially as more FDA approved generic drugs enter the Ugandan market. Currently there are approximately 90,000 Ugandans country wide that are eligible for treatment with no available source of therapy. The IRCU approach is to integrate the ART services with existing HIV care and overall health services rather than create a parallel program which mounts additional strain on the already overstretched capacity of its implementing partners. In this regard, IRCU plans to continue procuring drugs through the Joint Medical Stores (JMS) a mechanisms currently used by faith-based organizations to buy drugs and other essential health commodities. IRCU has already initiated a partnership with the Supply Chain Management System (SCMS) to procure the required FDA approved drugs, which will be shipped to JMS, where they will stored and later collected by respective implementing partners bimonthly after submitting accurate reports to IRCU. Learning from preceding ART programs, prompt forecasting and ordering will be paramount for the smooth running of the ART program. This will avoid stock out of drugs and any interruptions in the supply chain management. The SCMS will offer technical support and training to the health unit staff in forecasting, supply chain management as well as drug recording and storage.

All the 15 sites are providing generic ARVs through Global Fund and MAP funds at the Ministry of Health. As the procured drugs will be a different brand from the currently supplied ARVs at the sites, units will need to strengthen the counseling services for the patients encouraging them to cope with the use of the new set of drugs as they promote adherence. IRCU will ensure that systems are put in place to facilitate different ordering, forecasting, storage of drugs and log books but joint reporting and auditing mechanisms. IRCU will provide the necessary human resource, data systems and logistics to ensure both IRCU and Global Fund drugs are optimally utilized and accounted for at all sites.

IRCU will work closely with the administration at the implementing sites to reinforce Post Exposure Prophylaxis (PEP) of the health workers at the units. IRCU will ensure that the needed protocols and information about PEP are in place at the units and the administration will provide the necessary antiretroviral drugs needed for prophylaxis. IRCU will continue to target children for ART as a special and vulnerable population and to take a leadership roll in expanding access to pediatric ART beyond the major urban areas. Of the 2,500 PLHA targeted with FY06 funds, 500 will be children.

Continued Associated Activity Information

Activity ID:	4687
USG Agency:	U.S. Agency for International Development
Prime Partner:	Inter-Religious Council of Uganda
Mechanism:	IRCU
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services	15	☐
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period	3,400	☐
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period	3,100	☐
Number of health workers trained to deliver ART services, according to national and/or itnernational standards	600	☐
Number of individuals newly initiating antiretroviral therapy	600	☐

Target Populations:

Adults
HIV/AIDS-affected families
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Arua

Bushenyi

Kampala

Kasese

Kitgum

Luwero

Mukono

Nebbi

Rukungiri

Wakiso

Kabale

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Joint Clinical Research Center, Uganda
Prime Partner: Joint Clinical Research Center, Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8443
Planned Funds: $ 10,168,754.00

Activity Narrative: This activity also realted toPalliative Care: Basic Health Care and Support (8442), Palliative Care: TB/HIV (8445), ARV Treatment Services (8444), and Laboratory Infrastructure (8441).

(Joint Clinical Research Center is an indigenous Uganda NGO established in 1992 to undertake AIDS vaccine research and provide treatment to HIV positive individuals. JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment, and an internationally respected training and research institution. Many of the PEPFAR countries have sent delegations to Uganda to learn about how JCRC was able to rapidly expand treatment. In 2002 JCRC began transferring expertise to other health facilities in the Ministry of Health network. A cooperative agreement with USAID in 2003 envisioned a much more extensive expansion to introduce and support ART across the country. The main approach to scaling up HIV care and Treatment services has been to assess needs and provide support for minor infrastructure improvements, communications systems, logistics and supply systems including ARV drugs, supplemental staffing and human resources, training and quality assurance. Each site enters into an agreement with JCRC outlining the areas of support provided and ensuring that the sites are able to sustain and manage the additional services. As part of the national program, sites are accredited and are then eligible for receipt of Global Fund drugs as well.

Under the TREAT program, since October 2003, JCRC has expanded ART from four to 40 sites– the majority are Ministry of Health centers and 30% are faith based, military or private sites. Seven additional sites will be opened with FY2007 funds for a total of 50. As at the end of July 2006, over 17, 289 people were currently receiving ART services through the network of health facilities, including over 8,900 orphans, vulnerable children, pregnant women, orphan caretakers, health workers as part of a fully subsidized program. The additional estimated 8389 are currently receiving drugs through the Global Fund, however there have been shortages in some drugs requiring JCRC to provide buffer stock. By March 2007, 12550 will be reached (with FY2006 funds) with fully subsidized treatment. While it was projected that clients served at sites where JCRC is working would treat approximately 25,450 people by March 2007, experience over the past year shows that this may have been too ambitious given erratic drug supply and a wider network of service providers requiring GF drugs and wealth of providers.

With FY 2007 funding, the total number of people reached with these funds as current clients will be 36,917, with 18,917 vulnerable groups receiving fully subsidized treatment from JCRC and 18,000 receiving ARV services from JCRC and drugs from Global Fund during this funding period. With an earmark of $250,000 within this budget JCRC will provide ARV drugs to 416 Uganda People's Defense Force members, and with FY 07 additional funding (US$ 226,213), JCRC will provide ARV drugs to Walter Reed clients (DOD) working in Kayunga District. Additionally training and infrastructure support will be provided to UPDF, and training support to Kayunga. With current drug costs declining far more people will be treated with the available funds. At the current estimate, adult drugs costs for first line are approximately USD $30-40 per month (excluding supply chain costs) and second line at approximately $123/month. Average costs for children first line syrups are $60/month with adolescents on first line pills at $54. Second line drugs for children average $82/month. Expectations with new approvals of generic fixed dose combinations may lower costs further to allow many more clients to potentially be treated.

In FY 07, a total of 50 sites (7 additional) will be supported. A major new thrust in 2006 and continuing in 2007 will be the operationalization of the Ministry of Health's national early infant diagnosis program. The program is in process of rolling out and agreements have been outlined whereby the Ministry manages a network of courier routes through Uganda Posta to transfer samples from lower level center to the JCRC Regional Centers of Excellence which have capacity to process PCR/DNA and all HIV related test. The system is still in infancy, but with FY2007 funding up to 9000 infants will be tested and either directly provided or referred for HIV care services and treatment at a lower level site. The current network established by EGPAF with the Ministry of Health will continue to support HIV positive mothers and infants for care and treatment at lower level centers, with referrals for HIV disease monitoring to the JCRC Regional Centers of Excellene. Leveraging the business sector and health insurance, GFATM and individual capacity to

contribute to the costs of treatment will allow for increased numbers of people served, as will significant reductions in drug costs as a result of more FDA approved generic ARV drugs become available and licensed by the Uganda National Drug Authority (NDA). With technical support from Supply Chain Management System (SCMS), JCRC will continue to improve the logistics system and implement state of the art software for logistics and pharmaceutical management information system at the TREAT sites. In 2007 the computerized logistics system will be rolled out to the Regional Centres of Excellence (RCE). The TREAT program will train pharmacists, dispensers and providers in HIV and AIDS related commodities. Infrastructure will be further developed to ensure commodity security, direct procurement and management of pharmaceuticals for all sites, distribution systems and schedules for delivery. JCRC will continue to work with partnership for Supply Chain Management System to ensure a robust logistics and supply system.

Currently JCRC procures drugs directly through suppliers and Medical Access. JCRC also serves as a supplier for other NGOs and the GOU as an alternative supply line.

OGAC Review: JCRC fees for service – we know there are certain defined vulnerable groups, but please explain the distinction. Apparently, <1% of patients now pay for drugs, but how about lab tests? JCRC provides ART services and drugs free of charge to vulnerable groups (which include all children, women and their spouses) who say they cannot pay (self declared). In FY04 JCRC treated 4095 children with ARV drugs and services; in FY05 JCRC treated 9268 children, women and their spouses with ARV drugs and services; 12550 and 18917 are targeted with FY06 and Fy07 funds respectively. Beginning mid 2006 and in FY07 lab services for these clients are also free of charge. Again, we reiterate that JCRC also supports clinical care services for clients in the current 43 sites (50 planned with FY07 funds) who receive drugs from Global Fund as an integrated approach under the Ministry of Health system, and these are captured as direct clients per OGAC guidance.

Labs. Additionally JCRC will support with PEPFAR funds lab services for PCR DNA for all pediatric samples (free) in partnership with MOH through the Regional Centers. Funds are not sufficient to provide all required laboratory services at all 50 sites, however since JCRC has capacity for serving the broader community with laboratory services, they do provide this service for a minimum fee.

Continued Associated Activity Information

Activity ID:	4443
USG Agency:	U.S. Agency for International Development
Prime Partner:	Joint Clinical Research Center, Uganda
Mechanism:	Joint Clinical Research Center, Uganda
Funding Source:	GHAI
Planned Funds:	$ 9,097,600.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services	50	☐
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period	40,609	☐
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period	36,917	☐
Number of health workers trained to deliver ART services, according to national and/or itnernational standards	700	☐
Number of individuals newly initiating antiretroviral therapy	11,367	☐

Target Populations:

Adults
Faith-based organizations
Doctors
HIV/AIDS-affected families
Infants
Military personnel
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Doctors
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Gulu

Hoima

Iganga

Jinja

Kabale

Kampala

Kamuli

Kotido

Lira

Luwero

Mbarara

Mubende

Rukungiri

Soroti

Tororo

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Katakwi

Kayunga

Kisoro

Kumi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

Apac

Kalangala

Kitgum

Pader

Wakiso

Bukwa

Ibanda

Kaabong

Kaliro

Kiruhura

Mityana

Table 3.3.10: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8471
Planned Funds: $ 1,100,000.00
Activity Narrative: This activity also relates to Abstinence /Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic Health Careand Support (8468), Counseling and Testing (8470), Laboratory Infrastructure (8473), Strategic Information (8474) and Other/policy Analysis and System Strengthening.

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.
Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end next year.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

The planned key achievements in year 1 include: Procurement of ART through an agreed upon system by NUMAT and USG. USG is likely to recommend services for procurement of ART drugs for northern Uganda.

The key activity for year 2 will be to continue the procurement of ARVs through the agreed upon systems and deliver the drugs to the districts, facilities, camps and any other treatment area that have been accredited.

Continued Associated Activity Information

Activity ID: 4704
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: NUMAT/Conflict Districts

Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services	24	☐
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period	2,646	☐
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period	2,382	☐
Number of health workers trained to deliver ART services, according to national and/or itnernational standards	100	☐
Number of individuals newly initiating antiretroviral therapy	966	☐

Target Populations:

Refugees/internally displaced persons
People living with HIV/AIDS
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: HIV/AIDS Project
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8625
Planned Funds: $ 4,842,541.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336- OVC, 8337-CT, 8333-ARV Services, 8335-Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB.
Of the total number of active clients in care at all the 6 Mildmay ART service outlets, an estimated 2000 are currently eligible for ART initiation but won't be initiated on treatment due to limited funding.
Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Mildmay currently procures and distributes ARV drugs to 5 sites (Naggalama, TMC, Mbuya RO Church, Kinawataka and Mpigi HCIV). All ARV drugs are procured through Medical Access. By March 2007 the target is to have 3,500 patients on ART at TMC including (1,300 continuing ART patients as part of PEPFAR at TMC, 1,200 new ART patients expected to be recruited as part of the Targeted Evaluation that is examining various strategies to adherence in adults and children and reduction in sexual transmission risk in patients on ART, and 500 patients at each of the two rural clinics at Naggalama and Mpigi. 40% of all ART recipients at The Mildmay Center and the 2 rural outreach clinics are children below the age of 18 years i.e. OVCs. By March 2007, Mbuya - RO expects to have 715 PEPFAR-funded patients on ART including 250 children. TMC also has 600 patients on

MOH ARVs, 300 patients who purchase ARVs privately and Reach Out has 800 patients receiving MOH ARVs. ARV drug forecasting is done for the whole year but purchase of ARV drugs including a 3 month buffer stock for each patient is done on a quarterly basis. Drugs are delivered by Medical Access, checked and received by the program pharmacist. Stock taking and reporting is done monthly at the points of service.

During FY07 TMC will continue to procure for and distribute ARV drugs to 6 sites through Medical Access. A total of 5,815 patients will be receiving ARV drugs through Mildmay; - 3,500 will be at TMC, 1,200 at the rural sites of Naggalama and Mpigi, 1,515 at Reach Out Mbuya. In addition, buffer stock of ARVs for three months will be maintained to cover 1,830 MOH patients on ARVs at TMC, Naggalama, Mpigi and Reach Out Mbuya. This will ensure continuity of ART for patients supported through the Global Fund/ MOH. 40% of all slots at Mildmay (and the two outreaches of Naggalama and Mpigi) will be reserved for children while Mbuya will maintain the 250 children on ART. Funding under this programme area will mainly go towards logistics and procurement of ARV drugs with a training component for 250 people on ART management.

Continued Associated Activity Information

Activity ID: 4415
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Mildmay International
Mechanism: HIV/AIDS Project
Funding Source: GHAI
Planned Funds: $ 3,195,003.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing ARV services	6	☐
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period	5,815	☐
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period	5,815	☐
Number of health workers trained to deliver ART services, according to national and/or itnernational standards	250	☐
Number of individuals newly initiating antiretroviral therapy	1,600	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Partnership for Supply Chain Management
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	8933
Planned Funds:	$ 1,240,000.00

Activity Narrative: This activity is linked to Pall care: basic (8862), TB/HIV (8995), CT (8882) and Lab (8984). For the Inter Religious Council of Uganda's network of faith based sites, SCMS will provide forecasting planning, commodity ordering training for site staff and general logistics training for senior IRCU staff, computer systems for tracking ARV use, delivery scheduling and ARV patient reporting. This type of logistics support is available for other PEPFAR-sponsored NGOs. In addition, SCMS will procure ARV drugs for clients through the IRCU network.

The SCMS project will provide critical logistics technical assistance to the key providers of ARV treatment, diagnosis and prevention in Uganda, including the Ministry of Health, JCRC, IRCU and other PEPFAR NGO partners including the new program in 2006 targeting northern conflict zones. This will include forecasting and quantification, procurement tracking, product delivery and warehouse system improvement and delivery tracking for decision making. Procurement for ARV drugs for IRCU at a level of 1,000,000 is included this year. Commodities to be included under SCMS technical support include ARVs, HIV test kits, condoms, cotrimoxazole, Nevirapine and other PMTCT drugs, STI & OI drugs, and lab reagents and consumables for diagnosis. Uganda has made major advances in ARV treatment, diagnosis and prevention, but much remains to be done as patient numbers increase, access is brought closer to the local level, policies such as HIV routine testing, TB and HIV integration and new treatment for PMTCT mothers is adopted nationwide. Systems need to expand rapidly, be flexible to adjust to new policy demands and to be able to cope with emergency threats to the HIV/AIDS supply chain.
SCMS will provide on-going technical support to the national program under the MoH in the design of logistics systems, periodic system review, product forecasting & quantification, coordination and tracking of procurement from multiple sources, distribution planning from the national level to end user, efficiency improvement and computerized logistics information systems. With multiple partners, overlapping treatment systems and expanding demand, harmonization and coordination among all partners will be a key objective.
SCMS will provide specialized TA to both MOH and PEPFAR procurement planning, NMS and JMS warehouse upgrading and operational efficiency, NMS & JMS delivery scheduling, consolidation of the new MOH lab supply system, procurement and ARV delivery for selected organizations, very rapid expansion of HIV testing, access to palliative care supplies, integration of TB and HIV testing and treatment and computerized logistics IT systems. The partnership can provide very specialized technical assistance such as bar coding, warehouse operational management, delivery costing, or lab operational analysis and it can also provide the on-going technical support such as stock status reports, delivery schedule adjustments, on-the-job training and support supervision. SCMS will build on the logistics work done by the DELIVER Project, adding support supervision, bar coding, warehouse efficiency, expanded training and revised delivery scheduling. PEPFAR NGOs will be a special emphasis as USG ARV treatment targets grow, with expanded procurement and delivery needs. The OGAC review report has requested an early analysis of USG procurement current status and future options to harmonize and improve efficiencies which will take place in 2006. Upstream logistics will be a new focus, including work on improving the efficiency of customs clearance and work with the National Drug Authority to speed up post shipment testing to ensure prompt ARV delivery. In 2006 work with the National Drug Authority will begin with a focus on improving laboratory space.

New PMTCT treatment protocols will need special emphasis to integrate ARV treatment drugs to reach ARV+ pregnant women at critical stages. Increasing PEPFAR and MOH efforts to reach pediatric patients will need improved delivery for child ART. $400,000 funds will be provided to support the national program delivering PMTCT and HIV care and treatment to pregnant women and children.
Uganda as a country has been able to provide ART treatment to approximately 75-85,000 patients from public, NGO and private clinics. Demand however, is substantially higher and improved efficiency, minimal wastage, reduction of systems overlap, accurate delivery systems and the best possible prices will be required to provide for the increasing numbers of ARV positive patients. Good logistics systems are critical to reach these targets. Prevention in the form of HIV testing, blood safety, injection safety, and PMTCT ARV treatment is a critical component to control the future numbers of patients needing HIV/AIDS services.

For the IRCU's network of faith based sites, SCMS will provide forecasting planning,

commodity ordering training for site staff and general logistics training for senior IRCU staff, computer systems for tracking ARV use, delivery scheduling and ARV patient reporting. This type of logistics support is available for other PEPFAR-sponsored NGOs. In addition, SCMS will procure ARV drugs for clients through the IRCU network.
IRCU plans to utilize FY07 funds to sustain the 4,000 individuals on therapy through fifteen faith based hospitals and health centers IVs. The number of people on therapy is likely to increase as the cost of drugs continues to fall, especially as more FDA approved generic drugs enter the Ugandan market. There are approximately 90,000 Ugandans country wide that are eligible for treatment with no available source of therapy. The IRCU approach is to integrate the ART services with existing HIV care and overall health services rather than create a parallel program which mounts additional strain on the already overstretched capacity of its implementing partners. In this regard, IRCU plans to continue procuring drugs through the Joint Medical Stores (JMS) a mechanisms currently used by faith-based organizations to buy drugs and other essential health commodities. IRCU has already initiated a partnership with the SCMS to procure the required FDA approved drugs, which will be shipped to JMS where they will stored and later collected by respective implementing partners bimonthly after submitting accurate reports to IRCU. Learning from preceding ART programs, prompt forecasting and ordering will be paramount for the smooth running of the ART program. This will avoid stock out of drugs and any interruptions in the supply chain management. The SCMS will offer technical support and training to the health unit staff in forecasting, supply chain management as well as drug recording and storage.

OGAC: How is SCMS assessment proceeding with all of the USG partners? Planned assessment for 2nd quarter FY2007. The SOW will be jointly agreed by the USG PEPFAR team and we look forward to working with SCMS and OGAC on these issues. How is the GFATM linked here? SCMS will provide support to MoH and NMS to improve drug distribution systems. USG support is leveraging GF drugs/inputs in an overall approach to support Uganda's national care and treatment program. We will continue to address logistics support issues for drugs and commodities coming in from GF to avert stock outs.

*Support the Nat'l ART Committee to revise the nat'l ART policy and disseminate tx guidelines, M&E framework, surveillance of drug resistance, consolidation of procument for ARVs and CD4 machines, and build capacity of local partners in supply chain management of HIV/AIDS commodities. Support MoH and NMS to respond to emergency stock outs of ARVs in public health facilities.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing ARV services		☑
Number of individuals who have ever received antiretroviral therapy at the end of the reporting period		☑
Number of individuals who are receiving antiretroviral therapy at the end of the reporting period		☑
Number of health workers trained to deliver ART services, according to national and/or itnernational standards	2,500	☐
Number of individuals newly initiating antiretroviral therapy		☑

Indirect Targets

SCMS will work with the entire national MOH ARV treatment delivery through both NMS and JMS, currently reaching 35,000 patients at 220 sites. Two-year MOH projections expect to reach 56,000 MOH patients at 300 sites. MOH HIV test kits will expand from one million a year, to approximately 2.5m in two years. The laboratory reagents & consumables system will reach 960 NGO and MOH labs.

All pregnant women will be targeted for HIV tests, and new treatment protocols will provide ARV drug treatment in the later stages of pregnancy.

IRCU will provide ARV treatment for 1500 patients, with indirect technical support from SCMS. It is anticipated that this support may extend to STI & OI drugs at some stage.

JCRC will receive SCMS HIV/AIDS logistics technical assistance, with the intention to expand ARV treatment beyond the current 20,000 patients at 38 sites. SCMS will also work with JCRC's laboratory centers of excellence to establish and expand a laboratory supplies ordering & delivery system which will provide top-quality diagnostics services at the regional level.

PEPFAR NGOs are targeting provision of ARV treatment monthly to approximately 15,000 patients and SCMS is expecting to assist with the planning, delivery and tracking systems for many of these NGO organizations.

Target Populations:

Adults
People living with HIV/AIDS
Policy makers
Pregnant women
Children and youth (non-OVC)
Girls
Boys
TB patients

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	10137
Planned Funds:	$ 3,332,379.00

Activity Narrative: This activity also relates to activities in HIV/AIDS Treatment/ARV Services, Laboratory Infrastructure, Prevention Abstinence and Being faithful, Palliative Care – Basic Health care & support, Palliative care-TB/HIV, Orphans and Vulnerable Children, and Strategic Information.
AIDSRelief (AR) is a comprehensive HIV care and treatment program, providing ARV drugs, preventive, palliative, curative, social and ARV services to HIV positive people, their families and communities. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of five organizations with CRS as prime; Constella Futures Group and the Institute of Human Virology (IHV) providing technical assistance. AR works through 15 Local Partner Treatment Facilities (LPTFs), many of which are in rural and underserved areas.

Procurement of ARV drugs follows USG grant guidelines and National Drug Authority regulations and agrees with National Treatment Guidelines. AR's procurement system encompasses cost effectiveness through global procurement orders & contracts with a regional pharmaceutical procurement company; local sustainability is supported through the Joint Medical Stores (JMS) for warehousing and distribution. AR substitutes innovator proprietary ARVs with FDA approved generic equivalents. Over 60% of drugs used in the program are generically bioequivalent. All the drugs are purchased at Access prices. For generics AR has negotiated prices even lower than those offered under the Clinton Foundation agreement with selected pharmaceutical companies. The Pharmaceutical Management team manages in-country operations with a Therapeutic Drug Committee (TDC) of clinicians, pharmacists, strategic information advisors and program managers. The TDC reviews drug utilization patterns across all LPTFs, assesses scale-up progress and develops required technical support plans. The TDC will be replicated at all LPTFs to ensure ARV SCM is clinically informed and logistically supported.

The Logistic Management Information System (LMIS) used, includes a web-based enterprise inventory and financial management system that allows drug tracking from procurement to dispensing, interfacing with the ART Dispensing Software developed by MSH RPMPlus Program installed at LPTFs. This permits continuous modulation of patient enrollment to reflect ARV availability and to ensure a guaranteed and continuous supply of drugs for each patient initiated on therapy.

AR Uganda will provide ARV drugs to maintain the 10,700 people started on treatment and this will be supported by both local centrally funded funds. ARV services are provided to additional 1300 patients on treatment with non-USG funded drugs making a total of 12,000 patients. The funding scenario will only allow replacement of patients who have died or transferred to another program (March 2007-February 2008). AR will, however, also look into options of enrolling additional number of patients if at all possible. AR will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for both adults (9845) and children (855). Standard Operating Procedures (SOPs) have been developed in accordance with national guidelines that guide supply chain activities from product selection, forecasting, procurement and drug use monitoring. AR will ensure excellent supply chain management and uninterrupted ARV provision through local capacity building at critical points within the supply management chain. Emphasis will be made on strengthening all these systems, especially at LPTF level. AIDSRelief will also work closely with the Government of Uganda, the USG team in-country, and other partners and programs to harmonize and strengthen pharmaceutical supply chain systems.

IHV will participate in the periodic review of National Treatment Guidelines in order to assist in the selection of regimens most appropriate to the Ugandan context. Choice of regimen is guided by most recent evidence to ensure that the most effective & durable regimen available within the national guidelines with the best possible toxicity and resistance profile. Current choice of primary regimen for AR sites consists of Truvada (TVD) combined with Nevirapine (NVP) or Efavirenz (EFV).Kaletra and Combivir (AZT/3TC) will be substituted in case of intolerance or toxicity. Alternative regimens including Stavudine (D4T) and Lamivudine (3TC) are also procured to be used for patients with both renal insufficiency and anemia. The choice of regimen is based on the more favorable pharmacokinetic and safety profile and is supported by extensive clinical evidence. This is also designed to preserve optimal therapeutic choices for second line regimens.

AIDSRelief site activation process includes a 2- week on site program with both didactic

and clinical preceptorship activities. AIDSRelief has and will continue to support its sites with frequent on-site mentoring, quarterly focus group meetings and access to a web based site on which difficult cases can be discussed. This process is designed to provide LPTFs with ongoing clinical technical assistance and to keep them abreast with the latest developments in the care of HIV patients.

AIDSRelief is a comprehensive and integrated HIV program that provides prevention, ARV drugs and services as well as palliative care to HIV positive people & their families. AIDSRelief is a consortium of five organizations with Catholic Relief Services as the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group leading the Projects Strategic Information systems which provide essential clinical and programmatic information and Institute of Human Virology providing guidance and informing the establishment of treatment, adherence and care protocols. AIDSRelief program in Uganda will continue to maintain 12,000 patients on treatment by February 28, 2008 as well as will provide care services to 17.170 HIV positive patients. AIDSRelief services will be offered through 15 Points of Service (POS), distributed through out Uganda. The cost of ARV drugs in FY07 will be at $7,000,000 without any possibility of creating a buffer stock. However, the $3,667,621 early funding requested from country-funding COP07 will help the 6-months in advance order in such a way that not shortfall in the provision of ARV drugs will be created at the beginning of next project year.
AIDSRelief feels strongly that the integrity of the ARV pipeline must be maintained in a way that ensures uninterrupted access to anti-retroviral therapy (ART). ARV drugs must be in place by February 28, 2007 to guarantee that there are no stock outs at AIDSRelief-supported Local Partner Treatment Facilities (LPTF) in Uganda. ARV procurement cycle from the moment an order is placed till the patient receives drugs takes about 6 months hence the early funding of this activity is critical. This approach also helps with securing all the drugs needed for the regimen mixes used as well as provides the opportunity for getting lower prices. In order to reduce ARV costs, AIDSRelief will also continue with procuring FDA-approved generics which are part of the current treatment regimen.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Faith-based organizations
National AIDS control program staff
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Private health care workers
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: $ 38,481,781.00

Program Area Context:

The provision of antiretroviral therapy (ART) services is a critical component of the Emergency Plan in Uganda. In FY07, a key goal will be to increase the number of people, especially children and pregnant women, who receive ART services. USG will continue to support national priorities and strengthen the national system.

Uganda has a long-standing and well-developed network of care and treatment providers. This network engages the public sector health facilities, the faith based health networks and over 1,000 civil society groups delivering elements of HIV care services. An estimated 150,000 people currently need treatment in high prevalence areas—particularly in the Northern, Kampala, and North Central Regions. As of March 2006, Uganda's Ministry of Health (MOH) estimated that about 75,000 Ugandans were receiving ART. At that time USG directly supported 38,712 of these individuals in 102 service outlets throughout the country. Through its support to strengthening the national logistics system, training, quality assurance, and policy work, the USG provided indirect ART services to 36,288 people as of March 2006. USG is the largest provider of pediatric AIDS treatment services in the country, with over 9,000 pediatric patients on ART. Based on the secondary analysis of the sero-survey, 36,000 children require treatment. It is expected that pediatric AIDS treatment will increase with the new national infant early diagnosis program and improved linkages.

In FY07, USG will continue to support numerous venues for ART service provision in Uganda. USG will work with public, private and NGO sector service delivery outlets, which all have common challenges, including human resource constraints, congestion, and, difficulties with follow up. Despite these challenges, ART programs provide comprehensive services, and aim for quality service delivery. They provide either facility- or community- based services, or a combination of both. Public sector and faith based ART programs forge linkages to care, treatment and laboratory services within their respective health facilities and also provide linkages to other facilities for more advanced disease monitoring and community services, including PHA support programs. Some NGO programs provide onsite care, support, and treatment programs to vulnerable groups, and are also linked to public and faith based organizations for other clinical care. All programs either directly provide home follow-up or provide referrals for home follow-up. Linkages are made to specialized orphan support and other wrap around programs, such as food support and family planning.

Through infection control programs, national care and treatment programs provide infection control training and post exposure prophylaxis. USG will continue to support the injection safety program as it scales up to cover all national public sector health facilities. Also in 2007, USG will work with the Uganda AIDS Commission to improve coordination in Kampala, where there is high demand for services and a need to decongest tertiary health care facilities.

In all programs, adherence measurement and support will remain a high priority as will integration of prevention into existing care and treatment programs. Training curricula will be enhanced, operating procedures will be standardized, and family planning services will be integrated into ART services using wrap around funding. People living with HIV/AIDS (PHAs) will be supported to strengthen ART service referral networks for other PHAs and their families. Innovative approaches to the human resource capacity issues will also be addressed by using PHA and other community networks to provide support services and redefining the tasks that health cadres can perform.

In response to the needs of highly vulnerable populations in Uganda, less than one percent of current clients who access ART pay for treatment. The majority of those who do pay are in Kampala.

Financing for ART remains important for the country and USG will continue to work with private sector employers to incorporate ART insurance coverage or direct provision for employees and their families.

A strong focus on quality improvement exists through the Quality Assurance Project (QAP) and HIV Quality Improvement (HIVQUAL) Project. In FYO7, QAP will focus on expanding services to cover three quarters of all accredited sites in Uganda. The expanded services will support the MOH's site supervision, training, and regional coordination of HIV activities, as well as logistics management and laboratory supervision at the site level. HIVQUAL will continue to provide quality improvement activities at the site level with an emphasis on improved processes for data collection and measurement.

USG supported programs have completed data quality assessments for treatment partners, and are currently implementing ongoing quality monitoring programs. The programs include an increased focus on cohort analyses at the site level and improved recordkeeping and analysis. Family based care remains a key component of many of the USG supported programs in Uganda. Where such programs do not exist, strong partnerships have been created to link the mother from Prevention of Mother to Child Transmission (PMTCT) programs and her entire family to care and treatment services.
Currently, the MOH is rolling out a national early diagnosis and care referral program for infants that engages a number of USG partners. Two thousand infants were targeted in 2006, and plans are in place to reach 9,000 exposed infants by 2008. DNA-PCR testing will be managed in part through the Joint Clinical Research Center (JCRC) Regional Laboratory Centers of Excellence and CDC laboratories. ART follow-up will be available through JCRC, IRCU, the Pediatric Infectious Diseases Clinic (PIDC), and MOH facilities. Most facilities outside Kampala do not provide sufficient pediatric care to meet the immense need. The majority of children on ART are served centrally or through large ART service providers such as JCRC/MOH at their satellite centers, or via specialty centers like Mildmay and PIDC. Response to the early infant diagnosis strategy will increase the number of children in care and treatment and reduce mortality in this highly vulnerable population. As progress is made in this area, early infant feeding strategies are needed to respond to newly identified HIV negative children who are at increased risk of morbidity and mortality due to early weaning from breastfeeding. In FY07, current initiatives will be expanded to support pediatric care, with a focus on training, strengthening support supervision, and specialized pediatric placement.
USG will continue to complement the Global Fund (GF) programs. In FY07, USG will provide targeted laboratory services and opportunistic infection care for GF clients and will address any other service delivery gaps.
In FY07, USG support aims to directly reach 88,907 Ugandans with ART, train 62,863 individuals including treatment supporters, and build capacity in 200 service delivery outlets throughout Uganda, greatly contributing to Uganda's overall goal to provide ART to all who need it.

Program Area Target:

Number of service outlets providing antiretroviral therapy	219
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	110,477
Number of individuals receiving antiretroviral therapy by the end of the reporting period	89,601
Number of individuals newly initiating antiretroviral therapy during the reporting period	32,690
Total number of health workers trained to deliver ART services, according to national and/or international standards	63,427

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner: Baylor College of Medicine Children's Foundation/Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8284
Planned Funds: $ 1,925,771.00
Activity Narrative: This activity also relates to 8702-AB, 8285-TB/HIV, 8282-Counseling and Testing, 8719-Other Prevention, 8286-OVC, 8283-ARV Drugs, 8745-Laboratory.

The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC).

Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

plus ups: Only 30 out of 220 accredited ART sites provide pediatric services. Challenges include high cost of pediatric ARVs, inadequate skills, and limited resources for diagnosis of HIV in children. This activity will strengthen capacity for pediatric ART scale up to 12 sites in 4 rural districts. The program will conduct training for capacity building in ART delivery through didactic methods, clinical attachment, mentoring and support supervision to reach 200 health care providers. It is estimated that an additional 1300 children will be enrolled into active care of which 700 will initiate antiretroviral therapy through this program. The program will work closely with the PMTCT program and the national early infant diagnosis to identify HIV infected children.

Continued Associated Activity Information

Activity ID: 4381
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Baylor University, College of Medicine
Mechanism: Pediatric Infectious Disease Clinic
Funding Source: GHAI
Planned Funds: $ 368,415.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	28	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,493	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,920	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	700	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	360	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8289
Planned Funds:	$ 4,186,630.00

Activity Narrative: This activity relates to 8288-ARV Drugs, 8584-PMTCT, 8290-Laboratory, 8291-Abstinence and Being faithful, 8292-Palliative Care; Basic Health Care & Support, 8293-Palliative care;TB/HIV, 8294-OVC, 8295-CT.

AIDSRelief (AR) is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative care and ARV services to HIV positive people and their families. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AIDSRelief is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group leads the Projects Strategic Information activities and the Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. Based on its successes and lessons learned, the AIDSRelief program in Uganda will maintain 12,000 patients on ART. AR will also provide care services to 17,170 HIV positive patients. New patients will be added into the program based on treatment spaces" being opened if a patient dies or is transferred out of the AR program. Services will be offered through 15 Local Partner Treatment Facilities (LPTFs), distributed through out Uganda. The Children's Aid Fund is a sub-grantee supporting 5 of these sites
AR has demonstrated considerable programmatic success to date. This has been verified through results from a quality assurance/quality improvement (QA/QI) set of activities which includes viral load testing from a 15% sample of patients who have been on therapy for longer that 9 months, plus chart abstractions and adherence questionnaires. Results indicate an overall viral suppression rate (< 400 copies/ml) of 86%. AR believes that its drug regimen and comprehensive program, especially strong LPTF mentorship/preceptorship, adherence and community activities have contributed towards this.

COP07 funding for the provision of ARV services at 15 LPTFs will support staff, laboratory reagents, medicines to treat opportunistic infections, other supplies, logistical support, quality assurance, Technical Assistance (TA), supervision, provision of infrastructure (as needed), and training of clinicians and other HIV care providers and community outreach. Training will be carried out through a mentorship/preceptorship model in the 15 LPTFs and will be directed at medical/clinical officers (59), nurses (67), adherence counselors (113) and the community workers. The results of the QA/QI have been shared with all LPTFs. In year 4 of the program, AIDSRelief will provide supportive supervision through hands-on preceptorship to continue to assist the LPTFs to developing the internal capacity to implement quality assurance and quality improvement on-site. This will include further viral load sampling for those patients who have been on treatment for longer than 9 months together with chart abstraction and an adherence questionnaire. AIDSRelief will help to create networks of providers among the LPTFs, and to link these facilities with other sites providing ART services. AIDSRelief will actively promote learning across LPTFs, through periodic web-based/CD learning in order to provide LPTFs with the most up to date HIV information. Those enrolled in care will be provided with Cotrimoxazole and treatment of OIs. Therapeutic feeding for severely malnourished HIV+ patients will be provided. LPTFs will be encouraged to form PLHA support groups. Sensitization of key community leaders will be key.

Had funding been available Year 4 was planned to be a growth year for the provision of pediatric and family centered services reaching an estimated 19,000 patients with treatment. Under the current funding scenario, patient treatment numbers will be maintained through replacement for those who have died or transferred out of the program. No additional children will be started on ART. AR will however strengthen skills among clinical staff in the areas of pediatric HIV knowledge and pediatric counseling. The AIDSRelief program will devote resources to developing strong adherence programs which has been demonstrated as a key component of good clinical outcomes. Adherence to ART is one of the critical factors to achieving durable viral suppression. The program will work to adapt existing, locally appropriate IEC and BCC materials, as well as to identify gaps in these media and develop materials as needed. In northern Uganda there are examples of hospital/CBO linkages which provide excellent adherence support at community level. AIDSRelief, because of its work through partners who are firmly embedded within communities has the ability to support increased capacity and involvement of communities. This would also have been an important and cost effective component of Year 4 activities had sufficient COP funds been made available.

Coordinated by Constella Futures (CF), Strategic Information (SI) activities incorporate program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous data quality improvement, and using SI for program decision making across LPTFs. AR has built a strong system using in-country networks and available technology at 15 LPTFs in COP06. AIDSRelief will carry out regular site visits and reviews to ensure continued quality data collection, data entry, data validation and analysis, dissemination of findings; data management & continuous quality improvement. This information will be used to provide the regular USG, OGAC and MOH reports as well as input to LPTF QA/QI activities.

Sustainability lies at the heart of the AR program. To date, AR, through its comprehensive programming, has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems themselves through human resource support, equipment, financial training and improvements in health management information. In addition, AR has strengthened referral linkages between health facilities themselves, and significantly among these facilities and their communities. In COP07 AR will further build on this foundation to work both at national network and LPTF levels to identify and begin to implement a sustainability plan for the future. The focus will be on building health care treatment networks where different services will be provided by different providers under the same geographic location. Focusing on building the institutional, technical, financial and political capacity of AIDSRelief sites will help create the conditions for the long term support to patients on treatment and care.

Continued Associated Activity Information

Activity ID: 4386
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 3,286,630.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	26	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	13,750	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,750	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	356	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8319
Planned Funds:	$ 2,025,400.00

Activity Narrative: This activity relates to 8320-Lab, 8318-ARV drugs, 8316-CT, 8321-OVC, 8317-Palliative Care;TB/HIV, 8315-Palliative Care;Basic Health Care and Support, 8313-OP, 8772-AB.

Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-Dec 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the FOM of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

Currently, the MJAP ARV services' activities are implemented at 8 outlets. The 8 service outlets currently attend to up to 20,000 patients in care, 7000 of who are on ART (35%) – 3,556 at AIDC, 2,610 in Mbarara ISS clinic, >487 in Mulago ISS clinic, >62 in Mulago TB/HIV, >159 in Mbarara municipality clinic, >182 in Kawempe KCC, >55 in Bwizibwera HCIV, and>98 in Naguru KCC (an estimated 6000 of these receive ARV drugs through Global fund support). (data for June 2006). Two additional satellite HIV/AIDS clinics will be established within Kampala district in FY06 in collaboration IDI and KCC. The number of HIV patients in the clinics continues to increase with the expansion of RTC in the hospitals. The AIDC and Mbarara ISS clinics provide care for adult patients (children receive care from the Pediatric Infectious Diseases Clinic – PIDC and Mbarara pediatric ISS clinics). However, in the satellite clinics MJAP collaborates with other partners to provide comprehensive HIV care to families, including children. The demand for ART is very high in all the care and treatment sites. Majority of HIV positive patients identified through the RTC program (70%) need ARVs (WHO Stages 3 and 4). Patients undergo orientation to prepare them for ART. Patients who fulfill the eligibility criteria receive a second orientation meeting with their treatment supporter. ARVs are initiated on the third visit if the medical officer is satisfied that the patient is ready to begin therapy. Patients are seen by the adherence nurse counselor on day 0, day 15, 1 month and then monthly for counseling and ARV refills. Adherence to ARVs is monitored by self report using a visual

analogue scale, pharmacy records, ART patient cards and pill counts (patients return the bottles with any remaining pills). In both Mulago and Mbarara AIDS clinics, we estimate that only 50% of clinically eligible patients are receiving ART although the majority(70%) of HIV infected persons identified in the ongoing RTC program are eligible for ART. MJAP has trained over 300 health care providers in the provision of antiretroviral therapy and strengthened systems for ART delivery including staffing, laboratory support, logistics and data management. In FY06 the program will provide ARVs services to > 9,000 including 6,000 patients who receive ARVs from MOH in terms of staffing, laboratory monitoring, and other drugs.

In the next year, two new satellite care and treatment sites will be opened in collaboration with IDI, bringing the total to 12 sites. MJAP will provide ARV services to >15,000 patients by March 2008 (including 10,000 patients in the 12 clinics who will access ARV drugs from Global Fund - Ministry of Health). Funds will go towards additional staffing and training of new and existing staff. MJAP will strengthen prevention with positives counseling and support including HIV testing for spouses of patients in the HIV clinics. The program will reinforce adherence counseling and support, and follow-up of ART patients. MJAP will hire and train additional and existing staff and up to 200 health care providers will receive training in ART delivery. The program will strengthen ART patient tracking and adherence support; enhance ART treatment and HIV prevention integration in the clinics, promote prevention with positives activities and involvement of PHAs in patients care and support. The program will provide care for adult patients in AIDC and Mbarara ISS clinics (children receive ART from the Pediatrics Infectious Diseases Clinic – PIDC, and the Mbarara pediatric HIV clinic). In the satellite clinics, MJAP will provide comprehensive HIV/AIDS care and treatment for families including children in partnership with other programs. The funding for ART services will go towards the hiring and training of health care providers, PHAS and other support staff, initiation and follow-up of patients on ART, quality assurance, support supervision, and M&E.

*Expansion of ARV treatment for eligible patients currently in care and those id'd through expanded HIV CT. The program leverages resources for MOH/GF by providing capacity building for ARV service provision at 10 MOH sites. The sites experienced stock-outs of ARVs procured through GF last year. Support procurement of ARV buffer stock for GF clients attending these clinics and provide lab services for these clients.

Continued Associated Activity Information

Activity ID:	4036
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 1,725,400.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	12	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,500	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	6,400	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8326
Planned Funds: $ 469,023.00
Activity Narrative: This activity relates to 8327-PMTCT, 8324-AB, 8328-Palliative Care; Basic Health Care and Support, 8323-Palliative Care;TB/HIV, 8329-CT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8322-Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4021
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 386,705.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	16	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,474	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,400	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	400	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	12	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas

Rakai

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HIV/AIDS Project
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8333
Planned Funds: $ 4,490,301.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336- OVC, 8337-CT, 8625-ARV Drugs, 8335-Laboratory, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Since opening in 1998, TMC has registered over 14,000 patients, of whom 2,200 are receiving ART through different sources; - 1,400 patients are on ART through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access palliative basic care and laboratory services. All patients attending TMC have access to: free CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, other palliative care services i.e. morphine and chemotherapy for HIV related cancers and free management of fungal infections and TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. By March 2007 the target is to have 5,915 patients on ART, 4,400 at TMC and its rural sites (being 1,400 continuing ART at TMC, 1,100 newly initiated on ART as part of the Targeted Evaluation, 500 at each of the rural clinics at Naggalama and Mpigi, 600 on MOH ARVs at TMC, 300 private

patients and 1,515 at Reach Out Mbuya, comprising 715 on PEPFAR and 800 on MOH ARVs. All patients in care screened for ART eligibility, and when found eligible, undergo multiple counselling sessions focusing on ART adherence, VCT for family members, partner testing and disclosure. Adherence to ART is monitored by patient report and pill counts on a monthly basis as they come for drug refills. Client adherence support workshops initiated in the past year have been taking place monthly. Patient tracking is carried out by the adherence team for those that have missed visits. Patients on ART are also provided with palliative basic care, TB screening and treatment, and lab monitoring. Mildmay has a fully functional lab able to perform all HIV related tests and follows national MOH guidelines in provision of ARV services. 1362 health providers were trained at Mildmay in ARV service provision in the past year.

During FY07 TMC will carry out care and training activities on site in Wakiso District and at each of the outlying sites at Naggalama and Mpigi. In FY07 it is planned to increase to 7,665 patients receiving ARV services, each having at least 2 CD4 counts a year, 3 Full Blood Counts and 3 Liver Function Tests. It is expected to carry out 12,000 pregnancy tests and 1000 viral loads particularly aimed at pregnant women and treatment experienced patients. The funding for this programme will finance human resources, training, quality assurance issues, infrastructure and logistics. The funding for ART services will go towards recruitment of additional staff, training of care providers, training of PHAs and other support staff, initiation an follow-up of ART recipients, quality assurance and support supervision. Mildmay expects to train up to 1450 health care provider in AERT provision in FY07.

Continued Associated Activity Information

Activity ID:	4414
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Mildmay International
Mechanism:	HIV/AIDS Project
Funding Source:	GHAI
Planned Funds:	$ 3,271,807.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	6	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,825	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,665	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,600	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,450	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8346
Planned Funds:	$ 215,418.00

Activity Narrative: This activity also relates to activities in 8340-AB, 8342-CT, 8343-Basic Health Care & Support, 8341-PMTCT, 8344-Injection Safety, 8347-Laboratory Infrastructure, 8345-Strategic Information, 8348-Other Policy.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services.

In fiscal year 2006, this activity supported the training of 85 health workers from health facilities in 5 districts in comprehensive AIDS care and treatment including ART, supported supervision of health facilities providing ART services in all districts in the country. In addition, support for the on-going ART site accreditation assessments was undertaken.

In FY07 this activity will support several different Ministry of Health activities including;

Training of health workers in district health facilities in comprehensive HIV/AIDS care including ART, targeting medical officers, clinical officers, nurses, counselors and nursing assistants running HIV care and treatment clinics. Counselors and nursing assistants will be trained in counseling of patients on ART with emphasis on adherence to treatment. This will increase the number of health workers in district hospitals and Health centre IVs who are able to provide ART and reduce workload and contribute to building capacity of health facilities to provide ART services.

Training and updates for regional trainers and supervisors for pediatric HIV/AIDS care including ART, targeting physicians, medical officers and nurses at regional referral hospitals who have already been trained as trainers and supervisors for ARV services for their respective regions. They will then be able to train and supervise health workers in district health facilities so as to improve the coverage and quality of treatment for HIV-infected children.

Support for assessment and accreditation of 100 public and private health facilities that are not yet accredited for ART service delivery. This activity fits in well with the national ART scale up plan which is to prepare all health centre IV as ART centres by the end of 2007 so as to expand access to ARV services countrywide and to the lowest levels of health service delivery.

The HIVQUAL-Uganda Project (HIVQUAL-U) is a capacity-building program for HIV-specific quality management support that facilitates the development of sustainable quality improvement activities. The overarching goal of the Project is to improve the quality of care provided to people living with HIV/AIDS in Uganda. The project has recruited two full time staff a program officer and data manager at STD/ACP-MOH to take lead in implementation of project activities. Two international project consultants visited the country and together with the project staff oriented 20 pilot ART sites to the project activities. Customization of the HIVQUAL-I soft ware to the Uganda situation was done, development and pre-testing of data collection tools was undertaken.

Another the key activities planned is to standardize a minimum package of HIV treatment and care for PHAs accessing services from both private and public sectors.

Support regional inter-site coordination meetings for all health workers and district stakeholders in HIV/AIDS care in the districts that are essential for coordination of ARVs services in the districts and at regional levels. This activity will facilitate learning from the experiences of ART centres and the review of operational issues pertaining to provision of ARVs. The goal here is to improve the quality of care provided at all active ART sites in the country.

Support supervision of health facilities providing ART services, to continuously build local capacity and motivate health workers to provide quality services. One of the key activities under this component would be the establishment of strong regional teams with clear roles for mentoring, training and provision of advanced ART services to lower health

facilities providing ART. The other activity under this component is to bring on board all district health managers to supervise and plan ART services in their districts and work hand in hand with the regional referral hospitals. This is with a view of eventually setting up a robust referral system for the care and treatment of PHAs leading to strong links between health facilities and the Community Based Support Program.

Review and update the national ART policy, treatment guidelines and training materials. These activities are pertinent in view of the rapidly changing knowledge on ART. Finally, the materials once developed or updated will be printed and distributed to health facilities providing care. The resources provided here leverage other ART resources from Government of Uganda, Global Fund and other donors.

Continued Associated Activity Information

Activity ID:	4407
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Uganda
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 179,515.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	100	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	120	☐

Target Populations:

Doctors
Nurses
Pharmacists
ART providers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Trea
Prime Partner: The AIDS Support Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8361
Planned Funds: $ 3,786,632.00
Activity Narrative: This activity also relates to activities numbers: 8358-Basic Health Care and Support, 8362-TB/HIV, 8359-CT, 8360-ARV Drugs.

The program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related-support services to HIV positive adults, children and their family members. These services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing and psycho-social support.

Initiatives in FY07 will support clinical and related support services through an established network of urban and rural health facilities located throughout the country to ensure equitable access for treatment to an existing pool of 7,000 adults and pediatric patients. Comprehensive HIV support services will also be expanded to reach an additional 60,000 HIV positive individuals with prevention, care and treatment services as appropriate. A family-centered approach will be established, using the index HIV person to reach family members with confidential HIV counseling and testing, and care for those identified as HIV positive. All clients testing positive will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis information; a safe water vessel and chlorine solution; long-lasting insecticide treated bednets; condoms as appropriate; educational materials; and prevention with positives counseling.

Following national ART treatment guidelines and services criteria, each health center will be staffed with fully trained HIV clinical and ancillary health care professionals and establish systems to monitor patients in care for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. Prevention with positive interventions will be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Depending on the location of each health center, service delivery models will be developed to provide easy access to all in need of services, including facility-based, community-based, and home-based approaches, as well as outreach activities to ensure full coverage for the targeted population.

Continued Associated Activity Information

Activity ID: 4057
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The AIDS Support Organization
Mechanism: TASO CDC
Funding Source: GHAI
Planned Funds: $ 2,460,072.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	11	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	20,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	15,750	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,250	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	25	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: University of California San Francisco - UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8371
Planned Funds: $ 120,000.00
Activity Narrative: This activity also relates to 8370-PMTCT, 8369-Other/Policy analysis and system strengthening, 8372-SI.

The University of California San Francisco (UCSF) is one of several U.S. Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide local and international training opportunities for service providers and program managers on inventive strategies for care and treatment. Beginning in FY04, UCSF provided PEPFAR Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY07, the UCSF in-country technical advisor will provide support for the implementation of ARV treatment and care activities funded through the Emergency Plan. Following the initial design of a national ARV Quality Assurance system in FY05, the advisor will provide technical assistance and coordination to CDC-Uganda's 7 implementing partners providing antiretroviral therapy (ART) and basic HIV clinical care at over 50 facilities in Uganda. Through participation on the MOH ARV subcommittee, current care and treatment information will be made available to inform national treatment and clinical protocols. In addition, the advisor will assist with the formulation of strategies for the PEPFAR Uganda care and treatment workgroup including comprehensive ARV care and delivery and programs to improve adherence and improve services at all sites. These programs will be designed and implemented for different clinic service delivery models. In-service training sessions for clinic staff will be offered throughout the year to address issues identified in HIV/AIDS treatment and care. Finally, the advisor will continue to provide direct programmatic support for the design and implementation of The AIDS Support Organization (TASO) home-based ARV treatment and care program.

Continued Associated Activity Information

Activity ID: 4423
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: University of California San Francisco - UTAP
Funding Source: GHAI
Planned Funds: $ 120,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	40	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Public health care workers
Private health care workers
Doctors
Nurses

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Base GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8380
Planned Funds: $ 835,412.00
Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8375,8382,8383,8384,9108-SI, 8376,8381-Lab, 8377-M&S.

The Home-Base AIDS Care project is a public health evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counselling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. ART services in HBAC include provision of cotrimoxazole prophylaxis and basic preventive care, OI treatment, and adherence and prevention counseling. Technical leadership by CDC-Uganda staff for HBAC ART services is provided by a team of very experienced epidemiologists, behavioral and laboratory scientists comprising of expatriate direct hires and Ugandan technical staff. In addition, US CDC has recruited well-trained and very experienced clinicians, nurses and counselors who provide day-to-day patient care, nursing and counseling services to patients enrolled in the ART program. They have together developed and adapted ART treatment, nursing and counseling protocols and guidelines to ensure that high quality Home-Based ARV treatment services are provided through HBAC. The HBAC technical team has also been heavily involved in training staff from other PEPFAR ART programs who frequently come for field practice and in-service training. ARVs are delivered weekly to clients homes by field officers who collect basic clinical information required for clinical monitoring. Subjects also visit the HBAC clinic if acute medical problems develop. In FY06, more than 1031 patients received ARV services, of which 20 were new patients.

In FY07, HBAC will build on FY06 activities. An additional 543 patients, including 10 children will be recruited on ART. 333 patients will be part of Arm D – a group of patients who would have clinical monitoring but who would initiate ART with monthly home visits, rather than weekly.

Continued Associated Activity Information

Activity ID: 4433
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 835,412.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	1	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,710	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,545	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	543	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	160	☐

Target Populations:

People living with HIV/AIDS

USG in-country staff

Coverage Areas

Busia

Mbale

Tororo

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8391
Planned Funds: $ 250,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Prevention, 8388-CT, 8386-Palliative Care;Basic Health & Support, 8987-Palliative Care;TB/HIV, 8387-SI, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (ref. FY06 COP:$250,000 for ARVs, $250,000 for services).

Beyond the estimated 20,000 military personnel and family members that are HIV infected, military medical clinics are also available to civilians, and in some locations are utilized by the surrounding civilian communities. Thus the demand to provide quality ARV services is continually growing. In mid-2004, two army hospitals were accredited to deliver ART, starting with drugs provided by the Global Fund. This has been expanded through the PEPFAR to 8 sites serving 1800 adults, spouses, and children. ARV services have been strengthened through training of health care providers, via the Infectious Diseases Institute (IDI) based in Kampala, and a partnership with San Diego DHAPP. A critical cornerstone of safe, effective ARV treatment is high compliance. Military personnel have unique challenges and obstacles for medication adherence, given barracks living, deployments, and the stigma associated with HIV/AIDS. A needs assessment and pilot adherence program is being initiated to specifically address ARV compliance in the military, and will be centered at Bombo Barracks and Mbuya Hospital.

In 2007, there are plans to support to expand ARV services in training of UPDF personnel and modify and extend the adherence protocol to the other 6 treatment sites. This program will also be evaluated, and clinic procedures modified to include adherence practices as standard protocol. Additional training of physicians (6) and nurses and clinical officers (25), through the IDI in Kampala and the DHAPP program (2) will also be conducted. The IDI in collaboration with the UPDF have developed a 4 week (and 2 week respectively) course aimed to ramp up skills in ARV use, recognition and management of OIs and PMTC. Monitoring of clinical services with a medical information systems (MIS) to optimize clinical management will be initiated. There will be more of an emphasis on integration of prevention care and treatment programs; and increasing the availability of materials for client-provider interaction. Provision of ART will continue through JCRC, with drugs worth $250,000.

Continued Associated Activity Information

Activity ID: 4552
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,600	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,200	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	33	☐

Target Populations:

Doctors
Nurses
Military personnel
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8415
Planned Funds: $ 350,000.00
Activity Narrative: This activity also relates to activities in counseling and treatment.

The ACQUIRE Project – Access, Quality, Use in Reproductive Health – is a five-year Leader with Associate Award Cooperative Agreement (October 2003-September 2008), designed to address the enormous challenges health programs face to maintain and build on the successes of the past to bring safe, effective preventive health care, including family planning, maternal health and HIV services, to the growing number of those in need. A nationally conducted ART assessment by the USG team in Uganda in 2006 highlighted a number of "missed opportunities" for prevention counseling and strengthening within ART settings. Family planning was particularly identified as an appropriate preventive approach for people living with HIV and were uncertain wanting to have more children. Furthermore, behavioral data from a CDC Uganda ART site revealed that 97% of women who were pregnant did not want to have more children or did not want to have children at that time. It is against this background that the USG team planned to use additional emergency plan funding available in FY06 to strengthen counseling in positive prevention measures among people in HIV care and AIDS treatment sites. The USG team, along with two partners SCOT (Strengthening Counselor Training in Uganda) and ACQUIRE agreed that positive prevention (PP) includes counseling in 1) family planning, 2) sex and sexuality (sero-sorting, alternative sexual expressions and safer sex negotiations), 3) HIV/STI diagnosis and partner treatment (disclosure and partner testing), 4) risk reduction and 5) stigma. The goal of PP is to contribute to the reduction of HIV/STI transmission in Uganda. PP objectives include integrating positive prevention strategies into existing individual, family and community prevention efforts and strengthen PHA network support systems and structures. FP is a key tool to reduce vertical transmission of mother to child especially where a pregnancy was not intended.

In FY06 SCOT and ACQUIRE worked collaboratively on developing a memorandum on understanding with clear roles and responsibilities, and on development of curricula for facility and community based counselors. Community based counselors are pooled from PHA groups which are very active in Uganda. The team of SCOT and ACQUIRE also developed an integrated FP/HIV training curriculum for facility based service providers and will have trained 30 master trainers in its use by the end of 2006. In FY07, these 30 master trainers will be supported to train 250 service providers to provide family planning counseling to target populations within their facilities, reaching about 40,000 PHAs. In FY07 SCOT and ACQUIRE with the master trainers will help to roll out the PP curricula and materials among trainers within the Joint Clinical Research Center (JCRC), National Forum for People Living with HIV and AIDS Networks in Uganda (NAFOPHANU), The Aids Support Organization (TASO), Reachout Mbuya and Paediatric and Infant Disease Center (PIDC). ACQUIRE will provide technical direction to ensure FP is integrated into the HIV facilities. The two projects in collaboration with the above partners will build capacity of HIV service providers to provide family planning counseling and refer for FP services, as appropriate. Provider job aids and IEC materials for clients, as well as quality improvement tools will also be rolled out.

Continued Associated Activity Information

Activity ID: 6432
USG Agency: U.S. Agency for International Development
Prime Partner: EngenderHealth
Mechanism: AQUIRE
Funding Source: GHAI

Planned Funds: $ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HOSPICE
Prime Partner:	HOSPICE AFRICA, Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8420
Planned Funds:	$ 525,000.00

Activity Narrative: This activity also relates to activities in Palliative Care: Basic (8419) and Laboratory Infrastructure (9100). Hospice Africa Uganda (HAU), a registered national NGO, is at the forefront of palliative care (PC) throughout Africa. Commenced in 1993, it has now been one of the most successful projects and is recognized as technical experts for the Ministry of Health in palliative care. As a result of Hospice Africa Uganda's work, Uganda is recognized as a model for bringing affordable and culturally acceptable palliative care, for HIV/AIDS and/or cancer patients and families, throughout Africa. From the experience and initiative of HAU, two support organizations have been born: Palliative Care Association of Uganda (PCAU) whose brief is to support each of the Districts in Uganda with standards, education and follow up of services, and the African Palliative Care Association (APCA) to coordinate, assess and promote services throughout the continent, through advocacy, education, and setting standards. Currently HAU operates from three sites: Kampala (Head office), Hoima District and Mbarara District. Each of these district branches has a network of outreach sites in other districts around it. In addition, each branch has a technical team that offers palliative care training and follow up supervision for other HIV/AIDS care organizations. HAU is one of the few specialist organizations within Uganda providing and supporting palliative care interventions (in accordance with WHO definition, 2002) which focus on palliation- pain and symptom management, adherence to treatments, prophylactic care and treatment of opportunistic infections, HIV prevention, psycho-social and spiritual support, to the patient and to the family to optimize the quality of life and to ensure peace and dignity at the end of life. Central to HAU philosophy is the delivery of services at times and places convenient for the patient and their carers' in a culturally and socially sensitive way.

Home based care and community care will form the backbone of HAU services, especially for PLHAs during the critical stages of illness. HAU will continue to use its close link with families and communities of people affected by HIV/AIDS to support treatment adherence, not only for HIV/AIDS but also for other critical illnesses such as tuberculosis. HAU will build capacities of families and communities to offer intermediate care to PLHA, ensure adherence to treatments, and refer those needing professional care and treatments to the appropriate sources of care and treatment. In addition this approach offers unique opportunities (with sensitivity) for reaching families with prevention messages to minimize further transmissions of HIV, and delay onset of infections among PLHA; address sexuality issues such as condoms and family planning; and counseling for testing (PMTCT/VCT for both adults and children), as well as facilitating them with HIV testing, so as to link them to other forms of care such as ART. In this coming year, HAU will seek to broaden these to include training family carers on the value of counseling and testing, promote couple testing and disclosure of results and safe sex. HAU will use its network of 122 palliative care trained Community Volunteer Workers to work with families and communities to further strengthen basic care and adherence support within the HAU operational areas. Monthly community day centers, will be designed as places that bring together patients and carers together in order to provide care and treatment, and improve access to prevention services as well adherence support at the community level. HAU plans to pilot at least two community day centers, one in Hoima and the other in Kampala. HIV prevention messages will focus on giving correct information on recent developments such as infection control, adherence support, disclosure etc.

The second component of this activity is co-managed care with sister organizations. HAU recognizes that no one agency can provide all the components of care and support and will hence collaborate with existing networks of other service providers to co-manage patients to maximize synergies and enable PLHA to access the broad spectrum of services, such as ART (adults and pediatrics). For instance, HAU refers patients to ART providers for initiation of ART while the same providers also refer to HAU the patients that need pain and symptom control and psycho-social support to enhance adherence to ART and prophylactic care, such as, cotrimoxazole and fluconazole. With increasing access to ARVs, many patients are experiencing restored health and longer term survival, often with complex psycho-social needs and punctuated with periods of ill health and symptoms due to infections. Some also experience severe ARV-related side effects, in some instances so distressing that they cause patients to stop their ARVs and jeopardize their health. In order to meet these needs, complementary care is required between organizations, not only to enhance the quality but also to avoid duplication of care. HAU will also continue to network with organizations that formally provide services that are not provided at HAU such as social support interventions (food assistance, income generating activities, and

support for orphans). These linkages will be strengthened to maximize efficiency and improve access to holistic care. Efforts will also be made to encourage two-way referral systems and 'fast track' arrangements for patients referred between programs for 'shared care'.

In FY07 HAU targets to reach 700 new HIV/AIDS patients to be taken 'on program' as patients requiring palliative care specifically for pain and symptom management and/or end of life care to ensure peace and dignity. HAU will train at least two family members responsible for caring for the patient in home care and referral. HAU will also update the skills of its clinical and training staff (45) and community volunteers(122) in comprehensive HIV/AIDS management skills (diagnostic, treatments, adherence, and education). These activities will aim to address the key legislative issues of gender, stigma and discrimination, and wrap around activities related to increasing food and nutritional resources for HIV affected and infected individuals.

OGAC Reviews: Hospice Africa – 8420- should be in palliative care section.

Hospice Africa Uganda (HAU) is an indigenous organization offering palliative care with a focus on pain management, symptom control and end of life care. In this role HAU provides care for hundreds of ART patients who develop pain and other symptoms resulting from ARVs. In addition HAU delivers its services through a family approach which puts it in a strategic position to identify individuals with PLHA and link them to ART delivery sites and provides community and clinical support for ART adherence. These interventions constitute a valuable element of ART services.

Continued Associated Activity Information

Activity ID: 4824
USG Agency: U.S. Agency for International Development
Prime Partner: HOSPICE AFRICA, Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 525,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	167	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Traditional healers

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Hoima

Kampala

Mbarara

Mukono

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	IRCU
Prime Partner:	Inter-Religious Council of Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8425
Planned Funds:	$ 1,010,000.00

Activity Narrative: This activity links to HIV prevention (8426), Treatment: ARV drugs (8428), palliative care: basic (8422), TB/HIV (8423), OVC (8427), Counseling & testing (8424) and Laboratory Support (9455).

The Inter-Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. Through its constituent faiths, IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. In this position, IRCU has been a major player in rolling out ART services in Uganda. Using FY06 funds, IRCU plans to access quality ART to 2,500 individuals by September 2007.

In FYO7, IRCU will intensify its efforts in strengthening services that: 1) increase the number of people seeking services, 2) support adherence for those on treatment and 3) further strengthen capacity of provider institutions to offer quality services. In collaboration with other prominent ART providers in Uganda, such as JCRC, Mildmay and the Infectious Diseases Institute (IDI) IRCU will continue upgrading the skills of 100 cadres of staff running the HIV/ART clinics in all its fifteen supported faith-based ART providers. This will entail training them in comprehensive adult and pediatric HIV and ART service provision with key focus on pediatric care, treatment efficacy, drug resistance and drug counter-indications. 300 PHLA receiving treatment will be supported to form adherence teams which will constitute a major part of care at the implementing sites with respect to monitoring adherence at the units, homes and also tracking patients who fail to return for scheduled clinical visits. These teams will be trained on use of standardized methods of monitoring adherence including visual analogue scales and patient self reporting. They will work closely with the nurses, dispensers and will establish good links with the families of patients on ART and the community as they are essential in providing psychosocial support for the patients on ART.

Over 20,000 HIV positive patients enrolled into care will receive routine monthly cotrimoxazole prophylaxis, and context specific components of the basic care. At the minimum each PLHA will receive two Insecticide Treated Nets (ITNs) and messages on positive living. IRCU will work with the Ministry of Health and its supported faith-based health units to streamline provision of free Fluconazole needed for treatment and prophylaxis of Cryptococcal infection in HIV. Supported faith-based health units will be facilitated to store electronic data which will simplify the periodic reporting process and also promote operational research, from which findings will be used to further improve the program. In units lacking sufficient cadres of staff to provide optimal ART care, IRCU will support minimal recruitment of such identified key personnel including Medical Officers, Nurses, Counselors and Dispensers. Provision of quality ART care will be IRCU's hallmark. To enforce this, the teams will be trained on quality assurance processes and they will be required to set up quality control systems which will be monitored periodically. The clinics will be supported to provide health message dissemination in form of Information Education Communication (IEC) materials, visual and audio messages. IRCU in partnership with SCMS will strengthen the logistics systems at the units to enhance accurate ordering and forecasting of the required drugs and other inputs. IRCU will support limited refurbishments of HIV clinics to provide basic working areas and waiting sheds for patients in five of the fifteen units.

Provider initiated routine testing and counseling (RTC) services will be initiated or enhanced at all IRCU supported ART sites. RTC will create the demand for both basic and ART care programs at these sites. Centers like Mulago and Mbarara Hospitals where RTC was initiated have shown that 60-80% of patients presenting to the HIV clinics in the hospitals are referred through the local RTC programs. 40 selected staff will be trained as trainers of trainers (TOTs) in the RTC model. These will then sensitize the rest of the hospital staffs on RTC. Religious leaders will also be vital in mobilizing the community to access prompt care at the units as well as raising treatment literacy at the grass roots. A total of 500 religious leaders will be trained in adherence monitoring and in mobilization skills to encourage the people to seek services The religious leaders together with PHLAs will initiate or maintain Post-Test clubs including new support groups for discordant couples. IRCU will encourage horizontal and vertical networking at all levels. The Ministry

of Health will be the main stakeholder in terms of policy dissemination, quality control and technical advice for IRCU's health facilities. Ministry of Health through Global Fund provides only ARVs to these 15 sites. IRCU will supplement the patients receiving drugs through the ministry by catering for all the monitoring follow-up requirements of these clients. The core IRCU team, will offer periodic support supervision to the units and offer technical input in the running of the ART clinics.

Continued Associated Activity Information

Activity ID:	4366
USG Agency:	U.S. Agency for International Development
Prime Partner:	Inter-Religious Council of Uganda
Mechanism:	IRCU
Funding Source:	GHAI
Planned Funds:	$ 1,010,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	15	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,400	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	600	☐

Target Populations:

Adults
HIV/AIDS-affected families
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Arua

Bushenyi

Kampala

Kasese

Kitgum

Luwero

Mukono

Nebbi

Rukungiri

Wakiso

Kabale

Mayuge

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Health Comm Partnership; AFFORD
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8438
Planned Funds: $ 500,000.00
Activity Narrative: This activity also relates to activities in other prevention, and support for orphans and vulnerable children. HCP's overall mission is to strengthen capacity and improve effectiveness of health and HIV/AIDS communication. In this activity, HCP will work with the National ART Committee, the National AIDS Control Program and the Joint Clinical Research Center (JCRC) to design and implement information, education, communication, and community mobilization activities to address HIV/AIDS-related stigma, to improve ART adherence among adults and children, and to encourage preventive behaviors among people living with HIV and AIDS (PLHA). This activity is a continuation and expansion of activities begun in FY06 with JCRC, taking them to a national scale, and involving JCRC as well as other ART service providers. HCP will provide technical assistance to a working group of ART service providers under the auspices of the National AIDS Control Programme to design and implement community mobilization and communication activities that reach communities within 5 kilometers of sites providing ART services.

The activity has three components. The first component involves working with a national ART communication working group to agree on a common communication strategy, and to work with JCRC as the lead in ART communication to develop media materials and communication tools and materials for use by community counselors and clinic providers. HCP will assist with the development of materials, tools and approaches. JCRC will produce and distribute materials among partners. Activities and materials will focus on mobilizing communities to change discriminatory and stigmatizing practices, and support PLHA to access ART services and improve adherence. Through this activity, HCP will strengthen the capacity of JCRC to design and manage large scale communication strategies independently in future.

The second component involves working with JCRC and the National Working Group to train a cadre of national and zonal trainers who can provide training for community groups and faith based groups working in communities within 5 kilometres of ART service providers to facilitate groups discussions and exercises that raise awareness of and change stigmatizing and discriminatory attitudes and practices. Activities, materials, and tools will be developed with the involvement of PLHA, children with HIV/AIDS, and ART clients.

The third component involves assistance to ART service providers to better counsel clients about prevention. This will entail working with PLHA representatives, clinical providers, and counselors to design materials and counseling training for prevention among positives.

OGAC Reviews: AFFORD – 8438 – no ARV service provision – should it be in this section?

This is not an AFFORD activity but rather an HCP activity which supports community and individual level ART literacy and adherence activities and thus is appropriately placed in this section. OGAC requested us to subsume all JHU/CCP activities into one funding mechanism however the associated activities fall under several separate and distinct programs which seems to have caused some confusion for the reviewers.

Continued Associated Activity Information

Activity ID: 4697
USG Agency: U.S. Agency for International Development
Prime Partner: Johns Hopkins University Center for Communication Programs
Mechanism: Health Communication Partnership
Funding Source: GHAI

Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Joint Clinical Research Center, Uganda
Prime Partner:	Joint Clinical Research Center, Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8444
Planned Funds:	$ 5,371,111.00

Activity Narrative: This activity also relates to activities in Treatment: ARV Drug s (8443), Laboratory Services (8441), Palliative Care: Basic Health Care and Support (8442) and Palliative Care: TB/HIV (8445).
There are also linkages with Quality Assurance Program, SCMS, Family HIV/AIDS care and treatment program, DOD, Walter Reed, AFFORD ,IRCU, JHU-HCP; IHAA networks. The program will work with LMS and CPHL for lab quality management and many others. Joint Clinical Research Center is an indigenous Uganda NGO begun in 1992 for AIDS vaccine research and provide treatment to HIV positive individuals. By mid 2003, JCRC was the largest provider of ART on the African continent, with over 10,000 people on treatment, and an internationally respected training and research institution. . JCRC's approach to national scale up is to assess unique site needs, provide support for minor infrastructure improvements, communications systems, logistics and supply systems including ARV drugs,supplemental staffing and human resources, training and quality assurance. Sites enter into an agreement with JCRC outlining the areas of support provided and ensuring that the sites are able to sustain and manage the additional services. All sites are also receiving drugs from Global Fund. JCRC has expanded ART from four to 40 sites; the majority are Ministry of Health centers and 30% are faith based, military or private sites. Seven additional sites will be opened with FY2007 funds for a total of 50. As at the end of July 2006, over 17,289 people were currently receiving ART services through the network of health facilities, including over 8,900 orphans, vulnerable children, pregnant women, orphan caretakers, health workers as part of a fully subsidized program. The additional estimated 8389 are currently receiving drugs through the Global Fund, however there have been shortages in some drugs requiring JCRC to provide buffer stock. By March 2007, 12550 will be reached (with FY2006 funds) with fully subsidized treatment. While it was projected that clients at the JCRC site would treat approximately 25,450 people by March 2007, experience over the past year shows that this may have been too ambitious given erratic drug supply and a wider network of service providers requiring GF drugs and wealth of providers. With FY 2007 funding, the total number of people reached with these funds as current clients will be 36,917, with 18,917 vulnerable groups receiving fully subsidized treatment from JCRC and 18,000 receiving ARV services from JCRC and drugs from Global Fund during this funding period. JCRC will provide ARV drugs to 416 Uganda People's Defense Force members ($250,000), will provide ARV drugs to Walter Reed clients (DOD) working in Kayunga District ($226,213). Additionally training and infrastructure support will be provided as well. New sites will be selected in consultation with the MOH and other HIV/AIDS partners. Major interventions include development of infrastructure, logistics systems, ARV and other drugs, human resources and training, laboratory equipment and services, communications and data management systems, referral systems for palliative care and support, basic preventive care and robust adherence systems. Existing sites will continue to be supported, with a strong focus on quality through an adherence program. In addition, the quality focus entails ensuring laboratory monitoring for clients within and beyond the TREAT network. Partnerships will be strengthened with other organizations including CDC, AMREF to address the challenges of inadequate laboratory infrastructure for the delivery of quality ART. JCRC will consolidate the established 6 Regional Centers of Excellence (RCE) begun in 2005 to provide specialist fully functional laboratory services as part of the JCRC organizational outreach. To ensure quality, the administrative maintenance of the Regional Center's of Excellence will be run entirely by JCRC under TREAT, with capacity building of Ministry of Health staff over time. The RCEs will serve as referral labs for each region. The JCRC RCEs will provide capacity for the MOH initiative for infant testing to identify children in need of treatment, care and support at an early stage.The mainstay of the program in 2007 will be continued focus on adherence. The adherence strategy encompasses central coordination at JCRC, regional adherence officers, down to satellite adherence assistants and volunteers and including patient support groups and community organizations. Adherence interventions include measuring of adherence levels through self report, pharmacy records and clinic registers at TREAT facilities. Clients who will be found least adhering to ART will be followed up through phone calls and home visits. Community liaison volunteers will be identified, recruited and trained to follow up clients at home and adherence support clubs will be strengthened. Novel methods will be employed including use of mobile phones, messaging, buddy patients, clinic records for tracking defaulters. Adherence training for all staff and patient supports will include use of developed materials. Special focus on pediatric AIDS will continue whereby 35 PMTCT sites in the EGPAF network will link HIV+ pregnant mothers, and families to JCRC and other clinics. At regional centers, PCR for viral load and DNA assays will enable early diagnosis and

treatment of infants. JCRC will build on the work accomplished with JHU-HCP, and MoH during FY 06which involved implementation of a national campaign to increase awareness and acceptance of ART through local radio programming supported by branded billboard, poster, and materials. The program also developed adherence manuals and supports for clients and providers and implemented a training program with support from JHU. The program has reconstituted a national ART Communication Working Group to guide a national communication effort through which JCRC is the lead organization in ART communication in Uganda. HCP will provide technical assistance to group to design and implement an expanded national communication effort involving all ART partners in Uganda. Communication in FY07 will focus on adherence, stigma reduction, and prevention among positives and activities will reach communities living within 5 kilometers of sites providing ART services, PLHAs, and ART clients.Training is a major focus for JCRC and in FY07, health workers will continue to be trained in ART provision in all the 48 ART sites, with refresher courses for the operational sites through collaboration with Academic alliance, IDI, TASO, Mildmay and University of Wisconsin. Training materials curricula will be developed for laboratory technicians and Paediatric counselors. Training will also target community liaison volunteers, PHAs and patient support groups. The LMIS and the pharmaceutical Inventory Logistics System (PILS) will be strengthened at sites to back up the paper-based system. Real-time information about drugs dispensed and number of patients receiving ART will be operationalized. JCRC will work with the Supply Chain Management System (SCMS) to strengthen the logistics system. The RCE's will strenghten supply and management of laboratory reagents and other supplies. Collaboration with SCMS for refresher logistics training for all TREAT site staff is to be undertaken including supervisory visits to ART centers. ART monitoring tools will be evaluated and improved in all TREAT sites with a focus on improving the computerized patient database and using program data to inform management.

Continued Associated Activity Information

Activity ID:	4444
USG Agency:	U.S. Agency for International Development
Prime Partner:	Joint Clinical Research Center, Uganda
Mechanism:	Joint Clinical Research Center, Uganda
Funding Source:	GHAI
Planned Funds:	$ 4,195,660.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	50	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	40,609	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	36,917	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	11,367	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	700	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Gulu

Hoima

Iganga

Jinja

Kampala

Kamuli

Lira

Luwero

Mbarara

Rukungiri

Soroti

Tororo

Kotido

Mubende

Kabale

Bushenyi

Kabarole

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kayunga

Kiboga

Kisoro

Kumi

Masindi

Mbale

Moyo

Mpigi

Mukono

Nebbi

Pallisa

Kitgum

Bukwa

Kaabong

Kiruhura

Apac

Kalangala

Kanungu

Wakiso

Ibanda

Kaliro

Mityana

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDS Capacity Enhancement Program, ACE
Prime Partner:	Chemonics International
USG Agency:	
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8459
Planned Funds:	$ 200,000.00

Activity Narrative: This project is linked to activities in Palliative Care: Basic (8458), Strategic Information (8460) and Other Policy and Systems Strengthening (8461).

Under PEPFAR, the USG in full support of the Ugandan National Strategic Framework for HIV/AIDS and in partnership with the Ugandan AIDS Commission, has greatly expanded the availability of HIV/AIDS prevention, care and treatment services in Uganda and the number of active HIV/AIDS partners at national, district and local levels. At the same time, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of funding and services is benefiting many of Ugandans, the UAC and its implementing partners are challenged to provide quality services in a coordinated and equitable fashion to an ever increasing number of clients.

In December 2006, the AIDS Capacity Enhancement (ACE) program was initiated by Chemonics International Inc. The purpose of this contract is to provide organizational development technical assistance and engage highly specialized local consultants to build the capacity of targeted Ugandan institutions for improved HIV prevention, care and treatment program outcomes. This program also strengthens administrative and managerial systems to fortify in a sustainable manner the targeted institution's ability to respond effectively to emerging opportunities resulting from the vast increases in HIV/AIDS funding.

In the past 8 months, the ACE program has worked with the Inter-Religious Council of Uganda (IRCU), the Joint Clinical Research Center (JCRC), Hospice Uganda and the MOH/Resource Center to conduct participatory organizational diagnostics and develop tailor made work plans to address the specific challenge faced by each of these indigenous institutions. ACE has also worked with UAC and bilateral and multilateral HIV/AIDS donors to develop a highly coordinated plan to build this national coordination body's capacity to fulfill its strategic leadership mandate. Specifically, ACE is working to strengthen UAC's capacity to lead the evaluation of the previous National Strategic Framework for HIV/AIDS and to facilitate the development of the new Framework, a process involving virtually all HIV/AIDS stakeholders in Uganda. As part of this exercise, ACE will be involved in the development and operationalization of the new National Monitoring and Evaluation Framework which will contribute significantly to the achievement of the "3rd One" or One Monitoring and Evaluation System.

The ACE program has several different components. In FY07, ACE will work closely with IRCU and its network of faith based service providers and JCRC to strengthen a number of information and program management systems increasing access to high quality ART services throughout the country.

Specifically, ACE will work with IRCU to strengthen its sub-granting mechanism to support the expansion of ART service delivery through its network of faith based service delivery sites. ACE will work with IRCU to develop quality assurance tools and standard operating procedures and disseminate these to all existing ART sites as well as to network service providers newly initiating ART services. ACE will then work with IRCU to facilitate staff training for quality ART service delivery in these newly accredited IRCU network centers and refresher trainings for existing network sites as needed. ACE will also work with IRCU Headquarters staff to strengthen support supervision systems to closely monitor the quality of ARV services delivered and to ensure that all services are provided in a manner that is in line with MOH ART protocols and guidelines. In addition, ACE will work with IRCU's network of service providers to establish systems to strengthen community outreach for improved patient follow-up and adherence support. Finally, ACE will help IRCU to develop and implement a network wide communication system to facilitate the sharing for critical managerial and technical information, share lessons learned and disseminate best practices.

With JCRC, ACE will focus on standardizing data collection systems across JCRC sites in order to improve clinical patient monitoring. ACE will also work with JCRC Headquarters staff to improve communication systems between Regional Centers of Excellence and its vast network of ARV service delivery satellite sites. This will enable JCRC HQ and Regional Centers of Excellence to be more supportive of and responsive to lower level service delivery sites resulting in improved service quality.

With both client organizations ACE will ensure that all activities maximize capacity building and skills transfer so as to ensure the sustained ability of these indigenous institutions to expanding access to high quality services. ACE will also build capacity in the areas of gender and stigma/discrimination sensitive service provision and strengthen client organizations ability to identify opportunities and link clients to wraparound services such as food, education, microfinance and micro-credit support programs.

ACE programming in this area will remain relatively flexible in order to be able to respond to the emerging/changing needs of existing client organizations or possibly to new indigenous institutions as determined by USAID. ACE will work in close collaboration with USAID's Quality Assurance Program and PHA Networks program in order to ensure maximum coordination and synergy across these programs.

Continued Associated Activity Information

Activity ID:	4530
USG Agency:	U.S. Agency for International Development
Prime Partner:	Chemonics International
Mechanism:	Capacity Building of Indigenous Institutions
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

All ACE targets are indirect and are captured through the partners they work with, primarily IRCU, JCRC and Hospice.

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Expanding the role of People Living with HIV/AIDS Networks
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8465
Planned Funds:	$ 1,000,000.00

Activity Narrative: This activity relates to Palliative Care: Basic (8462), TB/HIV (8463), Orphans & Vulnerable Children (8464) and Counseling & Testing (8900). PHA Networks and groups are closer to the community and can be used to communicate their experiences with HIV and the value of ART. ART literacy increases access and early utilization of ARV services, and the proper use of the ARV drugs. Adherence remains key to successful HIV/AIDS treatment outcomes. The Program for expanding the Role of PHA Networks in Uganda, a 3-year program implemented by the International HIV/AIDS Alliance(IHAA) serves to increase PHAs' access and utilization of HIV/AIDS services by mobilizing and strengthening PHA networks into sustainable and formalized self-help groups that will provide and/or facilitate access to treatment, care and support services. The program through the provision of technical and financial support through sub-grants, is tasked with mobilizing and strengthening the national PHA organization (NAFOPHANU), 14 district and over 40 sub-district PHA networks in Uganda. The IHAA will build institutional and technical capacity of these PHA networks to increase their involvement in the provision of prevention, care and treatment services and in the establishment and management of effective referral mechanisms to link their members, families and the communities to HIV/AIDS care, prevention and treatment services.

The program for Expanding the role of people living with HIV/AIDS in Uganda recognizes the role of PHA networks in increasing ART literacy and access to ARV services, and improving adherence to treatment once ARV treatment is initiated. This activity will use the Community Engagement in ART training course developed by the International HIV/AIDS Alliance to train 80 PHAs identified from 40 district and sub-district PHA networks and groups, NGOs/CBOs and communities. This training course will enable the PHA networks to explain in laypersons' terms the essential aspects of ARV treatment to their members. Its aimed at raising awareness and prepare PHAs and CBOs/NGOs for greater involvement on a number of levels:

Supporting people with HIV who are on ARV treatment, and their families, particularly in terms of facilitating treatment adherence;

Preparing people with HIV who are not yet on ARV treatment but who might need it in the future(ART literacy);

Providing information on ARV treatment, CT and PMTCT to the general population through community education, prevention work and promotion of HIV testing;

Advocating for ever-greater access and utilization of comprehensive HIV/AIDS services, particularly for the most disadvantaged, along with high-quality comprehensive care of people living with HIV.

Topics covered by the training include: Basic information on HIV and ARVs; Starting ARV treatment: who for and when?; Information on taking treatment and how to provide it; Adherence to ARV treatment; Monitoring ARV treatment and evaluating the success of the treatment; Changing treatment; ARV treatment: the differences between men and women; Living with ARVs (healthy living plans, including stigma reduction and positive prevention); ARVs and preventing mother-to-child transmission (PMTCT); ARV treatment for children; and The role of CBOs / NGOs in ARV treatment. A multidisciplinary team of trainers experienced in ARV treatment issues and in using participatory methods will provide the training. One trainer will have clinical experience in ARV treatment and at least one trainer will be a person living with HIV who is on ARV treatment. People who have already been involved in adherence support, for example a nurse, psychologist or social worker as well as staff and volunteers of CBOs / NGOs will be called on to share their experiences. With the support of JCRC, EGPAF and/or TASO, medically qualified personnel with an ability to demystify technical information and with experience in and respect for the value of participatory training, will be identified to support the trainings.

The PHA networks through the trained NSA will manage referral and linkages to and between ART service centers(JCRC, HCIVs, Hospitals, TASO) and services providing secondary prevention(Prevention with Positives), TB screening and treatment, family-based counseling and testing, STI diagnosis and management, nutrition counseling and education, home-based care, OVC care and wrap around services like family planning, Income Generating activities(IGAs) and other social re-integration services for PHAs

available in the respective communities. In Uganda it is well recognized that such linkages that provide a comprehensive and holistic approach to care of the infected and affected individuals including their families, increase the access, utilization and adherence to ART.

A key focus for this program will be to support successful ARV outcomes by linking all identified HIV-positive individuals to HIV treatment services and providing them with the necessary support required to initiate, maintain and adhere to ARV treatment. This activity will be closely linked to and coordinated with the IRCU, JCRC, TASO, Nutrition for PHAs activity, HIV in conflict North program, TB/HIV integration activity, EGPAF, CORE and AFFORD(for health marketing activities).

PLUS UPS: This activity will improve linkages between facility-based and community/home-based care to ensure integration of facility and community approaches to adherence to treatment. The program will train 400 People Living with HIV/AIDS(PHAs), in addition to the planned 1,000, to act as Network Support Agents(NSAs) linking health facilities providing treatment to the community. The NSAs will facilitate referrals from the community to the facilities and back to the community and follow-up patients on treatment. The program will also build the capacity of Networks of PHAs to provide home-based and community-based care to ensure a comprehensive continuum of care.

Continued Associated Activity Information

Activity ID: 4695
USG Agency: U.S. Agency for International Development
Prime Partner: International HIV/AIDS Alliance
Mechanism: PHA Network
Funding Source: GHAI
Planned Funds: $ 580,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	80	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8472
Planned Funds:	$ 800,000.00

Activity Narrative: This activity also relates to Abstinence/Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Counseling and Testing (8470), Laboratory Infrastructure (8473), Strategic Information (8474) and Other Policy Analysis System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.
Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end next year.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for camp populations

The planned key achievements in year 1 include: Increasing the number of accredited facilities that offer ART and providing services to 1000 individuals.

Year 2 activities will build on year 1 achievements and will include addressing the specific constraints facing the ART programme in the project area.

In the NUMAT project area , the roll out of ART programs has been slower than in the rest of the country due to the ongoing armed struggles, the highly mobile and fractured lives of PHAs and the precarious transport routes that make continuous access to care and drugs challenging.

To address this, NUMAT will directly target PHA and families, especially HIV-positive children, pregnant women and their families, PHA with TB, and PHA from medical wards to increase their access to ART efforts underway in the region. The project will work with health workers, community volunteers and the wider community to reach target populations.
There are a number of critical areas that the project will provide much needed support including:

Increase access to ART by establishing ART sites at all district hospitals, accredited private health facilities and some HC IVs not currently served by other USG or other donor efforts. Assessment and capacity building of more ART sites will be done. Training and site support will be prioritized based upon those skills and areas that are critical for initiating ART programs. Examples of supported activities include: health worker and "treatment supporters" in-service training, collaboration and creating linkages with other projects to ensure that appropriate ARVs are in stock; provision of ARVs, strengthening existing distribution systems to ensure ARVs are continuously available in the supported sites, developing site-specific standard operating procedures, job aids, or data management training. Where possible, ART clinics will be fully integrated into HIV care where clients are initially screened and registered before they begin ART. Where integration of ART into existing HIV care centers is not an option, we will promote use of MOH's chronic care register to link up clients to the closest available ART site.Collaboration with the MOH, SCMS and DELIVER and others to, rapidly scale up logistic systems to ensure uninterrupted access to ARTs.

Create community awareness about HIV treatment and support efforts to create a community culture of treatment literacy.

Establish client-centered referral systems that link ART clinics to facility and community based programs to facilitate linkages with PMTCT and HCT sites, TB clinics, post-test clubs, and PHA support services. Referral forms will be developed so that clients can more easily navigate between service delivery sites. Integrated outreach to camps will

include follow up of PHA on ART to provide adherence support as well as routine re-supply of drugs Foster innovative, client centered ART adherence programs like personal communication equipment (walkie-talkies, mobile phones) to PHA treatment supporters/ expert clients to link them to treatment sites.

Make pediatric ART a priority. Children living with HIV present a unique challenge, particularly in the North. The project will work with partner organizations to develop simple tools to identify infants and children who may be living with HIV but are not in care and refer them for testing and possible care to build partnerships with other ART USG funded projects in the area.

OGAC Review: UPHOLD – 8472 – establishing ART sites in "all district hospitals" – please clarify.

This activity is the NUMAT, Northern Uganda activity. The program will focus on selected districts in the conflict districts where there are identified needs for treatment services.

Continued Associated Activity Information

Activity ID:	4705
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 755,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	24	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,416	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,974	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,647	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Most at risk populations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Makerere University Walter Reed Project (MUWRP)
Prime Partner:	Walter Reed
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8527
Planned Funds:	$ 523,787.00

Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8543-CT, 8531-OVC, 8528-Lab, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing. Also during FY06, MUWRP supported activities that improved the identification of and provision of care and treatment services to the Districts' population of orphans and vulnerable children.

These activities link to MUWRP activities under Care, OVC, CT, PMTCT, and Strategic Information. The anti-retroviral drugs will be procured by USAID from Uganda's Joint Clinical Research Center. At the beginning of FY06, ART services in Kayunga District were only available through the Kayunga District Hospital. Very recently, MUWRP supported a rapid scale-up of ART services which increased the number of HIV/ART clinical care sites to include the Kangulamiria Health Center IV, the Baale Health Center IV, and the Kayunga District Youth Recreation Center. This not only increased the number of treatment sites but also the geographic coverage within the district bringing services closer to individuals in both the far north and south of the district. Kayunga is a vastly underserved rural District and the majority of the HIV+ residents have limited resources. Identification of patients in need of ART has been difficult due to extremely limited CT services. Furthermore, those patients who have been identified, evaluated, and determined eligible for ART are often unable to successfully start ART, or soon deemed "lost to follow-up" due to poverty related challenges, especially transportation. In an effort to reach out to these patients, MUWRP supported a tracing program of ART eligible patients who never successfully started ART or were lost to follow-up. Program counselors have helped many of these patients generate solutions and advocated the importance of regular clinic attendance. There are preliminary data that suggests that both this Program and the recent expansion of ART clinical care sites have contributed to recapturing some of the patients who were unable to successfully start ART or were lost to follow-up. It is estimated that 27 patients have been re-captured by the tracing program with another 40 identified at new clinic sites upon evaluation. Kayunga health facilities face the same fate as many African sites and do not have enough staff and have inadequate infrastructure to accommodate the rising demand for ART services. These clinics need support to bring on additional personnel and existing staff are in need of appropriate ART training. Furthermore, the remodeling of existing clinical space, especially at the Kayunga District Hospital and at the Baale Health Center IV needs to occur to accommodate the increasing patient loads. Modifications and improvement of the infrastructure will also allow these facilities to integrate ARV service, palliative care, counseling and testing and PMTCT – which will decrease waiting time, strengthen referrals for care and treatment and improve overall services for the clients. In the Kayunga District, pediatric patients on ART, pose an especially difficult challenge.
Families of pediatric ART patients are usually constrained by finances and other responsibilities that the likelihood for successful care and treatment is often in jeopardy. HIV positive pediatrics are often left in the care of infected individuals or relatives who have limited resources which are then stretched even further with the addition of caring for an infected child. Caregivers often find it difficult to leave their other children to travel with one sick child to the hospital. This situation becomes even graver when the HIV infected child requires admission. Youths between the ages of 15-25, whom are infected with HIV pose a particularly difficult problem for Kayunga District Health authorities due to their unconventional reluctance to seek treatment through traditional clinical venues. These at-risk youth are a hidden population in the District and require a specialized, non-stigmatized setting to address their clinical needs. The challenges above have contributed to the difficulty in reaching 2006 treatment targets in Kayunga.

However, despite the above mentioned challenges, from October 2005 through June

2006, the number of patients receiving ART services through MUWRP supported HIV clinics increased from 99 to 332. Based on these data and considering both the recent expansion of ART clinics and MUWRP FY07 plans for implementing a coordinated VCT/CT program, it is anticipated that over 1100 clients will be on ART in Kayunga District by end of FYO7. This activity is targeting HIV positive men, women, children and infants inclusive of family members. The overall goal of this program area is to provide anti-retroviral therapy to 1100 HIV infected Kayunga District residents in need of treatment by the end of FY07. This will be done through the Kayunga District Hospital, the Baale Health Center IV, the Kangulamiria Health Center IV, and the Kayunga District Youth Recreation Center. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving treatment to help develop strategies to reach equal number of men and women. All Kayunga District ART programs will include prevention for positive messages, nutritional counseling, adherence counseling and treatment club/adherence club availability during most clinic days. The activity supports the Kayunga District Health Services (Ministry of Health) to administer the ARV services. Anti-retroviral drugs will be procured by USAID from Uganda's Joint Clinical Research Center. Also, the program will continue to support the very successful tracing program of ART patients. Finally, in order to support ART services at all of these facilities, MUWRP will assist in contracting additional staff for the facilities, as well as meeting training needs. Infrastructure improvements, especially at the Kayunga District Hospital and the Baale Health Center IV will be addressed. In collaboration with Child Advocacy International (CAI), MUWRP will expand upon 2006 activities through a mobile clinical follow-up program which provides community based support for District pediatric ART patients, with emphasis on ART adherence counseling and nutrition counseling. Activities with CAI will focus on further improving the referral network for pediatric ART referrals to and from the District HIV clinicians. They will expand the number of pediatric ART patients they directly support in these activities to 120 children through scheduled monthly home visits. Funding will principally support emphasis areas which include expansion of staff, infrastructure remodeling, training, logistics, ongoing technical assistance, supportive supervisory visits and transportation of staff, and supervisory visits for monthly home visits to pediatric ART patients. The PEPFAR Country team approved $226,213 for ARV drugs which will be procured by USAID from Uganda's Joint Clinical Research Center.

Continued Associated Activity Information

Activity ID:	4507
USG Agency:	Department of Defense
Prime Partner:	Walter Reed
Mechanism:	Makerere University Walter Reed Project (MUWRP)
Funding Source:	GHAI
Planned Funds:	$ 39,655.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	352	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	320	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,100	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	12	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Kayunga

Table 3.3.11: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8845
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to activities in Counseling and Testing (8433), Condoms and Other Prevention (8432), PMTCT (8434),Palliative Care: Basic Health Care and Support (8435) , Palliative Care: TB/HIV (8431), Strategic Information (8436), Other/Policy Analysis and Systems Strengthening (8838) as well as Abstinence and Being Faithful (8437).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

In collaboration with other stakeholders including the Ministry of Health, UPHOLD will support the printing, dissemination and utilization of information, education and communication (IEC) materials on antiretroviral therapy (ART) to be used by community based workers in the UPHOLD districts. The community based workers will be able to use the IEC materials in the promotion of community awareness and education about the ART program and services. Other activities that supported CSOs will implement will focus on working through local administrative structures such as the Local Councils (LCs) and the UPHOLD initiated Community Radio Listening Clubs to disseminate information related to adherence to ART and other treatment (e.g., TB medication); drug resistance and its causes and how to avoid it; the importance of proper nutrition; responsible sexuality (including prevention of super infection and infection of others) and positive living strategies for PLHAs.

UPHOLD will continue to support information dissemination and increase ART literacy programs to the general communities through strengthening PTCs to encourage CT access and utilization thereby opening up access to treatment and care for those who are HIV+. The PTCs will also link up the PMTCT mothers' clubs to encourage adherence for the clients already on ART. Drama scripts will be developed for Post Test Clubs and psychosocial support groups to incorporate ART messages in their music dance and drama presentations while clients will be trained on how to give testimonies on the importance of ART. The UPHOLD supported CSO district net works and local governments are expected to create linkages with outlets for ART including those established by major treatment centers such as the Joint Clinical Research Center (JCRC), Mildmay Center, Ministry of Health and faith-based healthcare facilities under the Inter-Religious Council of Uganda (IRCU) project. It is envisaged that the supported groups, various drama and radio program avenues will provide information on ART access points while also encouraging ART beneficiaries to adhere to the treatment.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Arua

Bugiri

Bundibugyo

Bushenyi

Kamuli

Katakwi

Kyenjojo

Luwero

Mayuge

Mbarara

Mubende

Nakapiripirit

Pallisa

Rakai

Rukungiri

Wakiso

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Private Sector Initiative
Prime Partner:	Emerging Markets
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9077
Planned Funds:	$ 1,100,000.00

Activity Narrative: This activity also relates to Counseling and Testing (9080), Palliative Care (9075), Prevention/Abstinence and Being Faithful (9086), Other Prevention (9084), Orphans and Vulnerable Children (9081),and Other/Policy Analysis and System Strengthening (9082). Building on USG private sector initiatives which ends in may 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

Selected achievements to date: Through the existing private initiative, 75 physicians, clinicians and senior nurses from company facilities or private facilities where cheats are referred have been trained in the provision of state-of-the art ART provision to company employees, dependants and surrounding community. The trained personnel have been able to provide ART to over 734 clients with an estimated 1,500 clients expected to receive ART by mid-May next year. The clients receiving ART are from 15 companies/work associations who provide treatment to their employees, dependants and surrounding community either directly at the company clinic or directly through accredited facilities that have a special arrangement with the company. Support has also been provided to 3 largest health insurance companies to include HIV/AIDS treatment as part of the client benefits package. Currently 2 of the 3 insurance are covering all their clients (employees and dependants) with HIV/AIDS treatment reaching approximately 15,000 clients.

This activity has several components. The first is leveraging resources from the existing USAID Global Development Alliance (GDA) initiatives currently being implemented. The existing GDAs cover the flower and coffee sectors. New sectors, (will be explored through the follow on private Sector Initiative) through various umbrella organizations to develop GDAs. The GDA supports members associations to increase access to ART availability through establishing in-house AIDS treatment programs for their employees and dependants. A GDA is an agreement where the private sector partner has to contribute at minimum 50% of the resources to carry out terms of the GDA. If a company within the umbrella organization does not have a clinic on site, the project will develop agreements so that local AIDS treatment providers can offer care to HIV positive employees and dependants from the company. The activity will include training to cover peer educators from predominantly semi – urban and rural industries through printing of various IEC/BCC materials to address ART literacy, palliatives care and CT for employees, dependants and members of the community surrounding the company.

The other component for this activity includes training private sector providers in AIDS treatment. The Private Sector Initiative will build on previous successes by current TASC II program to train physicians, clinical officers and senior nurses in the provision of up-to-date guidelines on AIDS treatment. The training includes both classroom based courses and hands-on "internships in which trainees spend several days working with a mentor in a treatment center, applying skills and knowledge they learned in classroom. The project will monitor and evaluate how trainees are providing HIV/AIDS treatment. The training will cover proximately 100 private providers from predominantly semi – urban and rural industries that have agreed to offer AIDS treatment.

Another component of the project will focus on expansion and monitoring of insurance based work carried out with current funding. This activity will facilitate urban based insurance firms and local rural based health insurers to provide AIDS treatment coverage as part of the standard benefits package to approximately 10,000 beneficiaries. Another component of the project will provide private sector facilities with support in ART accreditation. The project will work closely with the Ministry of Health (MoH) to strengthen the mechanism for certification of private sector provider clinics that have had staff rained to provide ART in line with national standards. Support will also be provided to make sure that the standard guidelines are closely followed the private sector accredited facilities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,500	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,150	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	☐

Target Populations:

Adults
Business community/private sector
Community leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Quality Assurance/ Workforce Development Project (QA/WD)
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9103
Planned Funds:	$ 1,700,000.00

Activity Narrative: The mission of the Quality Assurance Project (QAP) is to strengthen the quality of healthcare in developing countries. QAP promotes the application of effective improvement methods to strengthen quality of HIV/AIDS and other services, build institutional capacity to sustain quality improvement efforts at national, regional, and lower levels, and evaluate and document improvement outcomes and their impact on the populations served. The primary aim of this activity is to improve the quality of comprehensive HIV/AIDS care delivery for adults and children seen at national, regional, district and sub-district facilities.

This activity relates to activities in HIV/AIDS Treatment/ARV Services, Laboratory Support Program, TB/HIV, Strategic information, and System Strengthening. With FY 07 funds, QAP will continue to provide technical assistance to the Quality of Care Initiative (QoC) in HIV/AIDS, spearheaded by the Ministry of Health (MOH) in Uganda. QAP will support up to three-quarters of national healthcare facilities providing ART services, or 120 sites. Selected sites will include public and private facilities providing ART services, so that public-private partnerships are strengthened. Support will be primarily through site inclusion in the QoC Initiative, specifically in learning sessions and monthly support supervision from central and regional improvement advisors. Learning sessions are organized workshops that bring together different cadre of healthcare personnel from participating sites to create a network of professionals focused on improving systems for delivering quality HIV/AIDS care. These workshops are followed by monthly support supervision or coaching visits at each of the participating sites, where technical support is provided in the area of quality improvement. The main focus of activities in FY 07 will be to ensure appropriate use of established clinical guidelines, patient monitoring tools, indicator data collection, and continual self-evaluation with regards to selected targets within participating sites. Specific attention will be on strengthening pediatric AIDS care, and integrating tuberculosis care and family planning in ART services. Patients seen at these facilities include the following principal target populations: pregnant women, TB patients, boys, girls, and people living with HIV/AIDS in general. This component of the activity will train 400 healthcare providers in quality improvement methods, reinforce the use of established HIV/AIDS care guidelines, and contribute to the provision of higher quality of care to an estimated 65,000 individuals, including children. In order to do this successfully, partnerships already developed will be strengthened with key implementing partners, including EGPAF, PIDC, ANECCA, JCRC, and JSI/DELIVER, as well as with several departments within the MOH. This activity is designed to increase gender equity in HIV/AIDS programs through reinforcing quality data collection in service provision.
In addition to increasing the number of sites from 87 to 120, FY 07 activities have several components, as described below:
Strengthening of Core and Regional Technical Teams The national core technical team will be expanded, and additional training provided in the area of quality improvement and support supervision. Regional coordination teams will be strengthened to ensure that the 11 regional teams include persons with laboratory, logistics and data management, in addition to clinical knowledge; that monthly meetings are being held to review activities and challenges related to provision of quality services, and that quarterly technical meetings are being held to strengthen regional expertise, review/summarize problems, and brainstorm on solutions. Regional coordination teams will support district and site teams through monthly support supervision visits, and help site teams to promote local institutionalization of the culture of continuous quality improvement. Strengthening both national and regional coordination teams will have a major impact on overall coordination of service delivery within a health facility. The target population includes healthcare providers, primarily doctors, laboratory workers, nurses, pharmacists, and data management specialists. This component of the activity will build capacity of 75 healthcare providers employed by the MOH who are members of the national or regional coordination teams.

Strengthening laboratory support and supervision at facility level
In collaboration with the MOH laboratory department, a laboratory technician will be included in the regional coordination teams, as well as in the national core technical team. These lab technicians will help quality improvement teams at the facility level streamline laboratory services, minimize preventable stockouts of essential materials, and increase ART patient laboratory monitoring. They will conduct monthly support supervision to site quality improvement teams, and help shape learning sessions so that specific laboratory issues are reinforced. Additionally, they will support sites in strengthening referral systems

for CD4 and other HIV-related lab tests, and ensure that sites are kept up to date on the functionality of available machines within the region. This component of the activity will provide support to 120 service outlets, and reinforce laboratory skills in up to 200 laboratory technicians throughout Uganda.

Strengthening logistics management at site level
Persons with training in logistics management will be included as members of the regional coordination teams, with the aim of providing technical support to participating health facilities. Specifically, such persons will, through coordinated monthly support supervision, verify that sites within their regions are completing logistics reports properly, that needs are efficiently forecasted, and that requests are received. Special focus will be on the maintenance of updated logistic log books and minimizing preventable stockouts of ARVs and other HIV essential medicines and materials. This component of the activity will provide support to 120 service outlets, and reinforce logistics skills in up to 200 dispensers and pharmacists working within participating sites.

Finalizing policy for stepped up accreditation
While the MOH of Uganda has successfully carried out a mandatory accreditation program for facilities initiating ART services, there is no current requirement for re-accreditation and no system to ensure that sites are maintaining and improving on minimum standards for providing ART services. Technical assistance will be provided to the MOH to finalize policy and implementation strategies. The target population for this activity includes MOH personnel and healthcare providers.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	120	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	400	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HIVQUAL
Prime Partner: New York AIDS Institute
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9137
Planned Funds: $ 500,000.00
Activity Narrative: This activity is not new but a continuing activity that was captured under SI-4718 in FY06. The USG Uganda Treatment working group agreed that this activity is better placed in ARV Services and not SI, hence the change in program areas in FY07.
The database automatically tags this activity as new activity because it was in another program area [SI] in FY06 and has no linkages to an activity in this program area [ARV Services].
The HIVQUAL program in Uganda is executed under the leadership of the Ministry of Health [MoH] and in close collaboration with CDC Uganda for program management and technical support. This activity compliments other quality assurance activities supported by WHO and the USG in Uganda, focusing on facility level data collection and data management, feeding directly into these activities for quality assurance, monitoring and evaluation, under the stewardship of MoH.

In FY07, this activity will expand upon the pilot work begun in FY06 in 4 regions, including 18 sites. Indicators measured through HIVQUAL Uganda (HIVQUAL-U) measure continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening, prevention education, adherence assessment and cotrimoxazole prophylaxis for all HIV-infected patients. The specific emphasis of this activity is at the clinic-level, adapting the methods of quality improvement to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and will both measure the growth of quality management activities while also guiding the coaching interventions. HIVQUAL has a strong infrastructure component and works more inside the facilities to build systems there, including documentation systems.

Facility-specific data that are aggregated can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns.
The unique approach of HIVQUAL-Uganda is that it targets regional networks of providers who are engaging in quality improvement activities that enables them to work together to address problems that are unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies as well as adherence to care services.

The program will be expanded to 60 sites, bring the total number of sites to 80. Quality improvement training will be conducted for groups of providers, including CDC treatment sites. The US HIVQUAL team will expand its focus to build quality improvement coaching skills among MOH staff and providers in Uganda and provide advanced level trainings for sites as well as basic trainings for new participants. Mentoring of Uganda-based staff will continue throughout the activity.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	80	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	160	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
USG implementing partners
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Coverage Areas

Gulu

Hoima

Jinja

Kabarole

Kampala

Kibale

Kitgum

Kumi

Masaka

Mbarara

Mukono

Rukungiri

Soroti

Tororo

Wakiso

Bushenyi

Kayunga

Luwero

Mbale

Mpigi

Ntungaro

Rakai

Ibanda

Mityana

Lira

Masindi

Mubende

Nakaseke

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Support to National Drug Authority
Prime Partner: National Drug Authority
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9226
Planned Funds: $ 300,000.00
Activity Narrative: This activity also relates to Condoms and Other Prevention (9225).
The National Drug Authority (NDA) will install all the necessary laboratory equipment needed to effectively analyze the quality of ARV's used in the care and treatment of PLWHA in Uganda. The NDA will also work to train all necessary laboratory staff on how to use the equipment and provide the proper care to patients.

Drug concerns have become increasingly more important in clinical practice settings as antiretroviral drugs (ARVs) have become more accessible in Uganda. Since March 2006, 146 health facilities have received ARV drugs. ARVs are however relatively new drugs within the Ugandan market and therefore makes testing for adverse affects essential. ARVs must be taken in combination with highly active anti-retroviral therapy (HAART). HAART is usually taken in combination with other drugs for opportunistic infections and or traditional and complementary medicines which can increase the likelihood and rate of adverse effects.

NDA is mandated by the National Drug Policy and Authority (Cap. 206) to ensure that all medicines, medical devices and supplies entering the country are of good quality and efficacy. In 2005, NDA was designated as a National Pharmacovigilance Centre (NPC) to monitor the efficacy and safety of all drugs. This centre is an associate member of the WHO Uppsala Monitoring Centre.

Using field reports the NPC will coordinate the collection, analysis and evaluation of adverse drug reactions PLWHA. The NPC will work with several stakeholders to collect the ADR reports and provide necessary feedback to health care providers. The NPC will pilot the usage of hand held computers (PDAs) in 3 regions of Uganda. Data will be entered into the PDAs and then uploaded onto a central computer in the regional office. Internet connectivity will be upgraded to link the various regions to the NPC. The NPC will then disseminate the information (i.e., reporting practices, identifying an ADR) to health professionals and the general public through various media outlets.

Pharmacovigilance is an important component of regulatory quality assurance activities that support marketing authorization of registered drugs.). The review of Adverse Drug Reactions (ADR) is linked to regulatory decision making which may result in the review of product information leaflets, withdrawal of a product or batch from the market or de-registration. Pharmacovigilance activities are linked to and coordinated by the Drug Regulatory Authority.

OGAC Reviews: Pharmacovigilance for $300,000 – please clarify the activity

This activity # 9226 is the establishment of an Adverse Drug Reaction (ADR) reporting mechanism focused on Antiretroviral drugs at the National Drug Authority (NDA). The NDA will coordinate the collection, analysis and evaluation of ADR reports from the field [public and private health sector]. NDA will use several stakeholders in the collection of the ADR reports including area teams of MOH, regional inspectors and drug information staff

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Policy makers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10139
Planned Funds:	$ 2,932,296.00

Activity Narrative: This activity also relates to activities HIV/AIDS Treatment/ARV Drugs, Laboratory Infrastructure, Prevention Abstinence and Being faithful, Palliative Care – Basic Health care & support, Palliative care-TB/HIV, PMTCT, Orphans and Vulnerable Children, and Strategic Information.
AIDSRelief (AR) is a comprehensive HIV CARE program, providing ARVs, preventive, curative, palliative care and ARV services to HIV positive people and their families. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AIDSRelief is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group leads the Projects Strategic Information activities and the Institute of Human Virology guides and informs the establishment of treatment, adherence and care protocols. Based on its successes and lessons learned and with the support from central funding, the AIDSRelief program in Uganda will maintain 12,000 patients on ART. AR will also provide care services to 17,170 HIV positive patients. New patients will be added into the program based on treatment spaces" being opened if a patient dies or is transferred out of the AR program. Services will be offered through 15 Local Partner Treatment Facilities (LPTFs), distributed through out Uganda. The Children's Aid Fund is a sub-grantee supporting 5 of these sites.
AR has demonstrated considerable programmatic success to date. This has been verified through results from a quality assurance/quality improvement (QA/QI) set of activities which includes viral load testing from a 15% sample of patients who have been on therapy for longer than 9 months, plus chart abstractions and adherence questionnaires. Results indicate an overall viral suppression rate (< 400 copies/ml) of 86%. AR believes that its drug regimen and comprehensive program, especially strong LPTF mentorship/preceptorship, adherence and community activities have contributed towards this.

FY07 funding for the provision of ARV services at 15 LPTFs will support staff, laboratory reagents, medicines to treat opportunistic infections, other supplies, logistical support, quality assurance, Technical Assistance (TA), supervision, provision of infrastructure (as needed), and training of clinicians and other HIV care providers and community outreach. Training will be carried out through a mentorship/preceptorship model in the 15 LPTFs and will be directed at medical/clinical officers (59), nurses (67), adherence counselors (113) and the community workers. The results of the QA/QI have been shared with all LPTFs. In year 4 of the program, AIDSRelief will provide supportive supervision through hands-on preceptorship to continue to assist the LPTFs to developing the internal capacity to implement quality assurance and quality improvement on-site. This will include further viral load sampling for those patients who have been on treatment for longer than 9 months together with chart abstraction and an adherence questionnaire. AIDSRelief will help to create networks of providers among the LPTFs, and to link these facilities with other sites providing ART services. AIDSRelief will actively promote learning across LPTFs, through periodic web-based/CD learning in order to provide LPTFs with the most up to date HIV information. Those enrolled in care will be provided with Cotrimoxazole and treatment of OIs. Therapeutic feeding for severely malnourished HIV+ patients will be provided. LPTFs will be encouraged to form PLHA support groups. Sensitization of key community leaders will be key.

Had funding been available Year 4 was planned to be a growth year for the provision of pediatric and family centered services reaching an estimated 19,000 patients with treatment. Under the current local and central funding scenario, patient treatment numbers will be maintained through replacement for those who have died or transferred out of the program. No additional children will be started on ART. AR will however strengthen skills among clinical staff in the areas of pediatric HIV knowledge and pediatric counseling. The AIDSRelief program will devote resources to developing strong adherence programs which has been demonstrated as a key component of good clinical outcomes. Adherence to ART is one of the critical factors to achieving durable viral suppression. The program will work to adapt existing, locally appropriate IEC and BCC materials, as well as to identify gaps in these media and develop materials as needed. In northern Uganda there are examples of hospital/CBO linkages which provide excellent adherence support at community level. AIDSRelief, because of its work through partners who are firmly embedded within communities has the ability to support increased capacity and involvement of communities. This would also have been an important and cost effective component of Year 4 activities had sufficient funds been made available.

Coordinated by Constella Futures (CF), Strategic Information (SI) activities incorporate program level reporting, enhancing the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assuring data quality and continuous data quality improvement, and using SI for program decision making across LPTFs. AR has built a strong system using in-country networks and available technology at 15 LPTFs in COP06. AIDSRelief will carry out regular site visits and reviews to ensure continued quality data collection, data entry, data validation and analysis, dissemination of findings; data management & continuous quality improvement. This information will be used to provide the regular USG, OGAC and MOH reports as well as input to LPTF QA/QI activities.

Sustainability lies at the heart of the AR program. To date, AR, through its comprehensive programming, has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems themselves through human resource support, equipment, financial training and improvements in health management information. In addition, AR has strengthened referral linkages between health facilities themselves, and significantly among these facilities and their communities. In Y4 AR will further build on this foundation to work both at national network and LPTF levels to identify and begin to implement a sustainability plan for the future. The focus will be on building health care treatment networks where different services will be provided by different providers under the same geographic location. Focusing on building the institutional, technical, financial and political capacity of AIDSRelief sites will help create the conditions for the long term support to patients on treatment and care.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	26	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	13,750	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,750	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	356	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10163
Planned Funds: $ 200,000.00
Activity Narrative: PEPFAR currently provides funding for antiretroviral therapy for nearly 40,000 HIV-infected individuals through more than 10 Implementing Partners (IPs) in Uganda, most with several clinic sites. IPs adopt a variety of programmatic approaches and work in diverse settings throughout the country. These include home, facility and community based sites in urban and rural settings through government, NGO, faith based and private sector facilities. Some partners currently provide program-level summaries of clinical data on a quarterly basis. We would like to expand the extent of centralized data collection within PEPFAR-funded ART programs to develop a collaborative cohort of ART clients using program descriptive data, cost data and individual-level clinical data. Such a collaborative cohort could be used to answer numerous clinical and programmatic questions that cannot be examined within individual program analyses.

The PEPFAR ART cohort collaboration in Uganda, in the first instance, will be used to compare ART programs within Uganda, in terms of clinical outcomes, and service delivery associated costs; as well as to help to identify key program components which may be associated with improved outcomes. The specific objectives of this evaluation will be to 1) review approaches to the scale up of ART in Uganda; 2) to provide information on important clinical outcomes achieved by different program models and how different program components contribute to success and 3) to expand on existing cost data from these select sites with supplemental cost data to overlap with the timeframe that outcome data is being collected in order to estimate the comparative cost-effectiveness of different treatment models in relation to optimal clinical outcomes. This activity will complement the current multi-country targeted evaluation of ART costs funded centrally through OGAC by providing costing data parallel to clinical outcome data in a broad range of ART delivery programs in Uganda. In addition, the clinical data captured through this proposal could be contributed to the East African regional database on ART programs funded through the National Institutes of Health as part of the International Epidemiologic Database to Evaluate AIDS (IEDEA) program.

For additional information, please refer to supporting documents in this COP on Public Health Evaluation Study Background Sheet.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bushenyi

Kampala

Luwero

Mbarara

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Regional Center for Quality Health Care
Prime Partner: Regional Center for Quality Health Care
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12472
Planned Funds: $ 250,000.00
Activity Narrative: plus ups: Working with Ministry of Health(MoH), districts and pediatric care and treatment providers including Mildmay and Pediatric Infectious Disease Clinic(PIDC), this activity will develop and disseminate policy/guidelines and standards on pediatric care and treatment, train health workers and implement mentoring programs for designated pediatric ART champions at districts, health sub-districts and health facilities. This activity will support MoH to develop and implement quality improvement models for pediatric ART and develo models for integration of nutrition, the "family model of care" and laboratory diagnostics in pediatric ART services.The program will draw on regional experiences of the Africa Network for Care and Children with AIDS(ANECCA).

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	☐

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Partnership for Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12489
Planned Funds: $ 300,000.00
Activity Narrative: plus ups: This activity will support the National Anti-Retroviral Treatment Committee under the Ministry of Health(MoH) to revise the national ART policy and disseminate treatment guidelines, monitoring and evaluation framework including activities to measure quality fo ART programs including cohort reporting, surveillance of HIV-drug resistance, consolidation of procument mechanisms for ARVs and CD4 machines, and build capacity of local partners in supply chain management of HIV/AIDS commodities. The program will also support MoH and National Medical Stores to develop mechanisms for responding to emergency stock outs of ARVs in public health facilities.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19273
Planned Funds:	$ 1,965,000.00
Activity Narrative:	USG and USAID agreed that it would be in the national program's best interest to extend EGPAF for two additional years in order to address the weaknesses in the national program. The new activity will not be designed and solicited at this time. PMTCT resources will be transferred to EGPAF. Family HIV/AIDS Care and Treatment should be deleted. EGPAF should be added for FY07 following on from FY06.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 14,484,470.00

Program Area Context:

In 2004, most laboratories in Uganda could not deliver the minimum health package including HIV, TB, and STI diagnosis, due to poor infrastructure, non-functioning equipment, lack of trained staff and irregular commodities supplies. Great strides have been made since then with support from the Emergency Plan. USG has supported a wide range of activities in the sector leading to significant improvements in service delivery. As of April 2006, over 600 governmental and NGO facilities were receiving laboratory commodities for basic diagnostic services, including HIV testing. In addition, 156 laboratories have been strengthened to provide antiretroviral treatment (ART) eligibility and monitoring services. The Laboratory Technical Committee (LTC), in conjunction with the Central Public Health Laboratory (CPHL), is currently developing a rational plan for the distribution, quality assurance, commodities supply, and maintenance of CD4+ counting instruments. The plan will provide at least one instrument to all districts and will also backup support in the event of instrument failure. USG has built or renovated laboratories at Health Center III and IV and at the central and regional centers of excellence (COE), the latter serving as referral laboratories and providing relevant training.

A training coordination unit has been established in the new CPHL facility. Training in rapid HIV testing, including quality assurance, has been rolled out in 56 districts to 43 trainers and 181 service providers. In districts with inadequate numbers of qualified staff, USG has provided training scholarships at laboratory training schools and the training schools have themselves have been strengthened. Overall, more than 1,700 persons have received training in HIV-related laboratory activities including logistics management. Two major constraints impede the further strengthening of human resources in this sector. The first is a severe manpower shortage in the public health sector in general and the difficulties of recruiting and retaining qualified personnel; the second is the lack of any formal laboratory management training. Laboratory management committees have been established at some of the regional COEs to improve leadership and management capacity; but these are few, and much more needs to be done. Discussions with the Uganda Management Institute suggest that both in-service and pre-service programs could be established with appropriate technical assistance; this will be explored in FY07. Focused management skills will be needed as Uganda moves towards laboratory accreditation.

Another significant constraint in Uganda has been the erratic procurement of HIV-related laboratory commodities, especially HIV test kits, and an inadequate supply chain that reaches the district but not the sub-district level. In 2005, a new credit line was established with USG support to procure and distribute laboratory commodities through the National Medical Stores (NMS) and Joint Medical Stores (JMS), serving government and FBO/NGO facilities respectively. Commitments to support this credit line are primarily from the USG, and only 30% of the current need is met. However, in Round 6, the Global Fund for AIDS, TB and Malaria (GFATM) proposal includes HIV test kits and accessories that will increase supply significantly. Ministry of Health (MOH) and donors have agreed to a joint review aimed at improving planning, budgeting and monitoring of health commodities. The intention is to strengthen communications between CPHL, NMS, and health units, improve management of commodities, reporting and forecasting and address any bottlenecks. Technical assistance from the Program for Supply Chain Management (PSCM) will be useful for this process.

During FY06, the availability of laboratory commodities at lower health facilities increased. To take advantage of this supply, laboratory personnel received logistics management training and pre-printed forms to report the monthly use of commodities to CPHL. Laboratories are re-supplied on the basis of reported usage, and CPHL uses the collated data to forecast procurement needs. PSCM staff are based at CPHL to facilitate this process and provide the necessary linkage to MOH and NMS. While this system is still in its infancy, and requires supervision, it will ultimately strengthen the existing network of zonal, regional and district-level supervisors. It will also maximize resource-utilization by sharing supervisory activities with other programs, such as the National TB and Leprosy Program, and the Malaria Program. To increase the level of support supervision in all activities, a common supervisory tool has been developed by the LTC that addresses both laboratory management and quality assurance of all diagnostic testing.

Standard Operating Procedures (SOP) for pre-, post- and analytical phases of laboratory testing have been developed and distributed to all districts; however, not all health units have received copies or been trained

in their correct use. SOPs describe how both Internal Quality Assurance (IQA) and External Quality Assurance (EQA) should be conducted at health facilities across the country. Most lower-level laboratories assessed in the 2004 survey reported that they conducted IQA but not EQA, the latter being heavily dependent on centralized or regionalized support. CPHL will take an expanded role in conducting national quality assurance initiatives through the support supervision network. CPHL will also work with MOH quality of care initiatives and EQA programs for HIV and TB to monitor the performance of laboratory components for ART programs and other laboratory services. Proficiency testing panels will be administered during support supervisory visits and results collated to determine levels and quality of services countrywide; in addition, random samples will be collected for quality control re-testing/re-reading and CPHL will coordinate the re-training of staff in facilities where problems are identified.

Uganda's 2006-2010 Health Sector Strategic Plan includes the development of a comprehensive National Health Laboratory Services Policy and the establishment of an effective management structure in MOH to provide stewardship, coordination, and management of laboratory services. While the LTC has addressed some of these functions over the past year, the demand within the sector can no longer be addressed by a voluntary body of scientists and technologists. A full-fledged department within MOH is needed instead. Discussions have taken place with the Public Service Commission and we understand a position of Assistant Commissioner has been agreed to oversee the activities of CPHL and provide the necessary advocacy for the laboratory sector within MOH. USG is supporting the development of a new structure for CPHL within MOH and a draft National Health Laboratory Services Policy document. USG will also assist the MOH to develop a five year implementation plan with realistic targets and progress indicators.

The USG focus for 2007 will be to consolidate the gains made to date with particular emphasis on coordination and quality assurance functions within the laboratory sector. In the absence of effective coordination and guidance from MOH, a number of stakeholders have, in the past, acted independently. This has resulted in duplication of effort and occasional conflict between stakeholders. USG has been instrumental in reversing this trend by supporting the development of guidelines and standards, by strengthening data management at CPHL and the MOH Resource Center, and by establishing training and quality assurance coordination units within CPHL and the PMTCT Early Infant Diagnosis program. In FY2007, USG will provide a basic package of services for GFATM clients whose monitoring needs remain unmet. In addition, USG will continue to support ART providers and provide laboratory services for partners who have no laboratory capacity.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,150,271
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	245
Number of individuals trained in the provision of laboratory-related activities	3,771

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	African Medical and Research Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8277
Planned Funds:	$ 703,000.00

Activity Narrative: This activity also relates to activity 8278-Palliative Care:TB/HIV and RPSO's Laboratory Infrastructure activity. AMREF is funded to improve staffing capacity at Health Center III [HC III] and strengthen laboratory services at Health Centre IV [HC IV] and above in Uganda. In particular, AMREF focuses on improving district laboratory staffing levels at HC III to enable them upgrade to Laboratory Assistants; improving the status of the electrical and water system facilities at the Laboratory Assistants' training schools, strengthening capacity of laboratory staff, Clinicians and Counselors serving at Ministry of Health (MoH), UPDF, Police, Prisons and FBO laboratories at HC IV and above; and supporting strengthening of the Central Public Health Laboratory's internal and external quality control system. Based on the National Laboratory Assessment Survey, Ministry of Health [2004], and through support supervision, AMREF identified 18 laboratories that required immediate capacity building in order to offer HIV counseling and testing, and other key tests related to OI diagnosis for people living with HIV, such as TB screening. In FY06, AMREF rehabilitated 18 laboratories and provided supplementary equipment to 85 laboratories based on Ministry of Health (MoH) standards, thus improving laboratory capacity to offer HIV testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis. The equipment included microscopes-binocular, colorimeters-digital, cuvettes-electrical, centrifuges-electrical and manual, autoclave-externally heated, Neubauer counting chamber, glasses for counting chamber, micro liter pipettes-automatic, pipette tips for micro liter pipettes, Sahli haemoglobinometer, Sahli haemoglobinometer tubes, Sahli HB meter pipettes, Tally Counters-multi key, Spirit lamps, Wire loop holder, Erythrocyte Sedimentation Rate [ESR] Westergrene Stand, ESR tubes, Hot plates, Kerosene stoves. Structured in-service training for 126 laboratory staff, 128 clinicians and 165 counselors was conducted; follow-up of these health workers was carried out at their stations of work to consolidate practical skills. 14 laboratory staff from 13 remote districts are sponsored for a three year laboratory technicians' course in three Medical Laboratory Training Schools in Kampala. An ELISA reader and washer were purchased for the Central Public Health Laboratory (CPHL) of MoH to support HIV/AIDS quality control. All these activities were aimed at ensuring the provision of services that are of reliable quality and are available without interruption. During FY06, 74 persons attended Training of Trainers' course; these trainers carry out refresher training and support supervision of laboratory staff. 70 participants (Regional Laboratory Coordinators, District Laboratory Focal Persons, representatives from Faith-Based Organizations, Army, Police, and Prisons) from 56 districts attended a course in management and preparation of quality control materials for HIV, TB, parasites, standard white blood cell total, differential counting, computation of total lymphocyte count. Quality control materials were prepared and distributed to 55 laboratories, whose results were acceptable. 37 motor cycles were procured for the District Laboratory Focal Persons to facilitate support supervision. Three laboratory textbooks were provided to 97 laboratories at HC IV level, district hospitals level and regional hospital level in 19 districts; 12 HC III laboratories in the conflict districts of Gulu, Pader and Kitgum, each received one reference text book. A training officer was appointed to scale up laboratory services at HC III level in these districts through supervision and on-site training. To fulfill MoH's, human resource plan of re-profiling low cadre staff to become more skilled, 49 non professional staff from HC III are currently sponsored for the laboratory assistants' course in nine Medical Laboratory Training Schools in-country. Refrigerators, distillers, overhead projectors, LCD projectors, computers, colorimeters, binocular microscopes, automatic power regulars were some of the equipment that was provided to these training schools. Diagnostics, chemicals and supplies were also provided. AMREF will continue to strengthen skills of health workers (laboratory personnel, clinicians, counselors) at HC III and above, as well as improve the laboratories' capacity nationwide to offer HIV testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis that is of reliable quality. Supplemental equipment will be distributed to 50 laboratories, all based on the MoH standards. Health care workers will have their skills strengthened; 100 clinicians on appropriate utilization of and planning for laboratories, 80 laboratory staff in essential new technology for testing HIV and related conditions, and planning for laboratories; 120 counselors on new initiatives on counseling and the role of the laboratory in counseling. In order to build the staffing capacity, sponsorship for 19 Laboratory Technicians [14 continuing students and 5 new students in FY07] and 124 Laboratory Assistants [49 continuing students and 75 new students] will be continued. 550 essential reference books will be provided to 180 laboratories nation wide, including the virtual districts of the Army, Prisons and Police forces. To further strengthen competencies of the trained health workers, quarterly support supervision will be conducted. Two

regional monitoring and advocacy meetings will be conducted to enhance stake holder support. The conflict districts of Gulu, Kitgum and Pader have extremely poor laboratory services with a high indication of need for HCT services. On-site training and support supervision will be conducted in those districts to scale up laboratory services in health centre IIIs, where the majority of the population goes for health services

Continued Associated Activity Information

Activity ID: 4012
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,238,000.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	102,100	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	40	☐
Number of individuals trained in the provision of laboratory-related activities	510	☐

Target Populations:

Doctors
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: AIDSRelief
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8290
Planned Funds: $ 755,871.00
Activity Narrative: This program area also relates to activities in 8584-PMTCT, 8289-ARV Services, 8288-ARV Drugs, 8291-AB, 8292-Basic Health Care & Support, 8294-OVC, 8293-TB/HIV, 8584-PMTCT.

AIDSRelief (AR) is a comprehensive HIV Care and treatment program, providing ARV drugs, preventive, curative, palliative, social and ARV services to HIV positive people and their families. Its goal is to ensure that people living with HIV/AIDS have access to ART and high quality medical care. AR is a consortium of five organizations. Catholic Relief Services is the lead agency responsible for overall coordination and management of consortium activities, Constella Futures Group leads the Strategic Information component of the program whereas the Institute of Human Virology (IHV) guides and informs the establishment of treatment, adherence and care protocols. The Children Aids Fund is a sub-grantee supporting 5 sites. AR will offer services through 15 Local Partner Treatment Facilities (LPTFs), distributed through out Uganda.
Based on its successes and lessons learned, the AR program in Uganda will continue to support laboratory services at all 15 sites. These services will be accessed by 12,000 patients on ART, and 17,170 patients receiving care through 15 LPTFs distributed throughout Uganda. In years 1, 2 and 3 of the program, LPTFs were provided with lab equipment accompanied by on site LPTF training of laboratory staff so that they are able to perform all baseline tests and diagnostic tests for opportunistic infections.
In COP07 AR will continue to strengthen the laboratory capacity of the LPTFs so that they can effectively monitor parameters (CD4 count, hematocrit, liver and renal function tests, and diagnostic tests for OIs) related to the care of patients on ART and those waiting to initiate therapy. Training will emphasize standard operating procedures and quality control to ensure a safe working environment, personal safety and reliable laboratory test results. IHV will also provide assistance for an ongoing Quality Assurance/Quality Improvement process. A total of 34 laboratory personnel will be trained and will receive refresher courses. AR support to LPTFs will include procuring and shipping the necessary reagents for the tests to support the treatment of HIV infected patients (CD4 tests, cryptococal antigen, reagents for basic laboratory tests). It will also provide the tools and reference materials needed to monitor the OIs, and ARV drug toxicities. The program will work with the MOH and UGS teams to ensure that all procurement of equipment and reagents as well as trainings is in accordance with national guidelines. Linkages and referrals to other ART provider lab facilities will be strengthened. AIDSRelief will strengthen LPTFs laboratory capacity to diagnose HIV, TB, malaria and other opportunistic infections through provision of equipments and supplies. It will improve laboratory infrastructure of LPTFs by providing solar back up power, surge protectors, storage facilities, computerized record keeping, adequate man power and air conditioners.

AIDSRelief will provide support for viral load testing at certain of the LPTFs which have, or will shortly obtain, this capacity. AIDSRelief will provide clinical management tools to ensure collection and compilation of laboratory data for all HIV patients. Computers and related hardware that will enable computerization of all laboratory data will be provided. AR has also built a strong Project Monitoring and Management system using in-country networks and available technology at 15 LPTFs in COP06. In COP07, Constella Futures will carry out regular site visits and reviews to ensure continued quality data collection, data entry, data validation and analysis, dissemination of findings; data management & continuous quality improvement. Activities will include, ensuring collection and compilation of complete & valid Laboratory data; assuring collection and analysis of required indicators for quality laboratory reporting and monitoring as well as will include Technical Assistance for LPTFs.

Continued Associated Activity Information

Activity ID: 4390
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: AIDSRelief
Funding Source: GHAI
Planned Funds: $ 755,871.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	142,300	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	15	☐
Number of individuals trained in the provision of laboratory-related activities	356	☐

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Prime Partner:	Makerere University Faculty of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8320
Planned Funds:	$ 900,000.00

Activity Narrative: This activity also relates to 8316-CT, 8317-Palliative care; TB-HIV, 8315-Palliative Care; Basic Health Care and Support, 8318-ART drugs, 8319-ART services, 8321-OVC 8313-Condoms and Other Prevention, 8772-AB.
Makerere University Faculty of Medicine (FOM) was awarded a cooperative agreement titled "Provision of Routine HIV Testing, Counseling, Basic Care and Antiretroviral Therapy at Teaching Hospitals in the Republic of Uganda" in 2004. The program named "Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is implementing comprehensive HIV programs in Uganda's two major teaching hospitals (Mulago and Mbarara) and their catchment areas in close collaboration with the national programs run by the Ministry of Health (MOH). MJAP also collaborates with the National Tuberculosis and Leprosy program (NTLP), and leverages resources from the Global fund (GFATM). The program provides a range of HIV/AIDS services including: 1) HIV testing through hospital-based routine HIV testing and counseling (RTC) in addition to home-based HIV testing , 2) provision of palliative HIV/AIDS basic care, 3) provision of integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) antiretroviral treatment , 5) provision of HIV post- exposure prophylaxis , and 6) capacity building for HIV prevention and care through training of health care providers, laboratory strengthening, and establishment of satellite HIV clinics. Mulago and Mbarara hospitals are tertiary referral institutions with a mandate of training, service-provision and research. Annually 3,000 health care providers are trained and about one million patients seen in the two hospitals (500,000 outpatients and 130,000 inpatients for Mulago, and 300,000 in and outpatients for Mbarara). Both are public hospitals that largely provide care for the poor. Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Between June-December 2005, the program expanded its clinical activities by partnering with other institutions to establish 6 satellite HIV/AIDS clinics in order to provide care for the large number of HIV patients identified through the RTC program. The six satellite clinics include Mulago hospital ISS clinic, Kawempe and Naguru (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under the Uganda Ministry of Health and Mbarara local government) and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are done in collaboration with several partners including KCC, Mbarara Municipal Council, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), the Uganda Ministry of Health, and other partners. In addition to the satellite clinics, the program supports basic care and ART in the Adult Infectious Diseases Clinic (AIDC) and Mbarara HIV (ISS) clinic. By March 2007, two additional satellite HIV/AIDS clinics will be established within Kampala district in collaboration with the Infectious Diseases Institute (IDI) and KCC. IDI is an independent institute within the Faculty of Medicine of Makerere University with a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment and prevention in Africa through training and research. At IDI health care providers from all over sub-Saharan Africa receive training on HIV care and antiretroviral therapy (ART); people living with HIV receive free clinical care including ART at the AIDC (the IDI clinic is integral with Mulago Teaching Hospital).

Currently, the MJAP ART activities are implemented at 8 outlets including Mbarara ISS clinic, Adult Infectious Diseases Clinic (AIDC), Mulago ISS clinic, Mulago TB-HIV clinic, Kawempe, Naguru, Bwizibwera and Mbarara municipality health centers. An additional two satellite HIV/AIDS clinics will be established within Kampala district by March 2007 in collaboration with IDI and KCC. Up to 20,000 patients are accessing lab services through MJAP support at the 8 operational sites (AIDC- >7,000, Mbarara ISS -6500, and across the 6 satellite clinics- > 6000. The number of HIV patients in the clinics continues to increase with the expansion of RTC in the hospitals. In FY06, MJAP strengthened the Mulago and Mbarara laboratory infrastructure. The program procured a facs calibur for the Mulago hospital laboratory; the machine supports CD4 testing for five Kampala based HIV care and treatment sites and has significantly reduced the costs for CD4 testing. MJAP also procured a haematology and chemistry machine, two ELISA machines for HIV testing and microscopes for TB and malaria diagnosis. MJAP provides supplies and maintenance of all the equipment. The Elisa testing for in-patients has reduced demand for rapid HIV test kits. MJAP has also trained over 50 laboratory technicians and hired additional staff to enhance HIV diagnosis and laboratory monitoring for patients on treatment. In Mbarara, collaboration with TASO has ensured ART lab monitoring for the Mbarara satellite care and treatment sites. TASO operates a fully equipped regional lab at Mbarara able to perform CD4 testing and support other basic HIV related lab testing.

In the next year (FY07), two new satellite care and treatment sites will be opened and RTC-TB diagnosis will expand to 3 regional referral hospitals. MJAP will provide ART lab screening and monitoring support to > 15,000 (10,000 accessing Global Fund ARV drug support). Funds will go towards additional staffing, training and support for laboratory monitoring including CD4 counts. Our aim is to have 12 units with capacity to provide HIV testing malaria diagnosis, TB sputum microscopy, syphilis testing, and to improve capacity of the two hospital laboratories (Mulago and Mbarara) in CD4 and lymphocyte counts and chemistry (liver and renal function tests). We will also equip the laboratories in the three regional referral hospitals to provide HIV testing and TB sputum microscopy as the RTC-TB diagnosis program expands. The program will train new and existing staff to support the laboratories – 50 people will be trained in the coming year. This program will strengthen the laboratory infrastructure in Mulago and Mbarara teaching hospitals in order to provide quality ART services at the two hospitals, and the satellite clinics including adults and children. The laboratory funding will cover the purchase of equipment and supplies, recruitment of additional personnel, training of new and existing laboratory staff, and will enhance laboratory quality assurance systems. In Mbarara hospital, MJAP will collaborate with partners including JCRC and the Italian cooperation who are also providing laboratory support to the hospital, to ensure existing gaps are filled without duplication of activities, and access by all patients who require these services.

Continued Associated Activity Information

Activity ID:	4037
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makerere University Faculty of Medicine
Mechanism:	Mulago-Mbarara Teaching Hospitals - MJAP
Funding Source:	GHAI
Planned Funds:	$ 439,270.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	305,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	☐
Number of individuals trained in the provision of laboratory-related activities	50	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8330
Planned Funds: $ 486,000.00
Activity Narrative: This activity relates to 8327-PMTCT, 8324-AB, 8328-Palliative Care;Basic Health Care and Support, 8323-Palliative Care;TB/HIV, 8329-CT,8326-ART services, 8325-ART drugs, 8322- Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4026
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 182,400.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	32,036	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	2	☐

Target Populations:

People living with HIV/AIDS

Laboratory workers

Coverage Areas

Rakai

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	HIV/AIDS Project
Prime Partner:	Mildmay International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8335
Planned Funds:	$ 190,000.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336- OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services, 8640-SI.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Mildmay currently supports laboratory services at 4 sites. Laboratory services are carried out at TMC, the rural clinics in Naggalama, Mukono District and Mpigi Health Centre in Mpigi District, and at Reach Out Mbuya. Services offered include HIV tests, CD4 tests, Full Blood Counts, diagnostic tests for opportunistic infections and chemistries for liver and renal function. TMC has its own well equipped and staffed laboratory on its main site and also has x-ray facilities. However links are maintained with other facilities such as the CDC laboratory in Entebbe, the National TB laboratory and the pathology unit at Nsambya hospital so as to ensure a comprehensive service can be provided for patients and a quality assurance programme to monitor services is in place. Samples from other sites are transported to TMC for analysis. The lab supports patients recruited through the Counselling and Testing programme (7000 in FY06), those in palliative care (>8000 in FY06) and those accessing ARV services (>5000 in FY06). Laboratory screening for opportunistic infections including for active TB especially before they start on ART are essential. Training is provided to laboratory staff at all sites as well as being available to

other staff from other hospitals in Uganda through short courses, and clinical placement schemes.

In FY07 it is planned to increase to 7,665 patients receiving ARV services, each having at least 2 CD4 counts a year, 3 Full Blood Counts and 3 Liver Function Tests. It is expected to carry out 12,000 pregnancy tests, 10,000 HIV tests, 1,000 viral loads particularly aimed at pregnant women and treatment experienced patients. Diagnostic tests for opportunistic infections will be required for approximately 3,000 patients along with other monitoring tests. Funds will be for the purchase of reagents and test kits, maintaining laboratory equipment, quality assurance costs, human resources, training of laboratory workers in HIV related diagnostic skills and transportation of samples from rural sites in Mpigi, Mukono to TMC and to other testing centres as necessary. Training of a minimum of 150 laboratory staff from various health centers will be provided.

Continued Associated Activity Information

Activity ID:	4416
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Mildmay International
Mechanism:	HIV/AIDS Project
Funding Source:	GHAI
Planned Funds:	$ 189,200.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	40,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	150	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Street youth
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Out-of-school youth
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
TB patients
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8347
Planned Funds:	$ 1,875,000.00

Activity Narrative: This activity also relates to 8340-AB, 8342-CT, 8343-Basic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8341-PMTCT, 8345-SI, 8348-Other Policy.

This activity supports and relates to the broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the national minimum health package outlined in the second phase of the Heath sector Strategic Plan (2006-2010) and the National Strategic Frame work for HIV/AIDS Control in Uganda (2000/1-20005/6) with emphasis on increasing access to quality HIV prevention, care and Treatment services.

Strengthening lab capacity to support quality HIV testing services as well as HIV services quality improvement are key to effective HIV /AIDS prevention and control programs.

In FY06, the MoH, with support from CDC/ PEPFAR, has been carrying out activities to strengthen lab services in Uganda. The main areas supported are strengthening the capacity of the Central Public Health Laboratory (CPHL) to provide public health laboratory services, early diagnosis of HIV infection among infants, rolling out training for HIV rapid testing and improvement of quality services for HIV/AIDS countrywide with a focus on treatment. As part of the support to CPHL, additional office and laboratory space was rented, and procurement of reagents, equipment and supplies done. In addition, technical and administrative capacity at CPHL has been strengthened by hiring technical and support staff. Zonal and district level support supervision will be improved by hiring of a Zonal Laboratory Supervisor and purchasing a vehicle to be dedicated to this activity. A draft laboratory policy document will be finalized. External QA for CD4 testing has started with 16 labs participating and assessment of laboratory capacity to support ART was completed. In addition, training and support supervision on logistics management was conducted. The rolling out of laboratory testing for HIV rapid testing program held a stakeholders meeting and a standardized training package adopted. 181 service providers will be trained. The central training team was set up and it represents various stakeholder organizations. A draft QA guidelines for HIV rapid testing was developed with input from stakeholders and end-users and support was provided to program for early diagnosis of HIV infection in infants and young children. This program started in FY05 and by the end of FY06 will have been established in 17 districts including; Mbale, Soroti, Jinja, Masaka, Arua, Lira, Gulu and Hoima. Dry blood spot specimens will be collected, packaged and transported to 7 referral labs in the regions.

The focus of lab services and quality improvement activity in FY07 will be; Establishment of quality assurance and control policies, proficiency testing, standardized guidelines and SOPs, safety guidelines, equipment management plans and support supervision. The funding will support the following activities of the CPHL; Central coordination of CPHL activities, support for 4 zones comprising 18-19 districts each, quarterly support supervision from the centre, strengthened district-level support supervision by District Laboratory Focal Persons and monitoring of laboratory supplies procured the National Medical stores PEPFAR funding. In addition, the development of policy guidelines for laboratory services will be done, and the policy produced and disseminated. Availability of support supervision checklists, equipment management plans, safety manuals and SOPs will be ensured. The program will develop and implement national quality control/quality assurance schemes, consolidate and expand EQA for CD4 testing, start QA schemes for other test procedures. Distribution of QC/QA materials, reporting and timely feedback undertaken. The training coordination unit at CPHL will be strengthened in order to meet the additional needs. This includes increasing the number of service providers trained in HIV rapid testing annually from 200 to approximately 500, expanding training to include other testing procedures and basic management skills, increasing advocacy for better consensus, and coordination among stakeholders and establishing links and working relationships with other countries, in order to share experiences and lessons learnt. The Program for early diagnosis of HIV in infants and young children will be continued in FY07 and expanded to 10 more districts. This will require training 200 service providers, coordinating specimen transportation to referral labs, data management and dissemination of results and support supervision. The Quality improvement project will send one staff for training in the USA, sensitization of district personnel, developing of information systems and organizational management assessment, trainings of site data supervisors and ART site staff in quality improvement (QI). Baseline and follow up data collection on the seven piloted indicators. Site visits for

QI mentoring and coaching. The project will engage 60 new ART sites into QI activities to expand project coverage and improve ART quality services in the country. Printing of data collection tools, baseline and follow up of data collection to measure indicators and bench mark performance of sites at national level. Regional implementing site meetings to share experience on tried out QI projects. National stakeholders meeting and official launch of project to improve awareness of project operations at national level. Training of health workers in QI projects management and HIVQUAL soft ware operations at site level to improve health workers` ability to manage quality improvement and performance measurement activities.

plus ups: The training coordination unit at CPHL (MOH) continues to roll-out refresher training in HIV rapid testing at all health facilities across the country. Add'l funding of $200,000 will be used to expedite this process and to carry out regular project performance appraisals. The existing system for lab support supervision has been shown to be extremely weak. As part of the plan to strengthen lab services, ensure GLP and protect the investment already made by USG in lab commodities, additional zonal/regional supervisors are needed to compliment those already supported by other national programs, particularly the TB and malaria programs. Supervisors will need transport and facilitation for themselves and for DLFPs amounting to $200,000. Basic QA activities for the minumum diagniostic package, currently the responsibility of CPHL, are grossly inadequate. Some institutions/programs run their own EQA schemes for CD4+ counting, viral load, hematology and serum chemistries but there is little coordination and many health facilities conduct no EQA at all.
To address the issue of QA in the laboratory across the country, existing activities need to be expanded and strengthened, data collected, collated and analyzed and action taken to remedy poor performance. QA activities will, wherever possible be merged into support supervision activities; reference laboratories need new/additional funding in order to prepare PT panels and conduct the QC component of QA systems; a central coordinator for national QA in the laboratory is needed at CPHL and together, QA strenthening will require addtional funding of $75,000. In order to manage, analyze and interpret the vast amount of data generated within the laboratory sector for effective management, a LIMS is being developed at CPHL, linked to the MOH Resource Center. The data sets include records of facility commodities consumption on which forecasting is based, performance of individual technicians/lay counselors in HIV rapid testing, training history for individual technicians, constraints at health facility laboratories recorded during support supervision visits etc: an additional US$ 150,000 is requested to strengthen the capacity of the LIMS at CPHL.

Continued Associated Activity Information

Activity ID:	4408
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Uganda
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 855,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	61,503	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	40	☐
Number of individuals trained in the provision of laboratory-related activities	800	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Medical Stores
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8350
Planned Funds: $ 3,200,000.00

Activity Narrative: This activity also relates to 8351 CT.

In September 2004, National Medical Stores (NMS) was awarded funding by the United States Government through CDC to purchase, distribute and track HIV/AIDS-related laboratory supplies and reagents for all Health Center III facilities and above to the District Hospitals level. Under this funding FBO, NGO and private-not-for-profit health facilities are provided these HIV-related commodities through a partnership with the Joint Medical Stores (JMS). National Medical Stores is a parastatal organization responsible for the management of the national distribution-chain management of essential medicine kits, antiretroviral medicines, TB medicines, contraceptives and other basic medical and laboratory supplies. In FY05 the National Laboratory Logistics System for HIV/AIDS-related laboratory commodities was developed and is now fully functional with the first two push cycles distributed to the health units country wide in FY06.

Because the national system had not previously provided HIV/AIDS-related laboratory supplies, to initiate the supply chain NMS prepared 'essential packages' of laboratory reagents and supplies according to the laboratory functioning of each Health Facility and 'pushed' these packages through two-cycles in order to create demand. Following the third cycle 'push' to take place in November-December 2006, health facility laboratory managers, who have received training in logistics management, will prepare orders from a list of predetermined HIV/AIDS-related laboratory reagents and supplies, up to the limit of 'credit' as determined by the Ministry of Health and in respect to funds available. As with the existing essential drug supply 'pull-system', health facilities will use a standard order form to place orders for the approved range of HIV/AID-related laboratory supplies every two months. These orders will be packed per facility and delivered together with the essential drugs. The National Medical Stores delivers packed and palletized orders to the District Drug warehouse from where the commodities are collected by the Health Facility.

Using the Navision 3.7 commodity tracking software, NMS has the ability to generate shipment and consumption reports of HIV/AIDS-related laboratory supplies and test kits tracked directly to each health facility. In addition, this logistics system allows for the integration of donated stocks of laboratory reagents and supplies from other sources, such as the Global Fund into the routine supply system for health commodities, thus providing a comprehensive mechanism to track current stock and forecast procurement.
With the USG funding assistance, NMS capacity to ensure the country's health commodity distribution system has been strengthened to handle the HIV/AIDS-related commodities and their timely delivery countrywide by equipping National Medical Stores with additional transport vehicles, warehouse equipment, and central and district cold-chain boxes. This is leveraged by additional funding sources that provided an electrical mobile cargo side loader of appropriate specification that will be installed at the Dispatch Bay, thus enabling faster dispatch of palletized district orders of HIV/AIDS related commodities.

In FY07 USG funding to National Medical Stores will support sustaining the supply channel for HIV/AIDS-related laboratory reagents and supplies as well as HIV test kits and associated materials. The National Medical Stores and Joint Medical Store will review and expand the laboratory needs within the scope of the project to cater for the pediatric HIV/AIDS needs as well as supplies to the eighteen (18) regional referral hospitals country-wide with the goal to meet at least 30% of facility requirements. Additional accessories will be procured for CD4 and CD8 monitoring for the patients receiving Anti Retro Viral Treatment. As counseling and testing services are increased in FY07, the need for laboratory reagents and supplies will increase, especially those used for monitoring patients on ART and HIV positive populations, not yet eligible for ART. A substaintial amount of laboratory reagents and commodities were supplied by the Global Fund in previous financial years, but given the challenges it is facing, this may not be possible. As a result, the USG is currently viewed as a potential back stop for this deficit. An assessment of the laboratory logistics system for HIV/AIDS-related supplies and accessories will be undertaken to inform a plan for system strengthening.

Plus ups: Currently USG is funding the purchase and distribution of most laboratory commodities in the health sector and this is having a significant effect on technician motivation and moral and hence on service delivery. However, it is estimated that the current laboratory commodities credit-line meets only 50% of the actual commodities needs. Additional funding of US$ 200,000 is required for NMS to extend the laboratory

credit-line to additional health facilities; to facilitate more regular deliveries of commodities; to procure additional instrumentation and commodities to broaden access to the minimum diagnostic package and to expand the availability of reconstituted reagents, especially stains used in the diagnosis of malaria and TB on which both the TB and malaria control programs and more recently PMI, heavily depend.

Continued Associated Activity Information

Activity ID:	4027
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Medical Stores
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,950,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.	916	☐
Number of Districts receiving HIV-related laboratory reagents and supplies every two months	76	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Public health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Laboratory Quality Assurance-Cooperative Agreement
Prime Partner: Uganda Virus Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8367
Planned Funds: $ 325,000.00
Activity Narrative: The Ministry of Health (MOH) with support from the international community has continued to scale-up the provision of ART to those who are HIV-infected and eligible for therapy. Recently, MOH in collaboration with the Uganda AIDS Commission (UAC) has launched new preventive strategies to drive the HIV seroprevalence below the current 6.4%. There is now an urgent need to have high-quality HIV serological testing in all the laboratories across the country. The importance MOH places on providing comprehensive, high-quality laboratory services throughout the country is reflected in the newly-established position of Assistant Commissioner to oversee the activities of the Central Public Health Laboratories (CPHL) and in particular, the implementation of a quality assurance program according to the HIV Rapid Test Quality Assurance Manual, Uganda, 2006. Building on the experience built over the past 3 years with USG funding, the HIV Reference and Quality Assurance Laboratory at the Uganda Virus Research Institute has established a national laboratory quality assurance (QA) program focused specifically on HIV-related testing. We were recently awarded another CDC Cooperative Agreement for the period of 09/30/2006 – 09/29/2011 to continue the development and strengthening of this program to assure the quality of HIV testing nationwide. Working with existing programs within MOH, particularly the Quality Assurance Unit, the HIV rapid test training coordination unit at CPHL and regional and district-level laboratory supervisors, we shall identify laboratories currently conducting HIV serological testing and the tests/algorithms used, to include the national blood bank, national HIV surveys, HCT and PMTCT programs, as well as clinical laboratories, in both the private and public sector. Based on the inventory of HIV-testing laboratories, we shall develop a quality assurance plan that takes advantage of supervisory visits conducted by CPHL and the National TB and Leprosy Program to distribute proficiency testing (PT) panels, to collect quality control (QC) samples for testing at UVRI and to meet reporting requirements. Laboratories failing to meet QA criteria will be visited and remedial action taken. Testing algorithms for use in the field and for QC at UVRI will be continuously monitored and new algorithms evaluated.

Support will be required at UVRI to service this expanded QA activity including procurement of equipment to ensure safe-practice and for a specimen repository, test kits for QC testing and commodities for the preparation of PT panels with special emphasis on the latter since QC testing will likely prove a non-sustainable QA activity as the number of sites conducting HIV testing increases. The existing LIMS will be expanded and linked to databases at CPHL and MOH to facilitate reporting, logistics management and training needs. Support will also be required for UVRI staff to conduct laboratory testing, to participate in up-country supervisory visits and in the training/re-training of health-facility staff as part of the national laboratory training team.

UVRI will develop a realistic work-plan with achievable progress indicators and a detailed budget to cover the first year of funding. Special attention will be given to the development of both a laboratory management plan and a plan for monitoring and evaluation All activities will be in line with the Uganda National Quality System Guidelines.

plus ups: QA activities for HIV serology are an essential component of national HIV/AIDS programs. This activity is currently the responsibility of UVRI and is coordinated by CPHL Activities include the preparation and distribution of proficiency panels, quality control testing of specimens from the field, and evaluation of new HIV testing kits and algorithms. Through coordination with other national programs including those for TB and malaria, UVRI staff supported by PEPFAR also contribute to national support supervision; funding of US$ 75,000 is requested to expand and strengthen HIV QA and support supervision activities.

Continued Associated Activity Information

Activity ID:	4709
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Uganda Virus Research Institute
Mechanism:	Laboratory Quality Assurance-Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 170,000.00

Emphasis Areas	**% Of Effort**
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	40,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	72	☐
Number of individuals trained in the provision of laboratory-related activities	170	☐

Target Populations:

Doctors
Nurses
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC Base GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8376
Planned Funds: $ 1,400,000.00
Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8375,8382,8384,9108-SI, 8380-ARV Services, 8381-Lab, 8377-M&S.

In FY06 the CDC Uganda laboratory continued to offer high quality HIV related services, these included serological testing for HIV, HHV8, HSV2, and Hepatitis B, CD4+ and CD8+ cell counting, full hematology, serum chemistry and viral load testing. The laboratory also introduced PCR techniques to diagnose HIV from dried blood spots collected from infants. Testing services were provided for CDC studies and for partners who had no established laboratory capacity of their own. The CDC laboratory also provided technical assistance and training for laboratory staff to USG implementing partners and to MOH facilities in order to enhance national laboratory services capacity.

During FY06, the CDC laboratory started to assist in health service policy development and the restructuring of CPHL to take on a central role in improving the standards of testing in health service laboratories, including HIV testing services. In addition to expanding this initiative in FY07, the need for laboratory management training will also be addressed as well as continuation of the roll out training program for rapid testing.

In FY07 CDC laboratories will continue to support partners by providing services where they are not available and will also continue to assist in building capacity in both partner laboratories as well as MOH laboratories. Skills, such as PCR for the national HIV infant testing programs will be disseminated to other laboratories with capacity so the program can be extended to cover a greater proportion of the population. This will entail provision of technical training in the CDC laboratories, follow up and support supervision to ensure quality of testing and enrollment on external Quality assurance programs.

In order to integrate services and technical assistance the laboratory works closely with the MOH Laboratory technical committee (LTC) and with the health laboratory service sector. This included the Ministry of Health, in developing a national laboratory health service policy, the Ministry of Education and Sport to support laboratory technician training schools, the Central Public Health Laboratory (CPHL) to develop its role in coordination of reference laboratory and laboratory support programs, the National TB/Leprosy Laboratory (NTLP) to provide quality assurance programs and re-establishing a HIV Reference Laboratory (HRL). The laboratory also works closely with the National Medical Stores for commodity procurement.

The CDC laboratory will continue to provide high-end diagnostic services required for eligibility screening and monitoring of patients on ART, as well as developing, validating and monitoring new, appropriate approaches to diagnostic testing. The laboratory will upgrade its procedures to obtain College of American Pathologists (ACP) accreditation, thus ensuring that testing procedures and results meet internationally acceptable standards.

Continued Associated Activity Information

Activity ID: 4429
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 1,315,300.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	72,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	28	☐
Number of individuals trained in the provision of laboratory-related activities	95	☐

Target Populations:

National AIDS control program staff
Policy makers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC Base GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8381
Planned Funds: $ 129,599.00
Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8375,8382,8383,8384,9108-SI, 8376-Lab, 8380-ARV Services, 8377-M&S.

The HBAC laboratory staff in Tororo have been provided with technical assistance and on-the-job training by CDC-Uganda laboratory staff. Under the direction of the CDC laboratory Director, a significant level of effort by the Entebbe Laboratory staff is to provide on-going assistance to HBAC. In addition, the HBAC lab staff have been trained to provide laboratory monitoring for all patients on ART according to the HBAC study protocol. Additionally, HIV testing is provided for patients and family members in their homes through home-based VCT provided by trained lay providers. Quality assurance is conducted using dried blood spots. Other tests are conducted on site in Tororo with quality assurance provided by the main CDC laboratory in Entebbe.

In FY06 viral load, complete blood counts, and CD4 counting were performed on all routine blood samples which are collected on a quarterly basis. An additional 200 subjects were screened for inclusion in HBAC with viral load, CBC, CD4 counting, liver function and serum creatinine tests.

In FY07, CDC Laboratory staff will continue to provide high level technical assistance. Lab activities will be expected to increase somewhat in FY07 due to the addition of up to 500 new clients to be initiated on ART.

Continued Associated Activity Information

Activity ID: 4434
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 129,599.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	13,050	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	4	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers
Private health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Busia

Mbale

Tororo

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Joint Clinical Research Center, Uganda
Prime Partner:	Joint Clinical Research Center, Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8441
Planned Funds:	$ 1,400,000.00

Activity Narrative: This program is closely related to Treatment: ART Services (8444), Treatment:ARV Drugs (8443) , Palliative Care: Basic Health Care and Support (8442), Palliative Care:TB/HIV (8445) .
Joint Clinical Research Center is an indigenous Uganda NGO established in 1992 to undertake AIDS vaccine research and provide treatment to HIV positive individuals. JCRC began providing ART on a large scale to clients at their clinic in the capital city Kampala in 1998. JCRC has expanded ART from four to 40 sites– the majority are Ministry of Health centers and 30% are faith based, military or private sites. Seven additional sites will be opened with FY2007 funds for a total of 50. As at the end of July 2006, over 17, 289 people were currently receiving ART services through the network of health facilities, including over 8,900 orphans, vulnerable children, pregnant women, orphan caretakers, health workers as part of a fully subsidized program. The additional estimated 8389 are currently receiving drugs through the Global Fund, however there have been shortages in some drugs requiring JCRC to provide buffer stock. By March 2007, 12550 will be reached (with FY2006 funds) with fully subsidized treatment. While it was projected that clients served at sites where JCRC is working would treat approximately 25,450 people by March 2007, experience over the past year shows that this may have been too ambitious given erratic drug supply and a wider network of service providers requiring GF drugs and wealth of providers.

With FY 2007 funding, the total number of people reached with these funds as current clients will be 36,917, with 18,917 vulnerable groups receiving fully subsidized treatment from JCRC and 18,000 receiving ARV services from JCRC and drugs from Global Fund during this funding period. Laboratory diagnostic and monitoring tests are prohibitively expensive for most patients and yet quality lab tests are absolutely essential for a quality program. Lab tests (PCT/CD4 and CBC as well as essential chemistries and OI diagnostics) will be subsidized for all pediatric clients. Those able to pay for tests will contribute to the service, while other poor and vulnerable groups will continue to be subsidized. In collaboration with USAID and other partners more efforts will be made to further reduce the costs of laboratory diagnosis and monitoring test. An adult patient needs 2 CD4 tests per year, 2 CBC tests per, 3 essential chemistries Per year (Liver, kidney, renal tests). The rapidly evolving demand for HIV treatment with antiretroviral drugs in Uganda poses a challenge with regard to HIV testing, monitoring of patients and drug resistance. With expansion of the 'TREAT" program, the demand for laboratory strengthening has increased greatly in Uganda. However, presently the laboratory infrastructure for anti-retroviral support and quality assurance remain weak in Uganda due to lack of equipment and trained manpower. The JCRC response during FY07 will be to consolidate and strengthen the 6 Regional Centers of Excellence (RCEs) to provide regional oratory referral services. This will involve addressing human resource issues to be able to provide a quality program as the volume of lab tests is likely to increase with the MOH strategy for the country wide early diagnosis of HIV among infants and young children. The RCEs will perform sophisticated tests like CD4 cell count, viral load and OI diagnosis.

With FY07 funding JCRC RCEs will provide capacity for the MOH strategy for early diagnosis of HIV among infants and young children. The RCEs provide quality assurance for the TREAT laboratories, capacity building for the public health laboratory network and a fall back to the public health regional hospitals, the target for infants to be tested is estimated at up to 9,000. Of these it is assumed that 2,250 are HIV positive, they will need CD4 and CBC tests. In addition, it is estimated that around 450, of the kids will need treatment and lab services. Needed labs will be provided to all persons receiving fully subsidized services; global fund and other clients on a targeted bases. At least 4,000 children will need on going support, this will include 3 chemistry tests per child per year, OI tests including TB and malaria tests and other OI tests, bacterial infections etc.

To build systems, JCRC will provide training support on request for the 50 TREAT centers and will establish referral of samples for more complicated tests from ordinary ART sites to the Regional Centers of Excellence. The RCEs provide support supervision and quality control of other labs in the region, to improve the reliability of the laboratory results. Resistance testing will only be available at JCRC Mengo. JCRC will continue to utilize technical assistance from MSH to offer management and leadership training for the laboratory staff. More training will include technical areas of diagnostics ranging from HIV testing, TB, Syphilis and OI diagnostics, HIV patient monitoring and quality assurance. The Regional Centres of Excellence will continue to provide capacity for TB and HIV/AIDS

related research for MOH and JCRC partners, such as Case Western Research University, Ohio. Mbarara University is also utilizing the laboratories for potential research for the medical school. PEPFAR partners such as MJAP in Mbarara will continue to utilize the JCRC labs.

JCRC will continue to work and collaborate with the MOH and AMREF in strengthening the national laboratory network. JCRC regional centers of excellence will provide capacity building for the MOH laboratory personnel; emergency and technical backstopping for the public health laboratory network and also provide a fall-back to the regional hospitals in cases of emergency reagent stock-outs.

OGAC Reviews: JCRC fees for service – please clarify how this works (for lab tests)

See question under ARV section on JCRC. It is worth a mention here however that our leveraging of private sector supports has enable more people in communities to access services including labs, supported in full by private sector companies, who are procuring lab services from JCRC through the regional centers in increasing numbers.

Continued Associated Activity Information

Activity ID:	4441
USG Agency:	U.S. Agency for International Development
Prime Partner:	Joint Clinical Research Center, Uganda
Mechanism:	Joint Clinical Research Center, Uganda
Funding Source:	GHAI
Planned Funds:	$ 1,128,800.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	130,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	50	☐
Number of individuals trained in the provision of laboratory-related activities	200	☐

Target Populations:

Adults
Community leaders
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Military personnel
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Gender

Coverage Areas

Bushenyi

Gulu

Hoima

Iganga

Jinja

Kabale

Kabarole

Kampala

Kamuli

Kayunga

Lira

Luwero

Mbale

Mbarara

Rukungiri

Soroti

Tororo

Kaberamaido

Kapchorwa

Kasese

Katakwi

Kiboga

Kisoro

Kotido

Kumi

Masindi

Moyo

Mpigi

Mubende

Mukono

Nebbi

Pallisa

Kitgum

Pader

Apac

Kalangala

Kanungu

Wakiso

Bukwa

Ibanda

Kaabong

Kaliro

Kiruhura

Mityana

Table 3.3.12: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8451
Planned Funds: $ 100,000.00
Activity Narrative: This activity relates to Abstinence/Being Faithful (8456), Condoms and Other Prevention (8452), Orphans and Vulnerable Children (8453), Strategic Information (8455) and Palliative Care: Basic Health care and Support (8454).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

Achievements to date: 69 individuals trained in laboratory-related infrastructure activities thus able to make 47 syphilis tests, 2,237 disease monitoring tests, 27,841 HIV tests and 651 TB tests.

In order to provide good quality basic health care services, healthcare workers need a well functioning laboratory to help in the diagnosis of opportunistic infections. Therefore, strengthening laboratory infrastructure and capacity is a key component of palliative care. Each of the 11 TASO centers has a laboratory that is able to carry out the minimum set of tests required to support an HIV/AIDS clinic. The tests include malaria testing, HIV testing.

TASO laboratories at the 11 centers will continue to be strengthened to support the delivery of basic healthcare and prophylaxis for opportunistic infections and ARV.

TASO proposes to strengthen and support laboratory services including procurement of laboratory reagents, and laboratory equipments necessary for the proper functioning of the laboratory. The cost for this activity will supplement the procurement of laboratory reagents in addition to what is provided by the National Medical Stores (NMS) with CDC's support .This will mainly be for reagents for tests including Malaria blood slides, syphilis testing, urinalysis and basic chemistry, excluding HIV testing and ART screening – CD 4 counts. Funds will also support laboratory human resource and training of the staff.

Continued Associated Activity Information

Activity ID: 3972
USG Agency: U.S. Agency for International Development
Prime Partner: The AIDS Support Organization
Mechanism: TASO USAID
Funding Source: GHAI
Planned Funds: $ 62,674.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	40,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	12	☐
Number of individuals trained in the provision of laboratory-related activities	69	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bugiri

Bushenyi

Busia

Gulu

Iganga

Jinja

Kampala

Kamuli

Kanungu

Kayunga

Kumi

Lira

Masaka

Mayuge

Mbale

Mbarara

Moroto

Mpigi

Mukono

Nakapiripirit

Ntungaro

Pader

Pallisa

Rakai

Rukungiri

Sembabule

Sironko

Soroti

Tororo

Wakiso

Adjumani

Apac

Arua

Bundibugyo

Hoima

Kabale

Kabarole

Kaberamaido

Kalangala

Kamwenge

Kapchorwa

Kasese

Katakwi

Kibale

Kiboga

Kisoro

Kitgum

Kotido

Kyenjojo

Luwero

Masindi

Moyo

Mubende

Nakasongola

Nebbi

Amuria

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Table 3.3.12: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8473
Planned Funds: $ 300,000.00

Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic health Care and Support (8468), Counseling and Testing (8470) , Treatment Services: ART (8472), Treatment: ARV: Drugs (8471), Strategic Information (8474) and Other Policy Analysis and System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.
Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end next year.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

Planned activities for year 2 will include continuing to build on the laboratory work currently being done by one of NUMAT partners, AMREF, and also supported by CDC. The project will strengthen the laboratory capacity at the lower level of the health systems, particularly HC III, by renovating infrastructure, training personnel and providing appropriate equipment to enable units to undertake appropriate laboratory tests for the diagnosis and treatment of HIV, TB and malaria. Previously trained HC III laboratory staff will receive refresher training in HIV rapid tests, sputum smears, total and differential white blood cell counting, hemoglobin testing and malaria smears. Clinical officers will receive in-service training in best practices in utilization of laboratory services. The project will increase the number of functional labs based on rapid assessments, through site renovations, equipment procurement and staff training. Capacity at referral labs will be increased through staff training and incentives, supplies and equipment. The project will support and strengthen systems to transport samples from lower level facilities to the referral labs to conduct higher level tests such as CD4 count, LFT, RFT and PCR. NUMAT will strengthen the laboratory quality assurance efforts already underway in the three districts in which AIM worked and expand these to include all project districts. The project will also work with district health officials to enhance their ability to conduct supervision activities.

Specific activities to be undertaken include:

Train all HC III in HIV rapid testing for HIV so they can support home-based HCT and PMTCT outreach linked to HC IIIs.

Develop HC III-focused quality assurance systems in support of broader district systems which AMREF is developing under CDC support.

Support the MOH's Human Resource Development strategy by sponsoring at least 30 currently unqualified staff to take the laboratory assistant's course.

Support laboratory staff to conduct outreach and provide services during national TB, HIV, child health, and malaria health days.

Train community health workers in referral for laboratory testing by creation of simple messages.

Support and strengthen systems to transport samples to referral labs to conduct tests like CD4 count, liver function tests, renal function tests and PCR.

Procure CD4 count machines for referral hospitals so they can provide care in accordance with national guidelines.

Pilot programs for integrated approaches for the diagnosis of HIV, TB and malaria.

Document and disseminate innovative approaches to integrating HIV, TB and malaria diagnosis.

Continued Associated Activity Information

Activity ID:	4706
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	NUMAT/Conflict Districts
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	111,980	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	43	☐
Number of individuals trained in the provision of laboratory-related activities	50	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Private health care workers
Doctors
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Makerere University Walter Reed Project (MUWRP)
Prime Partner: Walter Reed
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8528
Planned Funds: $ 350,000.00
Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8543-CT, 8527-ARV Services, 8531-OVC, 8529-SI, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing. Also during FY06, MUWRP supported activities that improved the identification of and provision of services to the Districts' population of orphans and vulnerable children.

These activities link to MUWRP activities under Counseling and Testing, Treatment, Care, OVC, and Strategic Information. In 2005 and 2006, MUWRP has supported Kayunga Districts' HIV/ART clinics by transporting blood samples from Kayunga back to the MUWRP laboratory in Kampala for testing, providing CD4 assays for determining treatment eligibility and conducting safety labs for monitoring ongoing treatment. Test results are then transported back to Kayunga for use by the District HIV clinicians. Currently, PEPFAR funding is supporting efforts to transition this capacity to the Kayunga District Hospital laboratory. This will include: the improvement of infrastructure, the provision of technical expertise, and the procurement of laboratory equipment to conduct chemistry, hematology and CD4 analysis as well as required reagents. If the HIV/ART program in Kayunga is to be maintained, the District Hospital laboratory must be supported through its development to ensure sustainable, quality services. This support includes the provision of materials and reagents for HIV patient management, improvement of irregular energy sources, support for scheduled equipment maintenance and repairs, and ongoing technical supervision. In addition, as ART is expanded in 2006 to an additional three facilities; the Kangulamiria Health Center IV, the Baale Health Center IV, and the Kayunga District Youth Recreation Center; these sites require the development of very basic lab services for ART monitoring. Their distance from the District Hospital requires that they be able to undertake the basic labs necessary for patient management for real time care with more "complicated" assays conducted at the District Hospital.
MUWRP is uniquely poised to assist the District Hospital laboratory and the other three facilities in Kayunga in this undertaking, especially in the building of capacity of the District laboratory staff through direct training and mentoring. MUWRP presently operates a CAP certified laboratory in Kampala and thus can partner with District laboratory staff to develop SOP's and to ensure total quality lab management. In order to address the gender equity issue this activity will determine the breakdown of women and men receiving laboratory services to help develop strategies to reach equal number of men and women. Under 2007 funding, MUWPR will continue to develop the infrastructure and capacity of Kayunga District facility laboratories to support care and treatment of HIV infected patients. This will be accomplished by completing renovation of existing laboratory space, partnering District laboratory staff with MUWRP laboratory experts, ensuring equipment maintenance, supporting dependable energy sources, and continual provision of reagents and equipment. It is anticipated, based on target number for treatment in 2007 that the combined labs in Kayunga will need to undertake 6700 CD4, 7000 hematology and 7000 chemistry tests.

Continued Associated Activity Information

Activity ID: 4514
USG Agency: Department of Defense
Prime Partner: Walter Reed
Mechanism: Makerere University Walter Reed Project (MUWRP)
Funding Source: GHAI
Planned Funds: $ 232,666.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	11,800	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	5	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Out-of-school youth
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Kayunga

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Serv
Prime Partner:	Baylor College of Medicine Children's Foundation/Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8745
Planned Funds:	$ 450,000.00
Activity Narrative:	This activity also relates to 8702-AB, 8285-TB/HIV, 8282-Counseling and Testing, 8719-Other Prevention, 8286-OVC, 8283-ARV Drugs,8284-ARV Services. The program will support the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV-infected children and their families and provide pediatric HIV training opportunities for clinical and ancillary health professionals. Comprehensive HIV services will include antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of basic preventive care package (BCP); confidential HIV counseling and testing; family support interventions including prevention with positives and discordant couple counseling for parents; family psycho-social support; and related interventions for orphans and vulnerable children (OVC). Following national pediatric treatment guidelines and strategies, in FY07 program initiatives will continue the care and treatment of pediatric and family member patients and expand quality pediatric care to additional clients using a family centered approach to ensure the pediatric patients and their families receive related services and support required for OVCs. Activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff. Specific interventions to support adolescent care, treatment, adherence, and prevention message will be developed and integrated into clinical and family services. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities. In support of national services and satellite sites and to ensure full access to high-quality pediatric care and treatment services throughout the country, initiatives to train and mentor doctors, nurses, counselors, and allied health care providers in the public and private sector will be established to support basic preventive palliative care, and antiretroviral provision to children living with HIV/AIDS.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	58,307	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	12	☐

Target Populations:

Infants
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Partnership for Supply Chain Management
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8984
Planned Funds: $ 650,000.00
Activity Narrative: This activity is linked to Palliative care: basic (8862), TB/HIV (8995), Counseling and testing (8882) and Treatment: ARV drugs (8933).The SCMS project will provide critical logistics technical assistance to the key providers of laboratory services, diagnosis and prevention in Uganda, including the Ministry of Health, JCRC, IRCU and other PEPFAR NGO partners including the new program in 2006 targeting northern conflict zones. This will include forecasting and quantification, procurement tracking, product delivery and warehouse system improvement and delivery tracking for decision making. Procurement for ARV drugs for IRCU at a level of 1,000,000 is included this year. Commodities to be included under SCMS technical support include ARVs, HIV test kits, condoms, cotrimoxazole, Nevirapine and other PMTCT drugs, STI & OI drugs, and lab reagents and consumables for diagnosis. Uganda has made major advances in ARV treatment, diagnosis and prevention, but much remains to be done as patient numbers increase, access is brought closer to the local level, policies such as HIV routine testing, TB and HIV integration and new treatment for PMTCT mothers is adopted nationwide. Systems need to expand rapidly, be flexible to adjust to new policy demands and to be able to cope with emergency threats to the HIV/AIDS supply chain.

In the past year, Uganda with USG support has made incredible advances in improving laboratory services. Training has been done, quality control measures are being put in place, equipment procurement is under way, five regional lab centers of excellence have been established, laboratory reagents/consumables are now available and being distributed to 900+ labs and which will triple the number of tests possible. Supply Chain Management System (SCMS) will continue assistance in the design and management that was started with the DELIVER project. SCMS will help raise funds, provide coordination among donors and help raise visibility of logistics services. Distribution of lab reagents started in May 2006, but extensive logistics technical assistance will be required to consolidate this new system. SCMS will provide technical assistance in; the development/improvement of logistics systems with an emphasis on transport of samples to and results back from lab centers of excellence, strengthening distribution mechanisms to limit stock outs (especially from district to rural health centers), logistics management (especially distribution) of quality assurance commodities, data collection and analysis to guide forecasting and quantification, improving laboratory management, build capacity within the Central Public Health Laboratory and NGO PEPFAR recipients in joint forecasting and quantification, harmonized procurement with multiple donors (PEPFAR, Global Fund, etc.), developing standardized systems for mixing reagents, coordinating with various programs (TB, malaria, HIV/AIDS) for requirements, site level training, and support supervision including on the job training.

With laboratory tests for HIV related illnesses, TB, and malaria among other tests needed of accurate clinical management, the laboratory supply system now needs to work efficiently to enable labs to manage their role in the comprehensive HIV care and treatment package.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	2,500	☐

Target Populations:

Adults
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	HOSPICE
Prime Partner:	HOSPICE AFRICA, Uganda
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9100
Planned Funds:	$ 50,000.00

Activity Narrative: This activity also relates to activities in Palliative Care: Basic (8419) and Treatment: ARV Services (8420). Hospice Africa Uganda (HAU), a registered national NGO, is at the forefront of palliative care (PC) throughout Africa. Commenced in 1993, it has now been one of the most successful projects and is recognized as technical experts for the Ministry of Health in palliative care. As a result of Hospice Africa Uganda's work, Uganda is recognized as a model for bringing affordable and culturally acceptable palliative care, for HIV/AIDS and/or cancer patients and families, throughout Africa. From the experience and initiative of HAU, two support organizations have been born: Palliative Care Association of Uganda (PCAU) whose brief is to support each of the Districts in Uganda with standards, education and follow up of services, and the African Palliative Care Association (APCA) to coordinate, assess and promote services throughout the continent, through advocacy, education, and setting standards. Currently HAU operates from three sites: Kampala (Head office), Hoima District and Mbarara District. Each of these district branches has a network of outreach sites in other districts around it. In addition, each branch has a technical team that offers palliative care training and follow up supervision for other HIV/AIDS care organizations. HAU is one of the few specialist organizations within Uganda providing and supporting palliative care interventions (in accordance with WHO definition, 2002) which focus on palliation- pain and symptom management, adherence to treatments, prophylactic care and treatment of opportunistic infections, HIV prevention, psycho-social and spiritual support, to the patient and to the family to optimize the quality of life and to ensure peace and dignity at the end of life. Central to HAU philosophy is the delivery of services at times and places convenient for the patient and their carers' in a culturally and socially sensitive way.

HAU is one of the few specialist organizations within Uganda providing and supporting PC interventions (in accordance with WHO definition, 2002) which focus on palliation- pain and symptom management, adherence to treatments, prophylactic care and treatment of opportunistic infections, HIV prevention, psycho-social and spiritual support, to the patient and to the family to optimize the quality of life and to ensure peace and dignity at the end of life. Central to HAU philosophy is the delivery of services at times and places convenient for the patient and their carers' in a culturally and socially sensitive way. Care provided by HAU is typically intensive and is achieved through engaging in delivery of care services from home visits, outpatient clinics, day care centers (site & community), hospital consultations, outreaches and roadside clinics. The latter have proved to be viable strategies for accessing palliative care services to individuals who are unable to reach static sites. Home based and community care remain the backbone of HAU services, especially for PLHAs during the critical stages of illness.

In keeping with our goal of not duplicating services, HAU does not have laboratories on site but will use selected and approved local laboratory services and/or refer patients to treatment providers with laboratory facilities. The laboratory services sought are those directly linked to services offered by HAU, hence examinations for conditions for which HAU refers patients to other providers will not be covered. Patients will be supported and/or facilitated with investigations in a number of ways. Mobile needy patients will be facilitated with transport and/or investigation costs to source laboratory services at selected providers (public, private not for profit, private for profit sector). For bed-ridden patients, HAU clinical staff are trained in rapid tests (such as malaria) and in taking clinical samples such as blood, malaria slides which will be taken to the testing laboratories. An assessment of necessity of the investigations against the inconvenience to the patient is always taken. Patients will also be assessed for the importance of investigations in their palliative management and enhancement of quality of life. If a patient is too sick to travel for investigations, and they really need treatment, sometimes empirical treatment (treatment of most likely illness without investigations) can be given at home by the clinical team.

PLHA will be referred to ART providers for diagnosis, investigations and initiation of ARV therapies where appropriate. Patients will be supported with access to investigations and treatment of malaria, HIV/AIDS and related cancer diagnosis and sexually transmitted infections. A component of this activity will be to strengthen the linkages between HAU and organizations that provide services that are not provided at HAU, to maximize efficiency and improve access to holistic care. In FY07 HAU targets to provide care to 1,500 PLHA. HAU will provide support/facilitate investigations to an estimated 250 individuals, and train at least 12 clinical/education staff in clinical diagnosis and use of

rapid test kits.

These activities will aim to address the key legislative issues of gender, and stigma and discrimination

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	12	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Private health care workers
Doctors
Nurses

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Hoima

Kampala

Mbarara

Mukono

Table 3.3.12: Activities by Funding Mechanism

Mechanism: The Leadership, Management Sustainability Program (LMS)
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9200
Planned Funds: $ 150,000.00

Activity Narrative: The Leadership, Management and Sustainability Program (LMS) will provide technical support to the Joint Centre for Clinical Research (JCRC) to strengthen the managers and the management systems in JCRC's recently expanded laboratory network and further expand the national program for quality laboratories. A Ugandan organization, JCRC pioneered HIV/AIDS care and research in the country. Under the TREAT Program, JCRC has greatly expanded its HIV treatment sites and laboratory services beyond its referral center and laboratory in Kampala. Currently JCRC operates five regional Centers of Excellence up country which include laboratories providing high quality laboratory services to program clients. In addition, staffs from the Centers of Excellence laboratories and from JCRC's Kampala referral laboratory provide technical support and training to adjacent Ministry of Health regional hospital laboratories and to smaller laboratories at district level TREAT care and treatment sites.

In the fight against HIV AIDS, Professor Peter Mugyenyi, JCRC Executive Director, has emphatically said: "…Laboratories are critical for the quality and safety of the TREAT Programme. Without laboratories it would be impossible to ensure sustainability of the [TREAT] programme as it defines best practices and delays emergence of resistance."

JCRC has expanded rapidly. This technical support will provide continued support to the JCRC Laboratory Management team in Kampala to strengthen different management systems identified as weak in a three day laboratory management assessment in workshop in April 2006 and support their growing network. JCRC Kampala and LMS will also continue to work with laboratory management teams at regional Centers of Excellence and laboratories at TREAT district-level sites. LMS and JCRC will work collaboratively with the Ministry's Central Public Health Laboratory, CDC, AMREF and other national and USG partners. This technical support falls under PEPFAR's Organization Capacity Building area of emphasis which is designed to strengthen the ability of key local institutions to implement HIV/AIDS programs efficiently with diminishing reliance, over time, on external technical assistance.

The work in COP07 will build on the work that the MSH's Management and Leadership Program undertook with JCRC in the period October 2004-September 2005 with funding from the President's Emergency Fund for AIDs Relief (PEPFAR). From October 2004 to September 2005, MSH and JCRC jointly conducted the first Laboratory Performance Improvement Program focused on strengthening the management capacity of multi disciplinary laboratory management teams from MOH/JCRC Mbale, MOH/JCRC Fort Portal and JCRC's Treat Program at the central level. Twenty five people at from the Fort Portal and Mbale Regional Labs and JCRC TREAT Program (central and Mbale and Fort Portal) were trained. Program components included management and leadership workshops for improving laboratory performance; baseline and on-going laboratory assessments to monitor performance; implementation of an action plan to improve performance; on-site support and problem solving facilitated by the JCRC laboratory coordinator and the MSH laboratory specialist and coordination and consultation with other stakeholders working in laboratory strengthening in Uganda.

With support from MSH, JCRC has begun to improve the efficient and effective management of inputs (staff, supplies, equipment, infrastructure, etc.) and processes at JCRC up country laboratories and regional MOH facilities. Further support is needed. These program refinements will build the capacity of the following laboratories: the central JCRC laboratory, the labs in the 5 Centres of Excellence, labs at the TREAT sites and labs at MOH Regional Hospitals. It is anticipated that at minimum 100 people in lab teams will strengthen their management capacity.

Improved quality and management of laboratories will contribute to two overall Emergency Plan results in Uganda: increased access to voluntary counseling and testing services, particularly among underserved and high risk populations and the increased availability of care and necessary testing services for people on ART. This activity also contributes substantively to Uganda's National HIV AIDS Strategy.

The activity will work with JCRC to ensure there are adequate networks and linkages between JCRC Kampala, the Centers of Excellence and TREAT sites at the district level as well as with MOH facilities.

The Local Organization Capacity Development activities with JCRC in Uganda relate to other activities such as SCMS, the CPHL and CDC support.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Non-governmental organizations/private voluntary organizations
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas

Gulu

Kabale

Kampala

Mbale

Table 3.3.12: Activities by Funding Mechanism

Mechanism: IRCU
Prime Partner: Inter-Religious Council of Uganda
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9455
Planned Funds: $ 300,000.00
Activity Narrative: This activity is linked to HIV prevention (8426), Palliative care: basic (8422), TB/HIV (8423), OVC (8427), Counseling & testing (8424), Treatment: ARV drugs (8428) and ARV Services (8425). The Inter-Religious Council of Uganda (IRCU) is a coalition of the five largest religions in Uganda, namely; Roman Catholic Church, the Uganda Muslim Supreme Council, Church of Uganda, Seventh Day Adventist Church and the Uganda Orthodox Church. IRCU also works with other Pentecostal and independent churches. It was formed as a joint initiative to pool efforts of the religious communities in responding to various development challenges including HIV/AIDS. It has evolved as the official coordinating mechanism for the faith-based HIV/AIDS response in Uganda. Through its constituent faiths, IRCU coordinates the largest network of faith-based health units in Uganda, which together deliver close to 50% of the health care services in Uganda. In this position, IRCU has been a major player in rolling out ART services in Uganda. Using FY06 funds, IRCU plans to access quality ART to 2,500 individuals by September 2007.

Efficient laboratory monitoring of individuals on treatment remains at the helm of an effective ART program. Using FY06 funds, IRCU is providing support at 20 sites in various aspects of laboratory improvement including refurbishment of buildings, procurement of equipment for basic diagnostic and monitoring tests related to HIV and ART. All the 20 these labs will carry out the following tests: 58,000 HIV screening tests, 20,000 estimated repeat HIV tests, 5000 TB screening microscopic and radiologic tests, 2000 baseline syphilis screening tests and 260 pregnancy tests. Units with mal-functional equipment vital for HIV care will work with IRCU to repair such equipment and maintenance. All HIV testing will follow the Ministry of Health algorithm for testing. 2 out of the 20 labs have on site CD4 machines. IRCU will enter into a Memorandum of Understanding with Joint Clinical Research Centre (JCRC) to source laboratory services, from its regional centers of excellence, especially the tests that are beyond the capacity of its health units to offer. Under this arrangement, most IRCU supported facilities will continue to collaborate with proximal JCRC centers of excellence in reference to specific tests like CD4 cell counts, PCR and resistance testing. IRCU is also working in partnership with JCRC to offer technical support to 20 laboratory technicians in form of training, continued supervision and quality control to ensure that lab services conform to nationally acceptable standards. 40 health workers will also be trained in lab related logistical issues.
20,000 HIV positive patients will be enrolled into care during the reporting year. All these will have routine baseline CD4 tests, lymphocyte counts and hemoglobin levels. 2500 patients starting ART will have quarterly hemoglobin and lymphocyte estimates and bi-annual CD4 cell counts. IRCU sites will be part of the national infant diagnosis program under Ministry of Health and will ensure infants born of HIV positive mothers have access to DNA-PCR through regional centers of excellence. Treatment of all affected infants will be there after initiated by the units.

In FY07, IRCU will consolidate and where necessary expand its current initiatives in the laboratory component of its programs. In situations where there is shortage of laboratory staff, IRCU will support recruitment of additional people upon negotiations with the host facilities. With the support from SCMS, IRCU will train the laboratory staff in ordering and forecasting of laboratory reagents as well as other logistical inputs to ensure a reliable supply. Routine reliability and quality assurance checks will be undertaken to ensure that lab services conform to nationally acceptable standards. IRCU will supplement the procurement of lab commodities at units as they will mainly access these commodities through the national lab credit line system through Joint Medical Stores (JMS). However, access to laboratory services still remains a challenge, especially to individuals living in rural areas.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	65,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of laboratory-related activities	60	☐

Target Populations:

Adults
HIV/AIDS-affected families
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Apac

Bushenyi

Kabale

Kampala

Kasese

Kitgum

Luwero

Mayuge

Mukono

Nebbi

Rukungiri

Wakiso

Ibanda

Lyantonde

Mityana

Nakaseke

Oyam

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	RPSO lab
Prime Partner:	Regional Procurement Support Office/Frankfurt
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	11497
Planned Funds:	$ 535,000.00
Activity Narrative:	This activity will contribute to the AMREF laboratory strengthening project activities: 8278-Palliative Care:TB/HIV and 8277-Laboratory Infrastructure. AMREF has received PEPFAR funding since 2004 to improve laboratory staffing capacity at Health Center III [HC III] and strengthen laboratory services at Health Centre IV [HC IV] and above in Uganda. The primary focus of the AMREF portfolio is to improve national laboratory services. Specific initiatives include district-level training for HC III basic laboratory staff to upgrade this cardre to Laboratory Assistants; strengthening the training capacity at specific laboratory assistant training schools; equipping of district and regional laboratories; and provision of in-service training to strengthen the capacity of all laboratory staff working at Ministry of Health (MoH) public facilities, uniformed service agencies, and FBO/NGO health facility laboratories. In FY07, the Regional Procurement Support Office [RPSO] in collaboration with CDC-Uganda will direct this funding to work closely with AMREF for the rehabilitation of 20 district laboratories. Using the Ministry of Health (MoH) laboratory service and equipment standards, RPSO will contract with local firm(s) to assess and implement infrastructure improvements required to ensure district laboratory capacity meets the national standards of care to support HIV/AIDS care and treatment services and HIV-testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis.

Targets

Target	Target Value	Not Applicable
Number of service outlets in the country receiving HIV-related laboratory reagents and supplies every two months.		☑
Number of Districts receiving HIV-related laboratory reagents and supplies every two months		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12490
Planned Funds: $ 235,000.00
Activity Narrative: plus ups: Support supervison is required at all levels within the national health laboratory service from MOH to HCIII to ensure quality laboratory services. Normally this is the function of a department within MOH but, whilst government is willing to invest in this area, re-organization of MOH is unlikely to be effected in the near future and responsibility for this area has fallen upon the Central Public Health Laboratory. USG has made significant investments in CPHL on a technical level but currently, CPHL does not have professional leadership to oversee its own activities nor those of a national laboratory service. Government is fully commited to strengthening CPHL as the national institute responsible for overseeing and coordinating national laboratory strengthening and have requested a suitably qualified consultant or technical advisor as the counterpart to the head of CPHL. This would be an international recruitment through COMFORCE for two years. Initial funding will be with plus-up funds before this position is included in the staffing and mangement plan.

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: $ 13,970,458.00

Program Area Context:

The PEPFAR/Uganda strategic information activities support an expansive portfolio of initiatives including routine health services data collection at district and national levels through support to the Ministry of Health's (MOH) Health Management Information System (HMIS); sentinel surveillance rounds in antenatal and sexually transmitted disease clinics; information systems development and strengthening of national and implementing partner service delivery sites to effectively monitor care and treatment, track laboratory and pharmaceutical functions and conduct project evaluations; and technical assistance to the GoU for the coordination, analysis and dissemination of population based surveys and on-going public health evaluations.

Routine data collection: PEPFAR's support to routine data collection in Uganda is multifaceted and involves strengthening HMIS and logistical Management Information Systems (LMIS) at the national level through capacity building and technical support to the Ministry of Health's Resource Center. Similar work at the district and sub-district level is also supported to ensure accurate and timely data flow. PEPFAR/Uganda is also working with the Minister of Gender, Labor and Social Development (MGLSD) to develop a national monitoring and evaluation system for Orphans and Vulnerable Children (OVC). Additionally, USG provides technical assistance to the Ministry of Education to strengthen its Educational Management Information System (EMIS) at national and district levels. Another central component of USG support to routine data collection involves building the capacity of local government, civil society and faith-based organizations, including PEPFAR partners, to develop and implement effective monitoring and evaluation systems. Partners are also trained in data analysis and use of data in decision-making for more effective and efficient program management and quality improvement. The USG continues to work with the Ugandan People's Defense Force to strengthen its MIS and institute quality assurance systems for improved HIV/AIDS service delivery to military service persons, their families and surrounding communities.

Sentinel Surveillance: USG will continue to support ANC-based sentinel surveillance and revitalize dormant sentinel surveillance sites, as well as provide technical assistance for the collection of HIV-related program data for use in surveillance, STD clinic based surveillance, and a survey among commercial sex workers.

Population Based Surveys: USG will continue to support dissemination of findings from the 2005/06 Uganda HIV/AIDS Sero-Behavioral Survey. Field work for the 2006 Uganda Demographic and Health Survey (UDHS) is currently underway. Funding from other sources/donors has been leveraged for this survey which will provide a comprehensive picture of the health status and norms in Uganda's general population and preliminary results are expected in late October/early November 2006. Additionally, USG will support the conduct of a Ugandan Service Provision Assessment Survey (USPA) that will sample a nationally representative sample of government, non-government and private health facilities. Preliminary results will be available in March/April of 2007. FY07 PEPFAR funds will be used to conduct UDHS and USPA secondary analyses and disseminate findings nationally and internationally.

The 'Three Ones': USG will collaborate with the GOU and other HIV/AIDS stakeholders to update the national M&E Framework to align with the new five year National Strategic Plan, which is currently under development. USG will facilitate the design of a M&E Plan to operationalize M&E data collection and reporting at the district and subcounty level. The USG database and data collection systems will be shared with GOU. PEPFAR IP's will feed into this umbrella framework as appropriate.

Public Health Evaluations: To inform GoU and the USG with specific information to key program issues, nine Public Health Evaluations are proposed: Evaluating Anti-Tuberculosis Drug Resistance Among Smear-Positive TB Patient; Assessing the Relationship between Intimate Partner Violence and HIV status Disclosure in Rakai District; Impact of Daily Ttrimethoprim-Sulfamethoxazole on Mortality of HIV-Exposed Infants; Evaluating the Utility of Re-testing HIV-negative VCT clients; Impact of Home-Based Counseling and Testing and the Provision of the Basic Care Package on HIV Incidence in Kumi District; Evaluating the

Utility of: (1) Using Routine Program HIV testing Data for Surveillance and (2) the HIV-1 Incidence Assay for Incidence-Based Surveillance; Sero-Behavioral Surveys among Most-at-Risk Populations (MARP) in Kampala; Developing a Collaborative Cohort of USG-Supported ART Programs in Uganda to Assess Costs and Clinical Outcomes Associated with Different Programmatic Approaches; and an Assessment of Multiple Distribution Models for Basic Health Care Commodities. Detailed outlines are provided as support documents.

The Strategic Information (SI) Team: As part of the reorganization of the country team into multiple technical workgroups to better support joint USG program planning and improved coordination, the composition of the strategic information workgroup, along with its role and responsibilities, are currently being reassessed and redefined. At this time, the core SI workgroup is comprised of two co-SI liaisons, two M&E specialists and the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) contractor. With the reorganization of the SI team, it is expected that several times a year, and at least quarterly, this core workgroup will expand to include a surveillance specialist, a population based surveys specialist and public health evaluation project managers to review and coordinate on-going activities, share key findings from on-going studies and evaluations and discuss shifts in technical direction. The expanded SI workgroup will establish firm linkages with the national SI technical committee and other key SI stakeholders in country. In FY07, the SI team - in close collaboration with the Uganda Country Team - will also explore the most appropriate way of addressing SI staffing requirements.

System for Monitoring and Reporting PEPFAR Program Results: The contractor Social and Scientific Systems has assisted the SI workgroup with PEPFAR reporting since January 2005. The MEEPP project has established a dedicated SQL database to collect and consolidate data from all PEPFAR partners. This has greatly facilitated the SI workgroup's ability to track individual IP performance, minimize double counting and ensure timely and high quality reporting of results to OGAC, the GOU and other stakeholders. MEEPP staff also work closely with USG project officers and partners to ensure a comprehensive understanding of PEPFAR indicators and reporting requirements, to build capacity in monitoring and evaluation, to ensure solid data quality assurance systems are in place and to facilitate program monitoring and target setting. Additionally, MEEPP has conducted and will continue to conduct in-depth data quality assessment and data validation exercises with key partners, resulting in improved data collection and reporting. The core SI workgroup meets with MEEPP on a monthly basis to track progress and identify areas or partners requiring technical assistance for continuous quality improvement.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	262
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,883

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Medical Research Council of Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8331
Planned Funds: $ 550,000.00
Activity Narrative: This activity also complements activity 8332-ARV drugs. As ART is scaled up in Africa, policy makers will need to know how home-based and facility-based delivery systems are associated with treatment outcomes and the cost-effectiveness of each service delivery model. In late FY04 a partnership between MRC, CDC and TASO was established to conduct an evaluation to compare facility and home-based ART service delivery systems. The study participants compromised 1000 current TASO clients at the TASO Jinja District branch. In early FY05, the study protocol was developed and approved, and systems to begin data collection were designed. Other FY05 activities focused on training TASO health care providers in delivering ART services to clients using both the facility-based and home-based service delivery models; the enrollment of clients for the evaluation; initial client registration data collection; and, an analysis of the existing TASO services and data for the clients enrolled. In FY06, MRC worked with TASO and continued data collection and analysis according to the approved protocol. Clients were interviewed and specimens collected at baseline and at 6-month follow-up visits. In FY07, MRC will continue follow-up of clients to record clinical events, collect data on service delivery model and patient costs, client behavior and adherence, family counseling and testing and collect specimens for analysis. Follow-up visits will occur at 6-monthly intervals. This will all be done according to the approved protocol. In addition MRC will provide support and technical assistance to TASO's HMIS unit and assist TASO with the conduct of population-based client survey on behavioral aspects of treatment and adherence to the drug regime. The activity will strengthen TASO's capacity in the collection and interpretation of client and service delivery data to inform clinical services and program management. MRC will also conduct the evaluation analysis activities to compare the cost effectiveness of both strategies. The primary outcome indicator for this evaluation is the number of clients who experience treatment failure as measured by a viral load of >500 copies/microlitre after initial successful viral suppression. Other outcomes include treatment adherence and uptake of VCT services by clients' family members. Evaluation findings will be shared to inform the national program and other providers on the most effective approaches for clients to access HIV care and treatment in resource-limited settings.

Continued Associated Activity Information

Activity ID: 4691
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Medical Research Council of Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 450,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

People living with HIV/AIDS
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Jinja

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner:	Ministry of Health, Uganda
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8345
Planned Funds:	$ 739,862.00

Activity Narrative: This activity also relates to 8340-AB, 8342-CT, 8343-Basic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8347-Laboratory Infrastructure, 8341-PMTCT, 8348-Other Policy.

This activity also supports and relates to the broader activities of the Uganda health sector including scaling up of accelerated HIV Prevention, care, support and treatment in the country as an integral part of the National Minimum Health Care package outlined in the Second Health Sector Strategic Plan 2006-2010 (HSSP II), and the National Strategic Framework for HIV Control in Uganda. The objective of this SI activity is to provide accurate data to inform strategic planning, M&E of HIV prevention, care and treatment as well as broader integrated Health sector programmes.

The SI program focus has continued to register various achievements: HIV and STI surveillance have expanded and improved in quality including antenatal and population based surveillance. In the past year, the activity supported annual antenatal HIV surveillance in twenty-five surveillance sites including training of site staff, procurement and distribution of laboratory reagents and supplies, field data collection including support supervision and testing of samples. This provided data that has continued the trend observations as well as aiding derivation of estimates of the overall burden of HIV/AIDS and potential targets and impacts of prevention and care programmes. Dissemination of surveillance findings through surveillance reports and technical dissemination meetings were also supported. Furthermore, the SI activity supported secondary analysis of UAIS in order to inform the overall landscape of the epidemic and guide the focus of accelerated prevention. To improve interpretation of surveillance data, this activity supported mapping of the catchment areas of the antenatal sentinel surveillance sites using GIS and aiding a systematic comparision of ANC surveillance based and population based estimates. This has improved calibration of the HIV surveillance system when obtaining national estimates of HIV/AIDS and other paramenters as well as estimation of the potential targets and impacts of programmes. Furthermore, this activity supported dissemination of the national HIV serological survey and results of the secondary analysis of survey data. About 12 manuscripts are currently in preparation for publication in peer reviewed journals. The findings will also be used in developing policy papers that will guide the approach to implementation of programmes for HCT, targeting HIV prevention, care, and treatment programmes, resource allocation and design of future population based HIV serological surveys. The activity supported programme officers to present papers at the International AIDS Conference in Toronto. This activity has supported discussions of the apparent reversal of trends of HIV sero-prevalence and incidence. The activity continues to support implementation of HIV/AIDS/STI surveillance at district levels and utilisation of surveillance data; during the past year, 60 district surveillance focal persons were trained and 30 districts were provided with technical support for monitoring and evaluation of HIV/AIDS activities. In collaboration with other stakeholders, this activity supported operational research activities on ART adherence and integration of HIV Prevention in AIDS care as well as evaluation of quality of care in Health facilities. Furthermore, the activity supported the integration of PMTCT monitoring into the routine HMIS as well as training of staff from 24 ART centres in ART data management.

The SI focus during FY07 will support improvement of second generation HIV surveillance, programme M&E and targeted evaluation. The HIV surveillance system will be strengthened and expanded to include surveillance sites in the districts of Kabarole, Kasese, Kyenjojo, Kamwenge and Bundibugyo districts that were previously supported by GTZ in order to continue the trend observation. The strengthened surveillance system is particularly important in light of the current trends of HIV prevalence that call for enhanced trend observation. Under this activity, support for the annual round of antenatal sentinel surveillance will be provided including training of sentinel site staff, field data collection, procurement of test kits and their distribution to sites, central laboratory testing and quality control and data analysis. HIV surveillance will continue to be conducted as part of second generation surveillance recommended by WHO/UNAIDS. Therefore, the programme will continue to support elements of STI surveillance, behavioural surveillance and AIDS case surveillance as part of monitoring of the ART programme. STI sentinel surveillance in 20 sites and STI case reporting through the national universal reporting system (HMIS) will be supported through training of sentinel, district and sub-district based staff and collection, analysis and dissemination of data. HIV/STI surveillance among high risk groups will be supported including supporting sero-prevalence surveys among

selected high risk groups such as sex workers, fish mongers, truckers etc. The activity will continue to support updating the relevant surveillance protocols and obtaining institutional ethical approvals. The SI activity will also support collection of sero-prevalence data from ancillary sources including programmatic data such as HCT, PMTCT and blood transfusion. To this end, field trips to collect and analyse data arising from these sources will be supported as well as technical meetings to discuss these data with various stakeholders. Dissemination of findings will continue to be supported including printing of surveillance reports and dissemination meetings. This activity will also provide support for integrated M&E of Health sector HIV programmes bringing together M&E components for STI, PMTCT, ART, HCT, condom promotion, AB programmes and AIDS care programme data. The activity will also support a platform for integration of programme monitoring and surveillance data. To this end, this activity will support improved data management for the STD/ACP data unit including procurement of relevant software, supporting internet connectivity of the data centre and incorporating geo-referencing in surveillance and programme monitoring activities. As part of building capacity for M&E, technical support to districts and other organisations will continue to be provided in order to improve competence for local M&E with emphasis on output and process monitoring. Progamme indicators for output, process, outcome and impact monitoring will be reviewed and updated, particularly taking into account emerging programme areas such as ART, co-trimoxazole prophylaxis and TB/HIV collaborative activities. In addition, utilisation of M&E and surveillance data will be strengthened through appropriate training of users and enhanced dissemination of M&E findings. The SI component will also support quality improvement of integrated HIV prevention care and support programmes through support supervision, technical assistance and targeted evaluation. Under this plan, at least two targeted evaluation activities will be conducted to provide outcome indicators for national programme evaluation, but also data to guide quality improvements. Surveillance of emerging resistance to anti-retroviral drugs is an area requiring urgent attention. During the year, consultations will be supported with a view to develop a national strategy for surveillance of drug resistance and relevant protocols will be developed and piloted.

Continued Associated Activity Information

Activity ID:	4406
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Uganda
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 672,602.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	56	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
ART providers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: University of California San Francisco - UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8372
Planned Funds: $ 490,000.00
Activity Narrative: This activity also complements activities 8370-PMTCT, 8371-ARV services, 8369-Other/Policy analysis and system strengthening.

The University of California San Francisco (UCSF) is one of several U.S. Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries are afforded a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area project activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for service providers and program managers on inventive strategies for care and treatment services. Beginning in FY04, UCSF provided PEPFAR Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY07, UCSF will support the Physician Consultant to provide day-to-day technical oversight for the Tororo Home-Based AIDS Care targeted evaluation program. Activities to be implemented include on-going management of the study procedures, supervision of study staff including clinic physicians, counselors, and field and community workers, and conduct of training sessions in basic AIDS care and full ARV treatment and adherence. UCSF will also provide consultative support to HBAC to ensure full adherence to IRB scientific research protocols and provide epidemiological and biostatistical support to assist with data cleaning and analysis of HBAC results. A team of UCSF faculty and staff will assist USG staff and partners to prepare continued analysis of HBAC project data through long-distance and in-country support and technical assistance with the analysis of results and support for presentation and dissemination to inform national and international HIV policies.

UCSF will also provide technical oversight in the implementation of approved targeted evaluation on ART adherence and sexual-behavior in adults and ART adherence in children, which is being implemented at Mildmay Center. With the recently CDC IRB clearance, UCSF will provide consultative support to project staff to ensure compliance with, and maintenance of, current IRB approval status from CDC, UCSF, UVRI and UNCST. Additionally, UCSF will provide supervision to the Mildmay Project Coordinator and consultative advisement on issues related to study participant enrollment, data collection and data management.

Continued Associated Activity Information

Activity ID: 4424
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: University of California San Francisco - UTAP
Funding Source: GHAI
Planned Funds: $ 490,000.00

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐

Target Populations:

Doctors
USG in-country staff
USG implementing partners
Public health care workers
Other Health Care Worker
Private health care workers
Doctors

Coverage Areas

Busia

Mbale

Tororo

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8373
Planned Funds:	$ 3,451,142.00

Activity Narrative: This activity complements 8377, 10176, 10178-Management and Staffing.

The Home-Based AIDS Care project is a public health evaluation designed to answer key operational questions to inform the scale-up of ART in rural Uganda. MOH, TASO and USG are partners in this important activity. The program involves provision of ART and three-years of follow-up for 1000 people, using a home-base approach to service delivery. The project will compare the effectiveness of three different ART monitoring systems: a clinical/syndromic approach using lay workers; the syndromic approach with CD4 laboratory monitoring; and, the syndromic approach with both CD4 and viral load monitoring. Protocols have been developed for lay workers to do weekly drug delivery and monitoring using motorcycles to cover a 100km radius. All family members in HBAC were offered VCT and care and treatment as needed. HBAC has developed counseling protocols and behavioral interventions for ART literacy, adherence, and prevention of HIV transmission. The clinical, behavioral, social and economic impact of ART is being monitored and evaluated and results will be disseminated and shared with MOH and ART stakeholders. USG also used HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination. Operations funding contributes to support staff salaries, commodities (other than ART), and general running costs for the project. Currently, 32 field officers are involved in conducting weekly visits to each client to provide antiretroviral therapy and collect data. Additional visits by 16 research counselors to collect data on sexual behavior, adherence to therapy and other behavioral outcomes occur at regular intervals. Five medical doctors and two nurses also provide medical care for clients with acute medical problems. Laboratory and informatics staff in Tororo and Entebbe conduct laboratory testing and data entry and management.

In FY07, the results of the first 3 years of HBAC will be analyzed and disseminated to the Ministry of Health and the scientific community in Uganda and internationally through presentations and research publications. Plans are in place to extend the study for an additional 3 years in order to fully answer important operational research questions relating to the impact of using clinical monitoring alone, in particular to determine precise definitions of treatment failure. Up to 500 additional clients will be recruited to examine the impact of proposed programmatic changes, a design that will make the HBAC project more generally replicable, with a focus on adherence to therapy and virologic suppression rates. Operations will continue as per the revised study protocol and key findings from routine data analysis will be disseminated to inform the USG portfolio of ART interventions.

In addition a number of CDC-Uganda technical staff from the behavioral, laboratory, and informatic units will continue to contribute significant level of effort to provide technical assistance to the HBAC program. With this support the informatics unit staff level of effort will focus on data collection, data entry and cleaning, and data analysis for the Tororo field HBAC site, as well as continued assistance for data entry systems and data management. Application systems developed for HBAC, including: pharmacy information management system, laboratory information management system, medical information management system, data management system, patient tracking system, photo ID system, and operations management systems will continue to be maintained and upgraded to meet the date demands of the station. CDC behavioral scientists will continue to assist with data collection and analysis of client interviews and questionnaires. Education and behavioral interventions for discordant couples will be further developed and adapted for use in HBAC, as well as with other IPs. Technical assistance to further the implementation of family member home-based VCT will be provided with the protocols and guidelines finalized for generalized use. Finally, the behavioral unit will provide training to field officers to expand counseling interventions to reduce HIV transmission risks for clients on treatment and continue in-depth evaluations on stigma and gender-based violence. And the CDC laboratory technologists will continue to provide ART monitoring services for those patients on treatment, including CD4 counts, viral loads, liver and renal function tests, full blood counts and tests for opportunistic infections, as well as participate in EQA schemes for these tests. Finally, the laboratory staff will continue to provide training opportunities and support supervision to the filed station.

Continued Associated Activity Information

Activity ID: 4821
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,757,445.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
HIV Surveillance Systems	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	7	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	☐

Target Populations:

USG in-country staff
USG implementing partners

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8383
Planned Funds: $ 190,000.00
Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8375,8382,8384,9108-SI, 8376,8381-Lab, 8380-ARV Services, 8377-M&S.

CDC will continue to work with Health Strategies International, a U.S. health economics consulting firm, to conduct a cost and cost-effectiveness evaluation of antiretroviral therapy (ART) using a home-based model for ART delivery (HBAC) in Tororo. The project will also evaluate the impact of ART on household economics in rural Uganda. These evaluations will be based on HBAC data as well as previous evaluation data from CDC-Uganda for cotrimoxazole and the safe water vessel. When applicable, impact on family members will also be assessed. A sub-component of the evaluation will involve conducting time and motion studies of various service providers within ART programs, including field officers, counselors, laboratory technicians and medical officers. Results will be shared initially with the primary partners in the project, MOH and The AIDS Support Organisation (TASO), and then will be disseminated broadly. Project implementation will involve training more than 40 Ugandans in data collection, eight in data analysis and two in writing. The first three years of HBAC data will be analyzed in FY07 and the results disseminated to the MOH, TASO and other ART stakeholders within Uganda and the international community. A cost-effectiveness analysis of the project will be included in these results.

Continued Associated Activity Information

Activity ID: 4439
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 190,000.00

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	2	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Target Populations:

HIV/AIDS-affected families
National AIDS control program staff
Policy makers
USG implementing partners

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CDC Base GAP
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8384
Planned Funds:	$ 899,504.00
Activity Narrative:	This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8375,8382,8383,9108-SI, 8376,8381-Lab, 8380-ARV Services, 8377-M&S. The CDC Informatics Unit provides technical assistance for the development and implementation of strategic information systems to the country office and national prevention, care and treatment implementing partners. These service providers, who are key recipients of PEPFAR funds, are given direct, hands-on support by the informatics team to design strategic information systems tailored to meet the specific needs of the programs and to build institutional capacity across the organization. The team actively engages partner management and clinic staff at all levels to build consensus and develop applicably standards for effective information system development. Strategic information program interventions range from the design of patient care records, clinic management and logistics system to the integration of monitoring and evaluation of national indicators between the MOH HMIS and the PEPFAR program. In following activities initiated in FY05 and FY06, the Informatics Unit will focus on the following key areas in FY07: investigate and where applicable develop computer related capabilities such as biological patient recognition, computer power sources, and hand held computers which support our public health partners, support the MOH resource center development of computer capacity for national data collection and reporting; connectivity and computer infrastructure from internet access to specific network topology design and implementation; applications development for the creation of standard information systems and tools for management and clinic facilities; development and design of SI collection instruments; data entry and management; analysis and reporting of SI; and, information and infrastructure security and maintenance. Training in each of these areas will also be developed and supported either directly by the CDC Informatics team or through utilization of outside resources and partners. The goal of training and technical support provided will be to build capacity in partners to implement and maintain their own HMIS with limited on-going technical support from CDC. Technical assistance will also be provided in the interconnectivity of MIS for all partners into the national HMIS and USG systems where required or relevant. Finally, the CDC Informatics Unit will conduct on-going SI needs assessments of partners to ensure informatics resource growth to match needs necessitated by increasing care and prevention activities. The increases in demand reflect the success in implementing initial programs since the partners have used these initial systems and by passed the systems capacity. This activity works closely with MEEPP to maximize synergies and avoid duplication.

Continued Associated Activity Information

Activity ID:	4703
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	CDC Base GAP
Funding Source:	GAP
Planned Funds:	$ 872,000.00

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	24	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	☐

Target Populations:

USG in-country staff

USG implementing partners

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8387
Planned Funds: $ 100,000.00
Activity Narrative: This activity relates to 8390-PMTCT, 8385-Condoms and Other Prevention, 8388-CT, 8391-ARV Services, 8987-Palliative Care;TB/HIV, 8386-Palliative Care;Basic Health Care & Support, 8853-OVC, 8856-Injection Safety, 8389-Management & Staffing.

The UPDF is Uganda's national Army. As a mobile population of primarily young men, they are considered a high-risk population. Uganda initiated programs for high-risk groups in the early phases of the epidemic and continues to promote excellent principles of nondiscrimination in its National Strategic Framework. Starting in 1987, the Minister of Defense developed an HIV/AIDS program after finding that a number of servicemen tested HIV positive. As commander in chief of the armed forces, the President mandated the UPDF's AIDS Control Program to oversee and manage prevention, care and treatment programs through out the forces. Although the exact HIV prevalence rates from the military are unknown, it is estimated that approximately 10,000 military are living with HIV with up to an additional 10,000 HIV infected family members. The UPDF HIV/AIDS Control program is comprehensive and covers the critical elements of prevention, such as counseling and testing, peer education, condom distribution, and PMTCT; HIV care, such as palliative care services and ARV services; and human and infrastructure capacity building. More recently provision of ART has been initiated on a larger scale, in 8 military sites, with drug provision via JCRC (COP 06:$250K for ARVs, $250K for services).

Support is needed to accurately and completely capture PEPFAR targets from program activities in the field and the necessary routine clinical data at the service point level. This effort will be coordinated through the Uganda Country team S & I program/system. In FY05, the focus was on capacity building in terms of skills and training, with the initial primary clinical sites of Bombo Barracks and Mbuya in Kampala. Collection of accurate routine data has been a significant challenge, particularly at the service point level. There will be a growing emphasis on systems in 06. Additionally, preparation for a large randomized behavioral sero prevalence study of UPDF active duty personnel was accomplished; the sero prevalence survey will be completed in COP 06 activities.

For COP 07, the activities modifying the pilot MIS structure and extending it to at least 3 additional clinical sites. The sero prevalence survey will be conducted during 06, with analysis, study summaries, and modification and adoption of the protocols for ongoing surveillance as a primary activity in 07. A needs assessment and pilot QA activities for ART centers will be initiated.

Continued Associated Activity Information

Activity ID: 3969
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities	2	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2	☐

Target Populations:

Military personnel
USG in-country staff
Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8436
Planned Funds:	$ 600,000.00

Activity Narrative: This activity also relates to activities in Counseling and Testing (8433), Treatment: ART Services (8845), PMTCT (8434), Palliative Care: Basic Health Care and Support (8435) Palliative Care:TB/HIV (8431), Condoms and Other Prevention (8432), Other/Policy Analysis and Systems Strengthening (8838) as well as Abstinence and Being Faithful (8437).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Achievements to date: 7 local organizations have been provided with technical assistance for strategic information. 344 individuals have been trained in strategic information.

During this funding period UPHOLD will continue supporting activities aimed at promoting evidence-based planning and decision-making at district and lower levels. This will be achieved through regular measurement of program performance and progress in the 28 districts where UPHOLD operates as well as the provision of regular and timely feedback to UPHOLD supported local governments, non-governmental organizations and civil society organizations in 28 districts. This activity will be mainly conducted through the annual Lot Quality Assurance Sampling (LQAS) survey. This survey which is conducted in all the UPHOLD supported districts on an annual basis tracks coverage and utilization of key indicators related to program performance. Questionnaires for this survey will be updated with full participation of stakeholders (including line ministries, local government authorities, civil society organizations as well as development partners) who work in the target districts. Results will be used to inform district level work planning in order to identify intervention areas and sub-counties on which to focus in the future. It is planned that LQAS will also be used to track indicators under the President's Malaria Initiative that UPHOLD and other partners contribute to in the 28 districts where UPHOLD operates (currently 34 out of the 76 districts in the country including the Northern Uganda Project area).

The AIDS Information Centre (AIC) and The AIDS Support Organization (TASO) will continue to receive technical support through UPHOLD in order to improve their monitoring and evaluation capacity as well as their overall organization development. As sustainability of activities is one of the key issues that UPHOLD will have to address with its partners going forward, capacity building will also be continued for approximately 35 CSOs in order to further strengthen core areas such as monitoring, evaluation and reporting capacity; financial and programmatic reporting; budgeting and grant proposal writing. It is anticipated that such support will increase the chances of these organizations to attract funds from other developmental partners even beyond the life of UPHOLD. Support to the public health facilities and the districts in general will mainly focus on Health Management Information Systems(HMIS) strengthening as well as improving performance of District Planning Units (DPUs) in all the UPHOLD supported 28 districts. Training and support supervision activities will be an important part of this activity and key areas in data quality assurance will be covered. A total of 500 persons (from both local government and civil society organizations) will be trained in these various capacity building initiatives.

Continued Associated Activity Information

Activity ID:	3955
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	UPHOLD
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
Number of local organizations provided with technical assistance for strategic information activities	65	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	500	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Gender

Coverage Areas

Arua

Bugiri

Bundibugyo

Bushenyi

Kamuli

Katakwi

Kyenjojo

Luwero

Mayuge

Mbarara

Mubende

Nakapiripirit

Pallisa

Rakai

Rukungiri

Wakiso

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Measure
Prime Partner:	Macro International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8446
Planned Funds:	$ 700,000.00

Activity Narrative: This activity involves both the UDHS ($200,000) and the USPA ($300,000).

UDHS:

The ongoing 2006 Uganda Demographic and Health Survey (UDHS) will provide data for the monitoring and evaluation needs of health, family planning, malaria, and HIV/AIDS programs and provide policymakers involved in these programs with information to effectively plan future interventions. The 2006 UDHS is a follow-up to the 1988-89, 1995, and 2000-01 UDHS surveys, as well as to the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS). As such, the findings will provide information about trends in HIV/AIDS and health indicators over time. Money from other sources and donors have been leveraged with HIV/AIDS funds to make available a comprehensive picture of the health status and norms in the general population.

Women of reproductive age (15-49) and children under 5 are the focus of the survey; however the survey also covers a sub sample of men aged 15-54. The main indicators to be disseminated from the survey include: Total fertility rate; Contraceptive prevalence rate: Infant and child mortality rate; Knowledge of HIV/AIDS and its transmission; Rejection of misconceptions about HIV/AIDS; Childhood immunization coverage; Prevalence and treatment of childhood diseases; Age at first sex; Prevalence of higher-risk sex and condom use and Nutritional status of children under five and women. The survey will also measure anemia among women, men, and children under five and vitamin A among women and children under five. The survey will produce data at the national level, for urban and rural areas, and also for 9 regions (groups of districts). The survey will also produce indicators to plan and track projects under the President's Malaria Initiative including the Prevalence and use of mosquito nets; Brand and source of mosquito nets; Mosquito net re-treatment; and Prevalence and treatment of fever in children under age 5. The survey is being implemented by the Uganda Bureau of Statistics with technical assistance from ORC Macro. The biochemistry laboratory at Makerere University in Kampala will implement the vitamin A testing of dried blood spots. Field work will wrap up in October 2006. A preliminary report, a detailed final report and national seminar and regional seminars will be implemented to empower policy makers and advocacy groups with information they can use.

FY07 funds being requested here would be used primarily to disseminate the findings of three Uganda surveys, the UDHS, the UHSBS and the Uganda Service Provision Assessment (see description next). Activities would include: (1) production and distribution of three Key Findings reports based on data from the USPA: one on family planning, one on maternal and child health and one on HIV (2) production and distribution of a Key Findings report (20 to 24 pages) designed for non-technical audiences, incorporating data from the UDHS as well as the 2004-05 UHSBS on HIV and other sexually transmitted infections; (3) seven half-day or 1- day seminars with key stakeholders, policymakers, researchers, program managers, and others to present an overview of the UDHS, USPA and UHSBS data; and (4) production and distribution of 500 CDs with the UDHS, USPA and UHSBS recoded data files, reports, and PowerPoint presentations for researchers and others wanting to work with the actual data sets.

USPA:

This activity falls into the category of Strategic Information (Facility Survey), but it also relates to activities in Policy and Guidelines; Information, Education and Communication; Logistics; and Training. Money from other sources have been leveraged with HIV/AIDS funds to make available a comprehensive picture of health facilities in Uganda.

The Uganda Service Provision Assessment Survey (USPA) will address the monitoring and evaluation needs of HIV/AIDS, maternal and child health/RH/FP, TB and malaria programmes by evaluating the services provided at a nationally-representative sample of health facilities throughout Uganda. The survey will cover government, non-government, and private health facilities, and also the different types/levels, such as hospitals and health centers II, III and IV, and stand-alone CT centers . It will entail a listing of personnel working at each facility, a health worker interview, an audit of equipment, supplies, and medicines, observation of client-provider interactions, and exit interviews with clients. Assessment of the facility's ability to provide such services as VCT, PMTCT,

and anti-retroviral therapy (ART) will be covered.

The survey is in initial stages of design. The implementing organization for the survey will be the Ministry of Health (Quality Assurance Division), in close coordination with the Uganda Bureau of Statistics (UBOS).

Continued Associated Activity Information

Activity ID:	4522
USG Agency:	U.S. Agency for International Development
Prime Partner:	Macro International
Mechanism:	Measure
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	4	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	125	☐

Target Populations:

Adults
Family planning clients
Infants
Refugees/internally displaced persons
Policy makers
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Education

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8455
Planned Funds: $ 208,000.00
Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8456), Condoms and Other Prevention (8452), Orphans and Vulnerable Children (84530, Laboratory Infrastructure (8451) and Palliative Care: Basic Health care and Support (8454).

The AIDS Support Organization (TASO) is an indigenous organization operating in Uganda since 1987. TASO operates 11 service centers and 39 outreach clinics spread across Uganda. TASO provides a full continuum of comprehensive HIV prevention, care, and treatment services for 75,000 active clients (65% of these PHA are female). TASO programs are designed to contribute to achieving the national health and HIV/AIDS strategies. To access services to the neediest PHA TASO runs a vigorous community-arm through field staff, community volunteers, community-based HIV/AIDS leadership structures and PHA networks.

TASO undertakes several activities aimed at adequately capturing up-to-date information that is relevant to the program needs. Emphasis will be placed on ensuring that TASO staff and staff of Mini-TASO and CBOs appreciate and utilize data in routine program management. This is in follow-up to the realization by TASO that some healthcare providers were not yet keen on maintaining and collecting strategic information about their programs, and also that several of those who collected various data were unable to translate such data into vital information that can inform decision-making and programming.

The target group for this intervention will be the heath care providers including certain cadres of TASO staff, staff of Mini-TASO Centres and partner CBOs. The Mini TASOs & CBOs to be targeted under this activity include Kaberamaido, Kumi, Pallisa, Virika, Kabale and Kasese. About 300 people from 15 organizations will be reached through this intervention. The activity will involve training in strategic information issues ranging from data collection (filling data forms), data entry, data cleaning, data analysis, data utilization and report writing. The training will also aim at developing the practice of evidence-informed/evidence-based decision-making among health care providers. This will be a follow-up of the lessons learned by TASO that often health care providers fail to collect, manage and utilize important data generated by their programs.

The targeted populations will be reached through special workshops and seminars focused to achieving the above aims. For TASO Centres, workshops will be conducted at the respective service centers in addition to national events that will be organized. Staff of the Mini-TASO and CBO sites will be reached through workshops in their respective places of work. Workshops will also be held regionally to facilitate sharing of experiences among the Mini-TASO/CBO and TASO Centers.

In addition to the above, TASO will continue upgrading and improving the various strategic information systems at all Service Centres and Headquarters. Improvement/upgrading will involve reviewing data collection tools, procedures, software, analysis and reporting. This will aim at orienting systems to support the goal of promoting evidence-informed/evidence-based decision-making at various programme levels. TASO will procure equipment to facilitate the less-resourced information units in the newer Centers of Rukungiri, Masindi, Soroti and Gulu.

TASO will also aim at creating appreciation of the role of strategic information to broader program issues like monitoring and evaluation, program management and leadership, accountability and reporting, advocacy and resource mobilization.

Continued Associated Activity Information

Activity ID: 3976
USG Agency: U.S. Agency for International Development
Prime Partner: The AIDS Support Organization
Mechanism: TASO USAID
Funding Source: GHAI
Planned Funds: $ 178,335.00

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	330	☐

Target Populations:

Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas

Tororo

Busia

Jinja

Kabarole

Kampala

Kapchorwa

Kisoro

Kumi

Kyenjojo

Masaka

Mbale

Mbarara

Mpigi

Pallisa

Rukungiri

Sembabule

Soroti

Wakiso

Amuria

Budaka

Bududa

Buliisa

Bukedea

Butaleja

Lyantonde

Mityana

Oyam

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ED Data
Prime Partner: Research Triangle Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8457
Planned Funds: $ 200,000.00
Activity Narrative: FY05 funds are being used to support the implementation of the National Assessment of Progress in Education in Enhancing the Quality of Education in Uganda (NAPE). NAPE is used to ascertain national levels of student achievement and to monitor changes in such achievement over time and as such is critical for informing policy and implementation. Although the NAPE is conducted annually, there has been very limited information related to orphans and other vulnerable children. FY05 resources were used to expand the NAPE to allow for a larger sample size, thus enabling proper statistical inference about OVCs and the differences between OVCs and other children, in order to evaluate schooling for OVC, their performance and treatment in school, and the quality of education they receive (as measured by pedagogical inputs available at school and through the rapid assessment of children's reading and math skills). The NAPE is currently underway and results are expected in October.

Studies have shown that while Universal Primary Education in Uganda has been quite successful in increasing access to primary schooling for orphans living in households and non-orphans alike, the great increase in enrollment has imposed a financial burden on schools. Funding levels have not kept pace with the increased enrollment and pedagogical inputs per student are at very low levels, further threatening the level of learning taking place in the classroom. Most important among pedagogic inputs is the student/teacher ratio. These ratios are extremely high in the primary schools in Uganda with an average student/teacher ratio of 58 to 1 masking significant variation across and within districts. The negative impact of this additional burden is reflected in student performance. Preliminary reading assessments in Uganda suggest slow development of reading ability (no reading at all until Grade 3, and reading at perhaps ½ of what it should be even then). Grade 3 performance as assessed by the Uganda National Examinations Board is low and the trend is uncertain (due to methodological problems in using these results to establish trends). The vast majority of orphans will not proceed beyond primary school, so it is extremely important that the education they receive at the primary level is of very high quality. And, with significant donor resources including Global Fund, UNICEF, World Bank and PEPFAR supporting school fees, basic materials and uniforms, it is critical to ensure that OVC resources to improve educational outcomes are programmed efficiently.

In addition to the usual pedagogic inputs that all children need to succeed at school, orphans and other vulnerable children have unique needs i.e HIV+, chronically ill parents, stigmatized, abused, etc. that need to be adequately managed in the classroom and school setting.in order to facilitate successful participation. The NAPE data is being collected via a series of interrelated, nationally-representative sample surveys. The primary sampling unit is primary schools. FY07 resources will be used to supplement the school level survey by sampling surrounding households, institutions, and children living on the streets. This will allow us to link the household, school, and community data. This proposed methodology will facilitate examination of the orphan/vulnerable child issue from multiple perspectives within the same community and will allow identification of the different factors in the child's life that are impacting their performance at school. For those OVCs not currently attending schools we will work to identify the barriers to their attendance. The end result will be identification of suggested action items needed to mitigate the factors that impede either access or performance at school (or both) for orphans and the most vulnerable children.

Continued Associated Activity Information

Activity ID: 4887
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: Targeted evaluations
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Facility survey	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Orphans and vulnerable children
Primary school students

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	AIDS Capacity Enhancement Program, ACE
Prime Partner:	Chemonics International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8460
Planned Funds:	$ 1,275,000.00

Activity Narrative: This project is linked to activities in Palliative Care: Basic, Strategic Information and Other Policy and Systems Strengthening.

Under PEPFAR, the USG in full support of the Ugandan National Strategic Framework for HIV/AIDS and in partnership with the Ugandan AIDS Commission, has greatly expanded the availability of HIV/AIDS prevention, care and treatment services in Uganda and the number of active HIV/AIDS partners at national, district and local levels. At the same time, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of funding and services is benefiting many of Ugandans, the UAC and its implementing partners are challenged to provide quality services in a coordinated and equitable fashion to an ever increasing number of clients.

In December 2006, the AIDS Capacity Enhancement (ACE) program was initiated by Chemonics International Inc. The purpose of this contract is to provide organizational development technical assistance and engage highly specialized local consultants to build the capacity of targeted Ugandan institutions for improved HIV prevention, care and treatment program outcomes. This program also strengthens administrative and managerial systems to fortify in a sustainable manner the targeted institution's ability to respond effectively to emerging opportunities resulting from the vast increases in HIV/AIDS funding.

In the past 8 months, the ACE program has worked with the Inter-Religious Council of Uganda (IRCU), the Joint Clinical Research Center (JCRC), Hospice Uganda and the MOH/Resource Center to conduct participatory organizational diagnostics and develop tailor made work plans to address the specific challenge faced by each of these indigenous institutions. ACE has also worked with UAC and bilateral and multilateral HIV/AIDS donors to develop a highly coordinated plan to build this national coordination body's capacity to fulfill its strategic leadership mandate. Specifically, ACE is working to strengthen UAC's capacity to lead the evaluation of the previous National Strategic Framework for HIV/AIDS and to facilitate the development of the new Framework, a process involving virtually all HIV/AIDS stakeholders in Uganda. As part of this exercise, ACE will be involved in the development and operationalization of the new National Monitoring and Evaluation Framework which will contribute significantly to the achievement of the "3rd One" or One Monitoring and Evaluation System.

The ACE program has several different components. ACE will work with all 5 of its primary client organizations in the strategic information program area.

In FY 07, ACE will continue to support UAC in the development and dissemination of the new National Strategic Framework for HIV/ADIS 2006/7 – 2010/11 and will build the capacity of the UAC to translate the NSF into clear operational plans. Particular attention will be paid to the development and dissemination of the associated National Monitoring and Evaluation Framework. In addition, ACE will continue to support the UAC to take the lead in dialogue with other branches of the Ugandan Government such as the MOH/AIDS Control Program and the MOH/Resource Center (in charge of the Ugandan Health Management Information System (HMIS)) as well as major HIV/AIDS stakeholders including bilateral and multilateral donors to develop a road map for operationalizing the new Monitoring and Evaluation Framework and thus institutionalize the "3rd One". ACE will also target specific M&E capacity building activities to build the skills of designated M&E staff and will also support an additional M&E specialist to sit on the UAC monitoring and evaluation team. ACE will also address the training needs of key strategic and technical decision making bodies within the UAC to increase this entities ability to respond rapidly and effectively to the changing epidemic. All activities in this area will be conducted in close collaboration with the USG's Monitoring and Evaluation of Emergency Plan Progress (MEEPP) contractor in order to maximize synergies and ensure that USG PEPFAR M&E activities are in line with and complementary to National M&E initiatives.

With the MOH/Resource Center, ACE will work in close collaboration with the CDC Informatics team to strengthen the center's ability to oversee and manage the HMIS and to enhance existing information technology systems to increase the accessibility of HMIS data for improved strategic planning and decision making within the MOH, the UAC and other branches of the Ugandan Government. Also at the central level, ACE will provide and/or upgrade existing hardware and software to ensure that the HMIS information

technology platforms are capable of effectively and efficiently meeting the increasing demands placed on the system as computerization of the HMIS is scaled up nationally. ACE will also provide the necessary IT and power backup systems to secure HMIS data. At the district level, ACE will again work in close collaboration with the CDC Informatics team to strengthen the computerized HMIS in sites where it is currently operational and to expand the use of alternative IT solutions and power sources where the HMIS is not computerized to improve the efficiency of data transfer from lower level health facilities to district and regional health administration centers and on to the MOH/Resource Center.

In FY07, ACE will work with IRCU to strengthen its current monitoring and evaluation system including its data collection tools and data management systems and will work with IRCU leadership to improve the use of data for more efficient and effective program planning and management. ACE will work closely with the MEEPP program in this process and take full advantage of the Data Quality Assessment and Validation exercises conducted by this USG partner. This will ensure that IRCU's improved data collection systems not only respond more accurately to PEPFAR reporting and planning requirements but also feed relevant HIV/AIDS information into the HMIS and thus support the new National Monitoring and Evaluation Framework. ACE will train IRCU HQ trainers, using a training of trainers' format, to enable these staff to build the capacity of IRCU sub-grantees to gather requisite monitoring and evaluation data through standardized tools and to generate high quality reports on program performance against both PEPFAR and National HIV/AIDS indicators.

ACE will work with JCRC to strengthen its monitoring and information IT infrastructure to enable enhanced data flows between JCRC HQ, JCRC Regional Centers of Excellence and its satellite service delivery sites. ACE will also explore the appropriateness of integrating different research and clinical databases for improved efficiencies in program management. Again, ACE will work closely with the MEEPP program in order to address specific issues raised during the JCRC Data Quality Assessment and Data Validation exercises conducted earlier this year. ACE will also work with Hospice Uganda to analyze the capacity of its current monitoring and evaluation system to respond to the information needs of its rapidly expanding program. Specifically, ACE will work with Hospice to analyze how this rapid growth will affect information needs and design upgrades to the M&E system and data gathering tools to enable more effective and efficient program design, monitoring and reporting. ACE will work with both indigenous institutions to tailor M&E training to their specific needs.

In FY07, ACE will train approximately 195 individuals in strategic information including HMIS and monitoring and evaluation.

Continued Associated Activity Information

Activity ID:	4531
USG Agency:	U.S. Agency for International Development
Prime Partner:	Chemonics International
Mechanism:	Capacity Building of Indigenous Institutions
Funding Source:	GHAI
Planned Funds:	$ 775,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	195	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8474
Planned Funds: $ 350,000.00
Activity Narrative: This activity also relates to Abstinence/ Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Counseling and Testing (8470) , Treatment: ARV Services (8472), Treatment: ARV Drugs (8471), Laboratory Infrastructure (8473) and Other/ Policy Analysis and System Strengthening (8475).

The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources.
Year 1 activities will be implemented over a 9 month period and will build on what has been achieved by other USG supported projects, including AIM, UPHOLD and CRD. UPHOLD and CRD operations in the North are coming to an end next year.

A differentiated strategy is being implemented by the project in the two sub regions. In Lango, where the security situation is more stable and displaced people have begun going back to their homes, NUMAT will continue to support activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static sites will be strengthened to meet the increasing demand by the returning population while other particular services will continue to be scaled up at lower levels of service delivery.

In Acholi where conflict remains an issue and satellite camps are being created as the security situation stabilizes, efforts will continue being put on extending services to populations in camps particularly the peripheral camps. The project will continue working with a host of stakeholders including USG projects, UN, and humanitarian efforts, to scale up mobilization and service provision and referral for HIV/AIDS/TB and malaria services for the camp populations.

The planned key achievements in year 1 under this programme area include providing technical assistance for strategic
information activities to 10 organisations and training 25 people in strategic information.

Year 2 activities will build on year 1 achievements and will include; Strengthening existing data collection mechanisms in place within the health
system in all districts. The project will train district HMIS Focal Persons (FP) to manage data collection from the lower level health units and facilitate analysis, dissemination and reporting of data. Record assistants at health sub-districts will be sensitized, equipped with skills and facilitated to extract data from service registers and enter into summary forms. Where necessary, the project will support procurement of equipment to facilitate collection analysis and storage of data at the district level. The HMIS Focal Persons and the record assistants will be supported in data collection. Districts will be supported to routinely utilize data for their planning purposes and supporting service delivery. In addition districts will continue to be supported annually to conduct LQAS exercises to monitor progress on critical HIV/AIDS, TB and malaria indicators.

District planning units will also be trained and supported to manage data generated from the project and other partners. The project will work with the Community Services Department (CSD) to strengthen and roll out existing community services data collection mechanisms.

Continued Associated Activity Information

Activity ID: 4711
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: NUMAT/Conflict Districts
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
Number of local organizations provided with technical assistance for strategic information activities	10	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Host country government workers

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Makerere University Walter Reed Project (MUWRP)
Prime Partner:	Walter Reed
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8529
Planned Funds:	$ 107,000.00

Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8543-CT, 8527-ARV Services, 8528-Lab, 8531-OVC, 8530-Management & Staffing.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing.
These activities link to MUWRP activities under Treatment, Care, CT, OVC, and Lab. During FY06 MUWRP developed tools for its District partners for collecting data from distinct patient clinics and established a data system which enables the District to plan and report required indicators - such as number of new patients, current patients, and palliative care patients during semi annual and fiscal year reporting periods. Several other databases have also been established to support additional District level Program efforts in Kayunga. These databases include data from the following programs: VCT, Youth Center, and a program which identifies, traces, and provides support to ART patients who have been deemed non-adherent or possibly lost-to-follow up by District clinicians. More specifically this includes an electronic patient tracking system established in Kayunga District Hospital that oversees nine health centers, electronic data storage and retrieval system for periodical reporting data (e.g., quarterly, semi-annual etc) and a system for data linkage established to connect inpatient/outpatient data, inter-program data, and inter-health center data. Each of these databases may be used to support program activities but more importantly, these systems can inform District and Regional Health authorities in their planning of HIV programs and activities. Other key accomplishments in 2006 have been 4 staff trained in data management and analysis, 3 IT staff trained to maintain current database, and 7 staff trained in electronic patient tracking system. In the past, MUWRP's strategic information PEPFAR staff has coordinated efforts with MUWRP's research staff in Kayunga, often sharing research resources such as transportation, technical expertise, supplies, infrastructure, and staffing. Challenges in FY07 can be expected due to the Kayunga District's rapid scale up of ART and associated HIV programs. For the District/Regional Health authorities, this rapid scale up of ART may pose SI challenges in the absence of appropriate infrastructure and dedicated manpower. Toward this end, administrative information needs to be developed so that reporting and planning linkages can be established with the National program. Infrastructure for obtaining patient clinical information at and from the four District ART clinics needs to be established for the purpose of informing the District (and National) programs on how to better provide Program services. Also, a new PEPFAR supported outreach OVC program is already underway; developing its SI component as well as the ability of the District authorities to collect and manage this information will be crucial to this program's success.

It has become apparent that the MUWRP supported Kayunga District SI Program, in terms of infrastructure, supplies, staff and staff training will now need to be secured independently of MUWRP's research component. This is true particularly if this program is to wholly accomplish transfer of this capacity to its District partners. The ability of the District heath authorities to take over the collecting, management, analyzing and more specifically use of relevant data will be the key measure of success. Under this submission, capacity in SI, data collection and analysis will be transferred over to District partners through out 2007 and 2008. As this is being undertaken, information derived from MUWRP's system will be reported back to the Kayunga District/Regional and National Health authorities to assist them in further planning of HIV activities. Furthermore, there will be continued support of Kayunga Districts' strategic information program so that it can effectively address the emerging service demands of a rapidly expanding HIV/ART program. Funding will support: provision of SI infrastructure, equipment, maintenance, and supplies; Acquisition and training on administrative software; development of clinical patient information system to be utilized for District level services evaluation; development of outreach OVC program database and reports; training of District SI staff; provision of adequate power back-up sources; and technical expertise.

Continued Associated Activity Information

Activity ID: 4516
USG Agency: Department of Defense
Prime Partner: Walter Reed
Mechanism: Makerere University Walter Reed Project (MUWRP)
Funding Source: GHAI
Planned Funds: $ 32,375.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

Doctors
Nurses
Pharmacists
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Out-of-school youth
Laboratory workers
Other Health Care Worker
HIV positive children (5 - 14 years)

Coverage Areas

Kayunga

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HIV/AIDS Project
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8640
Planned Funds: $ 300,000.00

Activity Narrative: This activity also relates to 8641-AB, 8643-Condoms and Other Prevention, 8338-Basic Health Care and Support, 8619-TB/HIV, 8336- OVC, 8337-CT, 8625-ARV Drugs, 8333-ARV Services, 8335-Laboratory.

The Mildmay Centre (TMC) is a faith-based organisation operating under the aegis of the Uganda Ministry of Health since 1998 and managed by Mildmay International. TMC is recognised internationally as a centre of excellence for comprehensive HIV/AIDS care and training, particularly for children, who constitute 52% of patients. TMC has had a cooperative agreement with CDC, Uganda since 2001 to support training in HIV/AIDS care and treatment. From April 2004 the support was expanded to include ART and palliative HIV basic care. TMC also runs two rural clinics: at Naggalama, a Catholic church facility in Mukono District and Mpigi HCIV, a Ministry of Health (MOH) facility in Mpigi district. Since opening, TMC has registered over 14,000 patients, of whom 3,000 are seen monthly on site. 1,400 patients receive ARV drugs through PEPFAR, >500 through MOH/Global Fund, and 300 receive ART paying privately, but are supported to access free palliative basic care package and laboratory services i.e. CD4 counts, HIV testing, cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services i.e. morphine and chemotherapy for HIV related cancers and management of opportunistic infections including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, school teachers and nurses, religious leaders and carers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. The training programme reaches participants throughout Uganda via a diploma/degree programme, mobile training teams (MTTs), clinical placements and short courses run at TMC. Multidisciplinary courses include: Use of ART in Children; Use of ART in Adults; Communication with Children; Palliative Care in the Context of HIV/AIDS; Laboratory Skills in an HIV/AIDS Context; Management of Opportunistic Infections and others. Training through the MTTs covers the same cadres and topics for selected clinics in targeted districts throughout Uganda. The MTTs have to date reached over 30 districts and are currently active in six. The degree/diploma programme targets health workers nationally from government, faith-based and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period which can now be extended to a further 18 month period to yield a full degree. The time between modules is spent at the workplace doing assignments and putting into practice what has been learnt. Between July 05 and March 06 more than 1,000 Ugandans received training in HIV/AIDS in more than 60 weeks of training courses based both at TMC and in the rural districts. 1,308 participants have attended courses, 291 participants came for clinical placements providing 2,146 clinical placements days. Since the rural clinics opened 1,040 HIV patients have registered at Naggalama (188 on ART through PEPFAR and 45 through MOH) and 375 patients at Mpigi with more than 110 on ART. A family-centred approach is used in the recruitment of patients on to ART at TMC and all willing family members are offered testing and care within the context of available resources. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care. It is an initiative of Mbuya Parish in Kampala and is based at Our Lady of Africa Church in a poor urban neighbourhood. RO adopts a community-based approach using volunteers and people living with HIV/AIDS. By the end of June 2006, RO had 2,148 active patients in palliative with 986 on ART, majority of who are PEPFAR funded. By March 2007, an additional 250 children will be receiving ART at Mbuya RO.

Mildmay will implement a targeted evaluation in FY06 in collaboration with USCF and CDC. The evaluation is focusing on strategies at reducing HIV sexual transmission risk among ART adult recipients and also strategies to promote adherence to ART in both adults and children. As part of the targeted evaluation an extra 1,788 patients, both adults and children, will have the opportunity to receive enhanced counselling services. Some will receive additional home visits for home-based counselling and testing to be carried out. Evaluation of the best approach to counselling patients before and after starting ART will be undertaken. The targeted evaluation exercise will cover patients and their families, therefore offering more people an opportunity to access services.
The funds under this programme area will finance procurement, human resources, staff training, transport for both patients and staff.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached	1,788	☐
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas

Kampala

Mpigi

Mukono

Wakiso

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Monitoring and Evaluation of the Emergency Plan Program
Prime Partner:	Social and Scientific Systems
USG Agency:	
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9203
Planned Funds:	$ 2,250,000.00

Activity Narrative: The Monitoring and Evaluation of the Emergency Plan Program (MEEPP) was launched in January 2005. The purpose of this program is to design, implement and maintain a comprehensive PEPFAR performance management, monitoring and reporting system. The MEEPP program is similarly charged with supporting the USG PEPFAR team and its implementing partners (IPs), using performance improvement processes and targeted technical assistance, to report high quality data in a timely and efficient manner in accordance with OGAC's strategic information requirements.

MEEPP has now fully institutionalized a web-based database that has facilitated EP data aggregation, analysis and use through 3 reporting cycles. The database is fully operational and is continuously upgraded to meet new PEPFAR requirements and to increase ease of use for both Emergency Plan (EP) implementing partners and the USG PEPFAR team. MEEPP staff has been busy working with the EP strategic information team to improve existing data gathering tools and to train PEPFAR implementing partners in the use of these tools and the new database to standardized data reporting across all 75 EP partners in accordance with OGAC guidance. MEEPP has also established effective communication and networking channels between partners facilitating the sharing of best practices and lessons learned in M&E. In this way, MEEPP has played a critical role in the preparation of the EP Semi-Annual and Annual Reports and has worked extensively with 20 of the largest implementing partners to conduct data quality assessments/improvements (DQA) and validations. Following the FY05 annual report, MEEPP had conducted collaborative DQAs and data validations in a total of 101 unique sites and had validated 61% of the total volume of data reported for ARV services, 46.2% of palliative care-basic data, 36.2% of Palliative care TB/HIV data, 22.9% of counselling and testing data, 11.8% of OVC data, 8.6% of laboratory data and 6.4% of PMTCT data.

MEEPP has worked closely with the EP strategic information team to use the results of these assessments and validations to target MEEPP technical assistance to particular implementing partners facing M&E challenges and improving/upgrading their information management systems and thus the quality and timeliness of data reported. In addition, MEEPP has been integrally involved in two special studies to support improved ART programming including a mapping of all USG ART sites in Uganda and a comprehensive ART program review.

In support of COP 06 and 07 planning meetings, MEEPP prepared - and subsequently updated - a series of data analyses providing important insights regarding progress against set targets and coverage of EP supported interventions identifying opportunities for improved collaboration among partners. These documents included HIV burden by districts worksheets and comparative analyses of reported achievements against FY04, FY05 and FY06 targets across all implementing partners in all 14 PEPFAR program areas. In the past few months MEEPP organized three target setting refresher trainings engaging all USG PEPFAR Technical Working Groups. and training program managers in the use of detailed data trend tools to better support their IPs in target setting/estimation. The main objective of these data trend orientation and "how-to' target setting sessions was to introduce MEEPP generated COP 07 planning resource materials, jointly analyze performance data trends, raise awareness on key findings related to HIV burden and important results of the Uganda HIV/AIDS sero-behavioral survey, identify "windows of opportunity" to adjust programs to maximize data driven programming and encourage constructive dialogue between CTOs/ project officers and their respective implementing partners on areas of programmatic and/or target setting concerns.

In response to increasing demand for MEEPP services from the USG PEPFAR team to support the M&E needs of the growing PEPFAR/Uganda portfolio and its numerous continuing and new implementing partners, MEEPP is hiring additional staff. In FY06, the USG PEPFAR team was supported by OGAC to increase funding to MEEPP in order to hire an additional M&E specialist, a data manager and a program assistant. This increase in staff is instrumental to enabling MEEPP to further the implementation of its comprehensive performance management, monitoring and reporting system and to maintain – and upgrade as necessary - the functionality of the online database.

In FY 07, MEEPP will continue to work with all EP implementing partners to build capacity in monitoring and evaluation and to ensure quality data collection and reporting systems are in place. All key M&E staff within implementing partner organizations will be trained or

retrained in data quality assessment, reporting readiness and in the use of data for performance improvement. MEEPP will continue to conduct Data Quality Assessments and data validations in order to maintain high quality and timely reporting for PEPFAR. Four programmatic analyses examining specific performance improvement questions identified by the USG PEPFAR strategic information team will be conducted. These analyses will cost less than $25,000 each. MEEPP will continue to support the target setting and analytical agenda of each of the USG PEPFAR technical working groups in order to ensure timely attainment of Uganda's PEPFAR targets and increasingly fine tune PEPFAR programming to effectively and efficiently address key drivers of the HIV/AIDS epidemic in Uganda. MEEPP will also assist in the dissemination of the best practices amongst implementing partners, host country counterparts and development partners through a variety of dissemination modalities including technical meetings, seminars, trainings and a series of communication products including a quarterly newsletter. In addition, MEEPP will work closely with the PEPFAR supported implementing partner, AIDS Capacity Enhancement program (ACE) in its work with the Ugandan AIDS Commission to advance HIV/AIDS stakeholders toward the application of and adherence to "One Monitoring and Evaluation System" through the operationalization of Uganda's new Monitoring and Evaluation Framework 2006/7 – 2010/11. MEEPP will also coordinate closely with the CDC informatics Team and ACE in their work to support the MOH/Resource Center's strengthening/expansion of the HMIS and ensure that all USG PEPFAR implementing partners upgrade and/or build HIV/AIDS information management systems that can easily link to the HMIS and provide the GOU with key HIV/AIDS information.

MEEPP will continue to support the analytical agenda of the EPT for gender related issues. MEEPP's on-line data collection and reporting systems facilitates examination of gender issues across prevention, care and treatment programming within the USG EP response in Uganda.

Continued Associated Activity Information

Activity ID:	4766
USG Agency:	U.S. Agency for International Development
Prime Partner:	Social and Scientific Systems
Mechanism:	Monitoring and Evaluation of the Emergency Plan Program
Funding Source:	GHAI
Planned Funds:	$ 1,850,000.00

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	75	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff
Host country government workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: End of Program Evaluations
Prime Partner: Management Systems International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9204
Planned Funds: $ 500,000.00
Activity Narrative: The USAID Automated Directive System (ADS) 203.3.6.1 requires that end of project evaluations should be conducted when there is a distinct and clear management need to address an issue. This activity will undertake 6 end of project evaluations for USAID PEFPAR projects that are scheduled to end in FY08. The purpose of the evaluations is to extract lessons that would benefit the USG/Uganda Team and GOU partner institutions with future programming either through extending or modifying current agreements, or ensuring that key lessons learned are built into existing or newly designed activities. Secondly, these evaluations will provide critical information to USAID and the USG in improving program design, management and implementation. The evaluations will also distill lessons learned about program implementation that will have a bearing on scaling up and replicating HIV/AIDS interventions in Uganda and nationwide. Resources are requested to conduct program evaluations for key USAID supported projects ending in FY08 including: The CORE Initiative/CARE, TREAT/JCRC, AFFORD, ESWAPI, MEEPP, and ACE

OGAC Reviews: 9204 – end of program evaluations – Is this enough money to support these? If this is for more than PEPFAR, is someone else leveraging this? We'd like to see the protocols for this when the contractors are chosen, and as a reminder of the TBD policy – please inform OGAC when TBD partners are identified.

Yes, we anticipate $100,000 being sufficient for the end of project evaluations. We will leverage other funds as appropriate.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Community Resilience and Dialogue
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9662
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities in PMTCT (3985), AB (3983), Other Prevention (3988) Palliative Care: Basic Health Care (3986), and counseling and testing (3984).

Activities will continue into FY07 but with FY06 funding only.

This component provides data on the type of services provided and numbers of clients served. One of the objectives of CRD is to strengthen districts' capacity in HIV/AIDS data capture and utilization in planning and the budgeting required for prevention, care and support services. In past, efforts have been made to create capacity in this line and IRC wants to consolidate it in Karamoja region. In all the health centers supported data will be collected on routine basis and managed centrally. To motivate service providers in data collection on clients served, user-friendly data collection forms will be developed and distributed to HIV services providers in the region. Where MOH has standard forms, these will be used. Training of staff on data collection forms will take place in all the health centers. Periodically data collected will be analyzed and shared with all stakeholders, including health service providers, to know more on characteristics of clients served and to compare data between appointments and different locations. The Strategic Information component will aim at establishing and also strengthening data collection, reporting and use for program planning. This will be achieved through training clinic and district staff, hiring of data clerks, procurement of computers and accessories, development of data entry screens and reporting formats.

Continued Associated Activity Information

Activity ID: 3984
USG Agency: U.S. Agency for International Development
Prime Partner: International Rescue Committee
Mechanism: Community Resilience and Dialogue
Funding Source: GHAI
Planned Funds: $ 12,931.00

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Kotido

Moroto

Nakapiripirit

Gulu

Kitgum

Pader

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9710
Planned Funds: $ 150,000.00
Activity Narrative: In FY07 the country team will review the need and come to a final decision whether to establish a full-time strategic liaison position, supervised by the PEPFAR Coordinator and co-located in the Embassy, to assist the Coordinator and the Country Team to support all SI activities. If the decision is made not to recruite this position, these funds will be reallocated within the SI program area.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities	50	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Target Populations:

International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
USG implementing partners

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: AIDS Information Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10036
Planned Funds: $ 0.00
Activity Narrative: This activity relates to 10038, 10083, 10084, 10102-Strategic Information.

Substantial PEPFAR funds are being used for the provision of voluntary counseling and testing (VCT). In Uganda and other sub-Saharan African countries, VCT guidelines often recommend re-testing of HIV-negative clients after 3-6 months to rule out the possibility of "window period infections", i.e., shortly after infection onset but before the appearance of HIV antibodies. Scientific literature suggests that this period is just 2-4 weeks long. At the AIDS Information Center (AIC), 33% of all testing during 2002-2005 was performed for this purpose, implying that substantial resources are spent to identify a potentially very small group of HIV-infected clients.

We propose to evaluate the utility of repeat-testing for VCT clients who initially tested HIV-negative. The objective is to estimate the likelihood of HIV-negative clients actually being HIV-infected and the potential costs saved by discontinuing this policy.

Routine client questionnaire data will be analyzed to determine the proportion of repeat testers who likely repeat-test due to repeated risk behavior and who return because of the counseling message recommending repeat testing.

Left-over blood specimens from VCT clients frequenting AIC centers already are routinely collected and stored for further testing with informed consent. Approximately 100,000 HIV-negative blood specimens will be pooled in small batches and tested for HIV DNA/RNA. The number and proportion of first-time HIV-seronegative testers actually infected will be determined. Testing and total program costs to identify such persons will be estimated. Identified seronegative but virus-positive VCT clients will be contacted for retesting and re-counseling. A sufficiently large sample size provided, risk factors (using the routine questionnaire data) for truly incident HIV infections will be evaluated.

For additional information, please refer to supporting documents in this COP on Public Health Evaluations Study Background Sheets

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	11	☐

Target Populations:

Adults
Discordant couples
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Laboratory workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Full Access Counseling and Testing
Prime Partner: Kumi Director of District Health Services
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10038
Planned Funds: $ 110,000.00
Activity Narrative: This activity relates to 10036, 10083, 10084, 10102-Strategic Information.

PEPFAR supports an ongoing door-to-door home-based counseling and testing (HBCT) activity for an entire district population in Kumi, Eastern Uganda. Identified HIV-positive persons receive a basic care package (bed nets, condoms, a safe water vessel, a referral mechanism for co-trimoxazole prophylaxis, and informational material for "positive living") and are referred for further care. It is anticipated that this intervention results in a reduction in HIV exposure and a subsequent fall in the rate of new HIV infections (HIV incidence).

Scientific data on the effectiveness of such programs on a population level are not available; further, evaluations comparing HBCT to other VCT delivery modes are scarce. We intend to evaluate this large activity to inform policy decision making. We will examine whether HBCT and provision of the basic care package leads to safer sex behavior, a reduction in new HIV infections and clinical malaria, and a decrease in all-cause mortality. In addition, we plan to compare the effectiveness of HBCT (in reducing HIV incidence and risk behavior) to that of other VCT mechanisms (in a district without HBCT).

We will collect data from approximately 100,000 clients during the HBCT session on sexual behavior and household mortality, diagnose (and treat) clinical malaria, and collect left-over HIV-positive blood on filter paper. Using the serological BED HIV-1 incidence assay, we will test all HIV-positive specimens to identify new (recent) HIV infections and estimate the HIV-1 incidence for the 12 months preceding the HBCT session.

Approximately 12 months after the first HBCT session, field teams will re-visit a sub-sample of the district population (approximately 30,000) a second time. During the second HBCT session, the same intervention package will be re-offered to all (HIV-pos and HIV-neg) household members and the same outcomes (sexual behavior, household mortality, clinical malaria, HIV incidence) will be measured again. We will examine whether the intervention provided through the first HBCT session led to a decline in the measured outcomes and examine possible determinants for a change in these outcomes.

For additional information, please refer to supporting documents in this COP on Public Health Evaluations Study Background Sheets.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐

Target Populations:

Adults
Family planning clients
Discordant couples
Street youth
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kumi

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Protecting Families Against AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10083
Planned Funds: $ 145,000.00
Activity Narrative: This activity relates to 10036, 10038, 10084, 10102-Strategic Information.

Daily cotrimoxazole or trimethoprim-sulfamethoxazole (TMP-SMZ) prophylaxis has been established and is recommended by WHO as a safe and effective way to reduce morbidity and mortality among both HIV-infected adults and infants. Currently, most HIV-exposed infants in resource-constrained settings do not have access to early testing by PCR, thus the majority of infants receive TMP-SMZ for up to a year of life or more, independent of their HIV status. This measure has the added advantage of being very inexpensive and of being very easy to implement. However, the current introduction of early infant testing strategies in sub-Saharan Africa will elicit a new situation where TMP-SMZ will be stopped for a majority of infants who will turn out to be HIV-negative after being weaned, if following current guidelines. As TMP-SMZ may have protective effects against malaria and other major infections in normal children, and as HIV-exposed, uninfected infants are known to have a greatly elevated risk of mortality compared to non-exposed infants, this practice could adversely affect the health and survival of HIV-exposed but uninfected children.
We propose to compare rates of mortality among uninfected HIV-exposed infants who continue to take TMP-SMZ up to 18 months of age independent of their HIV status, as compared to HIV-uninfected infants who stop TMP-SMZ once confirmed HIV negative (i.e., 6 weeks or more after complete cessation of breastfeeding). Secondary outcomes will include incidence of malaria, diarrhea and pneumonia, growth pattern as measured by weight for height indices and self-reported rates of hospitalization as a measure of morbidity.

For additional information, please refer to supporting documents in this COP on Public Health Evaluations Study Background Sheets.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	28	☐

Target Populations:

Doctors
Nurses
Infants
People living with HIV/AIDS
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kampala

Kayunga

Tororo

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10084
Planned Funds: $ 268,278.00

Activity Narrative: These activities compliment 10036, 10038, 10083, 10102-Strategic Information. The narrative below explains several Public Health Evaluations that CDC shall conduct.

Evaluating Anti-Tuberculosis Drug Resistance Among Smear-Positive TB Patient:

WHO and International Union Against TB and Lung Diseases (IUATLD) recommend countries to monitor anti-tuberculosis drug resistance either through ongoing surveillance or periodic surveys. There is no nationally representative data available on TB drug resistance in Uganda. In a drug resistance survey conducted in three regions in 1996-97, the resistance to rifampicin was found to be 0.8% and prevalence of MDR TB was 0.5% among all isolates collected. In 2005, a drug resistance survey was conducted among hospitalized patients at the national reference hospital, Mulago and the MDR TB prevalence was 4.5% among new TB patients, a 10 fold increase compared to the 1996-97 survey.

This survey will provide a national estimate of primary and acquired anti-tuberculosis drug resistance including MDR TB in Uganda. As per the National TB HIV policy all the TB patients included in the survey will be provided HIV counseling and testing. Given the importance of HIV infection in TB epidemic along with the importance of diagnosing HIV in TB patients, this survey will also serve as an important tool for HIV surveillance among TB patients. The survey will provide information to compare the prevalence of drug resistance (including presence of MDR TB and XDR TB) among TB patients with HIV and those without HIV. It will also help to assess the need for capacity building of the National Tuberculosis Reference Laboratory (NTRL) and National TB program to manage MDR TB cases especially among TB HIV co-infected patients.

Sero-Behavioral Surveys among Most-at-Risk Populations (MARP) in Kampala, Uganda:

HIV/AIDS surveillance in Uganda is largely carried out among ante-natal clients, research cohorts or through general population based surveys, all of which do not explicitly capture most-at-risk populations (MARPs), such as female sex workers (FSW), male sex workers (MSW), men having sex with men (MSM), and street children. Hence HIV control programs tend to focus on the general population, whereas the epidemic may heavily and disproportionally concentrate in and around MARPs. Due to a lack of data, the impact of MARPs on HIV transmission dynamics in Uganda is poorly understood. We propose to do a small series of surveys among MARPs to inform policy makers and HIV/AIDS control activities.
We want to conduct separate surveys among four MARPs: FSW, MSW, MSM, and street children, all residing in greater Kampala. Through these surveys, we intend to estimate HIV prevalence, and identify HIV risk behavior and preventive practices in these populations.

Evaluating the Utility of: (1) Using Routine Program HIV testing Data for Surveillance and (2) the HIV-1 Incidence Assay for Incidence-Based Surveillance:

The traditional ante-natal clinic (ANC) based surveillance system relies on unlinked anonymous HIV testing (UAT), is relatively small (~10,000 clients/year) and slow in detecting changes in trend. In Uganda, PEPFAR is the largest donor for HIV testing for PMTCT and VCT clients. Such routine testing programs generate large amounts of HIV testing data (PMTCT: 250,000, VCT: >75,000 in 2005), therefore having the potential of facilitating more precise prevalence estimates for surveillance. Importantly, HIV-positive left-over blood from these programs can be tested with HIV incidence assays, with the prospect of establishing an incidence-based surveillance system for a more timely detection of trends in Uganda's HIV epidemic.
We propose to evaluate the utility of routine PMTCT, VCT, and STD program data and specimens for an expanded prevalence and a new incidence-based surveillance system. Potential biases and limitations to be examined include self-selection bias for testing and the accuracy of laboratory-based incidence testing for surveillance.
The new methodologies will be piloted at no more than a total of 10 PMTCT/VCT/STD clinics. Routinely collected program data will be transcribed and left-over HIV-positive blood will be collected on filter paper for incidence testing. As PMTCT and STD clinic clients are not consented for further testing and data analysis, testing of these left-over specimens will be performed unlinked, akin to the traditional UAT-based ANC surveillance

system. VCT clients are routinely consented for further testing and analysis allowing a more in-depth analysis using the standard VCT client questionnaire data. Same site PMTCT and UAT-based prevalence data will be compared, as well as PMTCT/VCT/STD-based incidence estimates generated.

For additional information, please refer to supporting documents in this COP on Public Health Evaluations Study Background Sheet.

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	33	☐

Target Populations:

Adults
Commercial sex workers
Men who have sex with men
Street youth
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
TB patients

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10102
Planned Funds: $ 386,672.00
Activity Narrative: This activity relates to 10036, 10038, 10083, 10084-Strategic Information.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

plus ups MC for $274,150: The Government of Uganda has recently included medical male circumcision in its National Strategic Plan, which is near finalization. The MOH and the Uganda AIDS Commission have formed a task force, and are planning a national dialogue to present study results from Uganda and answer questions and concerns. The USG Uganda team will support the GOU efforts as they become detailed. The Rakai Health Sciences Program is ideally suited to support the GOU and USG Uganda program in training and service delivery, upon request from the MOH, and following the WHO surgical manual. RHSP has three fully equipped theaters, recovery room, experienced surgeons and nusing staff to provide training for 40 physicians; to provide circumcision services to about 2700 men in the 1st year, and to conduct a public health evaluation to compare 3 the safety, adverse effects, costs and ease of surgery of 3 different surgical procedures (forceps guided, dorsal slit, sleeve procedure).

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of outlets providing targeted evaluation.		☑
Number of patients to be reached		☑
ART Sites piloting Quality Assurance activities		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	☐

Target Populations:

People living with HIV/AIDS
Women (including women of reproductive age)
Private health care workers
Doctors
Nurses
Other Health Care Workers

Coverage Areas

Rakai

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: $ 5,150,000.00

Program Area Context:

The USG, working collaboratively with other donors and stakeholders through the coordination of the Uganda AIDS Commission (UAC), the Ministries of Health, Gender, Labor and Social Development and others, will continue to expand support for HIV/AIDS programming, policy development, and implementation, systems strengthening, and political governance. To improve national HIV systems, USG is leveraging funds from other donors to establish a joint granting mechanism for orphans and other vulnerable children under the Ministry of Gender, Labor and Social Development to support civil society initiatives. Currently, the Ministry of Finance is also considering this mechanism for funding civil society organization with Global Fund resources and two major donors have already committed funds, while several others have expressed interest. In FY07, USG will provide technical assistance for the development and implementation of this HIV/AIDS civil society funding mechanism.

USG will also continue to engage with Global Fund (GF) coordination structures to address the issues of HIV commodity procurement and program planning. In FY07, technical support for the development of the new long-term institutional management structures for GF resources will be provided to support systems strengthening and processes to improve service delivery (see Appendix 31, GF).

Additionally, the USG continues to collaborate with the UAC, the national body mandated to coordinate, plan, monitor and mobilize resources for HIV/AIDS. With USG support, UAC conducted the initial Joint HIVAIDS National Review in 2006 and is currently in the process of developing the next five-year National Strategic Plan. In collaboration with other AIDS development partners, the USG will continue to provide support to strengthen the capacity of the UAC to effectively lead the national response. UAC will also be supported to coordinate the multiple donors and stakeholders in order to facilitate operationalizing the 'three ones'—one HIV/AIDS coordinating body; one strategic framework; and one monitoring and evaluation plan.

Currently, Uganda is experiencing an acute shortage of health workers. The Mid-Term Review of the Health Sector Strategic Plan identified the lack of trained health personnel, staffing imbalances, and human resource management as critical constraints to scaling up care and treatment services. Findings from recent assessments confirm that with the availability of ART services, this fragile system is being stretched. The Ministries of Health and Education and Sports and District Service Commissions are collaborating with the donor community to address key issues to strengthen human resource management at all levels of the health system. In FY07, USG will review gaps in this assistance and provide technical support to address the issues.

Uganda's decentralized system of financing and governance is also being stressed by the proliferation of districts from 56 in 2001 to 76 in 2006. In FY07, USG will initiate support to improve HIV/AIDS planning, management, implementation, and monitoring at district level to ensure HIV/AIDS activities are integrated into district development plans and budgets. In addition, with the cessation of hostilities and the peace process in Northern Uganda, HIV/AIDS care and treatment services and political governance systems will require rebuilding. The USG focus in the North will be to strengthen and expand services for HIV positive individuals and their families with a focus on the vulnerable populations of internally displaced people—particularly, women and children.

Democracy and governance programs are an integral component of the USG's support for sustainable development around the world and the success of HIV/AIDS initiatives are directly linked to stable and support governance systems. To ensure Ugandan systems will sustain HIV/AIDS activities, USG will reinitiate support for Parliamentarian AIDS committees and caucuses. USG technical assistance will develop and strengthen linkages between Parliament, local government councils, civil society, and elected local representatives to focus on increasing accountability and transparency between national level leaders and their constituents. The Emergency Plan resources will leverage USAID's democracy and governance

activities in Uganda to specifically support activities that focus on effective HIV/AIDS service delivery at the local government and community levels.

Also in FY07 USG will continue to support the Ministry of Health to identify and address policy gaps and develop national policies and standards for HSV-2 screening and treatment, prevention with positives guidelines; and revise treatment standard of care guidelines. A major focus for FY07 will be to support the continued roll-out and implementation of key policies and guidelines including the cotrimoxazole policy guidelines, home-based care guidelines, the newly revised counseling and testing guidelines, PMTCT service guidelines, PMTCT psychosocial support guidelines, and the HIV/TB integration policy standards. Support will also be provided to the Ministry of Gender Labor and Social Development to finalize and roll out the recently developed HIV/AIDS in the workplace policy, which is currently under review by Cabinet.

Finally, key training programs for HIV program managers, service providers and counselors will be expanded to support the development of quality high- and mid-level national leaders who will be charged with sustaining the national response over the long-term.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	103
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	296
Number of individuals trained in HIV-related policy development	1,370
Number of individuals trained in HIV-related institutional capacity building	2,954
Number of individuals trained in HIV-related stigma and discrimination reduction	1,550
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,750

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Sup
Prime Partner: Makerere University Institute of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8322
Planned Funds: $ 850,000.00
Activity Narrative: This activity relates to 8327-PMTCT, 8324-AB, 8328-Palliative Care;Basic Health Care and Support, 8323-Palliative Care;TB/HIV, 8329-CT, 8325-ARV Drugs, 8326-ARV Services, 8330-Lab, 8322-Other/Policy Analysis.

The purpose of this program is to support continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of 5,000 HIIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Program initiatives will support the provision of antiretroviral therapy (ART); adherence counseling, TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); provision of the basic preventive care package (BCP); prevention with positives (PWP) interventions; confidential HIV counseling and testing; and, psycho-social support in health centers and established satellite sites. Following national ART treatment guidelines and service criteria, each service delivery site will be staffed with trained HIV clinical and ancillary health care professionals and systems to monitor patients in care for ART eligibility and initiation will be expanded. Those on ART will also receive continuous adherence counseling and support services. Prevention with positive interventions must be an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Additionally, activities to integrate prevention messages into all care and treatment services will be developed for implementation by all staff.

To expand HIV leadership and human resource capacity this program will collaborate with the Ministry of Health, District Directors of Health Services and other HIV service organizations, to sustain a national training program that promotes a strong public health approach to HIV service delivery and program management. Using the platform of service delivery in Rakai District, training initiatives will be developed to provide practicum opportunities for future leaders to study program management and evaluation, the translation of HIV evaluation study findings into programs, and the development of HIV strategies and policy guidelines at organizational and national levels. Through practicum placements, HIV/AIDS organizations throughout the country will be supported to plan and evaluate HIV programs, develop pilot interventions, strengthen health information management systems, and develop HIV/AIDS related policies and implementation guidelines to sustain the expansion of national HIV/AIDS programs. Mechanisms will be established to award medium to long term training fellowships to selected professional and short term management training course will be organized for fellows and key staff working with HIV organization. This program initiative will include plans to replicate activities in other high prevalence districts.

Continued Associated Activity Information

Activity ID: 4017
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makerere University Institute of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 700,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	52	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	535	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas

Arua

Bugiri

Bundibugyo

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Luwero

Wakiso

Yumbe

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratoı
Prime Partner: Ministry of Health, Uganda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8348
Planned Funds: $ 250,000.00
Activity Narrative: This activity also relates to 8340-AB, 8342-CT, 8343-Basic Health Care & Support, 8346-ARV Services, 8344-Injection Safety, 8347-Laboratory Infrastructure, 8345-Strategic Information, 8341-PMTCT.

This activity supports and relates to broader activities of scaling up and strengthening HIV/AIDS prevention, care, support and treatment in Uganda as part of the National Minimum Health Care Package outlined in the second phase of the Health Sector Strategic Plan (2006-2010) and the National Strategic Framework for HIV/AIDS Control in Uganda (2000/1-2005/6) with emphasis on increasing access to quality HIV prevention, care and treatment services The Ministry of Health constitutional role is developing policies, standards and technical guidelines for the provision of quality health services. The STD/ACP is responsible for the development, dissemination and review of technical policies relating to HIV/AIDS to guide district health authorities and the frontline service providers in providing prevention and care services. These should be evidence based, relevant, appropriate and responsive to ensure the achievement of the program goals. During policy development, the programme conducts wide consultation with experts and stakeholders, service providers, nongovernmental organizations, community based organizations, other sectors whose activities impact on the program as well as the intended users of the services. Advocacy activities are conducted by the program to ensure support for the various policies that it formulates. The priority areas that currently warrant specific policies and guidelines include condom policy, HIV Counseling and Testing (HCT) policy, the Prevention of Mother-to-Child Transmission (PMTCT) policy, policies for Antiretroviral therapy (ART), cotrimoxazole prophylaxis, Isoniazid prophylaxis, home based care, Post-exposure prophylaxis (PEP) nutrition/breastfeeding, and prevention with positives. Policies that will strengthen TB/HIV collaboration has also been identified as an important area of emphasis. In FY 06 policies for the following program areas have been completed and disseminated: Condom policy, ART, HCT, PMTCT, cotrimoxazole prophylaxis. The home-based care policy has been drafted, but needs to be completed and then printed and disseminated. The PEP policy is also in its final stages of development.

While some policies have been completed and disseminated, the rapid development of new information and technologies, and consequently approaches to HIV prevention, care and treatment necessitates the continuous review of rolled out policies. In FY 07 this activity will support the completion of unfinished policies and guidelines as well as review existing ones. More copies of the HCT, PMTCT, ART and cotrimoxazole prophylaxis policies will be printed and dissemination. The policies on PMTCT, ART and cotrimoxazole prophylaxis will be evaluated and reviewed. The home-based care policy will printed and disseminated after its completion. The nutrition and breastfeeding policy in patients living with HIV/AIDS will be reviewed to take into account the prevailing context of HIV/AIDS. Consensus needs to be built on the INH prophylaxis in people living with HIV/AIDS. The implementation guidelines for the HCT policy will be completed. Under this activity, we shall develop a counseling hand book that will serve as a resource book for service providers. Gaps have also been identified in community counseling and child counseling, and the Program will develop service providers' guidelines in these. Furthermore, given the high prevalence of HSV-2, policy guidelines need to be developed on viral suppression using acyclovir. Finally, the program will also undertake activities to evaluate existing policies with a view identifying gaps and reviewing them.

Continued Associated Activity Information

Activity ID: 4502
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Uganda
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	150	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	150	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	TASO CDC
Prime Partner:	The AIDS Support Organization
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8365
Planned Funds:	$ 600,000.00

Activity Narrative: This activty relates to 8363-CT.

The Strengthening Counselor Training project (SCOT) is a stakeholders' partnership for organizations involved in HIV/AIDS Counselor training and service delivery. The project is directly supervised by TASO Uganda on behalf of the partners and works closely with the MOH, AIDS care organizations, providers of HIV/AIDS counselor training services, PHA networks, Uganda AIDS Commission and Uganda Counseling Association. The aim of the SCOT project is to improve the quality of counselor training and at the same time respond to the increasing demand for training counselors to support expansion of prevention, care and treatment activities in Uganda. SCOT is focusing on standardizing training curricula, building the capacity of institutions to implement provider materials, facilitate the development of criteria for certification of counselors and work with partners to develop a system of accrediting institutions for training counselors. There are regular stakeholder meetings to determine strategy, work plans and budgets for the project. SCOT receives technical assistance from the California STD/HIV prevention training center (CAPTC) as a subcontractor.

In FY06, 40 people from stakeholder organizations were trained in curriculum development and have supported SCOT in reviewing the Home Based Counseling and Testing curriculum and the Routine Testing and Counseling curriculum. SCOT has also supported the MOH and the CPHL to customize the WHO/CDC HIV Rapid testing curriculum which is now the national standard for training in rapid testing. 25 trainers were trained in the use of the HIV rapid testing curriculum and these have rolled out training to laboratory personnel and other service providers nationwide. The HBHCT and RTC curricula have been updated and SCOT has trained 60 national level trainers in the use of the HBHCT curriculum. These trainers have in turn trained over 510 service providers from TASO, Mildmay, PREFA, Kumi District, ICOBI, ReachOut Mbuya, IMAU, and Ministry of Health. These service providers are involved in implementing Home Based Counseling and Testing. 20 national trainers have been trained in the use of the updated RTC curriculum and these will support the Ministry of Health and NGOs to scale up RTC services in Hospitals. SCOT will support MOH to train health workers from 2 regional hospitals to conduct RTC. A counselor training needs assessment to determine key areas for development of counselor training curricula has been conducted and the results thereof shall be disseminated in October 06. This assessment highlighted the need for curricula in the areas of Child counseling, ART counseling, Stigma reduction, discordance, serostatus disclosure and counselor supervision. As a result of this, SCOT is developing the ART curriculum for counselors to improve the skills of service providers in providing counseling support to PHA receiving ART. Development of this curriculum shall be followed by a TOT for 20 trainers. SCOT will give out 200 scholarships in FY06 for staff of stakeholder organizations to attend short counselor training courses. 50 scholarships have so far been given out to TASO, AIC, NACWOLA, PIDC, JCRC, and ReachOut for child counseling and HBHCT courses. SCOT has provided support to the Uganda Counseling Association to set up a secretariat by procuring office equipment and to organize a National conference for counselors. SCOT has established a resource center with reference materials for counselors and counselor trainers in print and electronic form. The recently concluded review of the ART service delivery program highlighted the missed opportunities for integrating messages regarding prevention with positives, family planning, and STIs during care and treatment of HIV positive individuals. This review recommended an increased focus on the integration of prevention activities in care and treatment programs, an improvement in prevention and counseling activities in general, and increasing the availability of materials for use in client-provider interaction in addition to improving the quality of counseling skills of clinical and non-clinical staff. SCOT has received supplemental funds for developing training materials for positive prevention and integration of FP together with ACQUIRE. Additional staff have been recruited including PHA trainers to strengthen the technical team at the SCOT secretariat and extra office equipment has been procured. A performance needs assessment is being conducted to determine gaps in positive prevention among service providers in AIDS Service Organizations and Peer Educators and Peer Counselors. A curriculum for positive prevention is being developed and will be used to train 60 trainers and 500 service providers from various organizations implementing positive prevention, and 250 PHA peer counselors and educators to conduct positive prevention counseling and education. 25 PHA drama groups shall be equipped to conduct community mobilization and education in regard to positive prevention.

In FY07 SCOT shall continue to build national capacity for positive prevention in close collaboration with the Ministry of Health, AQUIRE and PHA networks. An additional 15 PHA drama groups will be supported to mobilize and educate communities on positive prevention. These Drama groups will be supported to acquire traditional musical instruments, drama costumes, and transport to rehearsals and to the communities. SCOT shall continue to support the community activities of the 25 drama groups it supported in 2006. An additional 20 trainers shall have a TOT in positive prevention counseling and these shall support the training of 500 service providers and 200 PHA peer counselors in 2007. 700 copies of the positive prevention curriculum and supporting training materials shall be produced. SCOT shall also provide technical support to 3 PHA networks to integrate positive prevention activities in their programs. SCOT shall strengthen the M&E systems for stakeholders involved in counselor training by supporting training in M&E, procuring software for training databases and facilitating support supervision.

In FY07 SCOT shall review its strategic plan and document the progress of the project to date. We shall also conduct support supervision for various groups care providers trained. The HIV/AIDS Counseling Consortium will be facilitated to hold quarterly and biannual meetings for its subcommittees and stakeholders organizations. In addition, the SCOT librarian shall provide technical support to stakeholder organizations involved in training to develop their own resource centers.

Continued Associated Activity Information

Activity ID:	4426
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	The AIDS Support Organization
Mechanism:	TASO CDC
Funding Source:	GHAI
Planned Funds:	$ 537,501.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	54	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	520	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐

Target Populations:

Community-based organizations
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: University of California San Francisco - UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8369
Planned Funds: $ 160,000.00
Activity Narrative: This activity also complements activities 8370-PMTCT, 8371-ARV services, 8372-SI.

The University of California San Francisco (UCSF) is one of several U.S. Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. Using this University Technical Assistance Program (UTAP), PEPFAR countries benefit from a direct mechanism to support the transfer of HIV/AIDS expertise across continents and countries. UCSF faculty and staff assist with the development of innovative models to address specific program activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for HIV/AIDS service providers and program managers. Beginning in FY04, UCSF provided PEPFAR Implementing Partners training and technical assistance opportunities to address PMTCT services; ARV treatment updates; strategic information support; and, national policy development and dissemination. Continuing in FY07, UCSF will support the technical assistance consultant to expand the development of program management systems for implementing partners. To ensure that all Emergency Plan programs adequately contribute to the country targets and national goals, the consultant will establish project tracking systems; design planning tools for project managers and implementing partners; conduct training sessions on effective management systems; develop procedures and guidelines for project monitoring; establish schedules and procedures for timely reporting; and, coordinate program implementation across implementing partners. Additionally, the consultant will work directly with partners to review the management of project funds and develop financial monitoring reports to enhance implementation and reporting.

Following the FY05 launching of the revised 'National Policy Guidelines for Cotrimoxazole Prophylaxis for People with HIV/AIDS' and the 'National Guidelines for Voluntary HIV Counseling and Testing', as well as upcoming WHO Basic Preventive Care Package for PLWHA, UCSF will continue with support to the MOH to expand national capacity and expertise to review and revise policies and protocols that directly contribute to the implementation of quality HIV prevention, care and treatment programs.

Continued Associated Activity Information

Activity ID: 4421
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: University of California San Francisco - UTAP
Funding Source: GHAI
Planned Funds: $ 140,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers
USG implementing partners

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	The Capacity Project
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8429
Planned Funds:	$ 1,260,000.00

Activity Narrative: As with many other sub-Saharan African countries, Uganda is experiencing shortages of healthcare workers. The Mid-Term Review of the Health Sector Strategic Plan identifies the lack of trained health personnel, staffing imbalances and the HRM infrastructure as critical constraints to scaling up services. The most fundamental constraint seems to be inadequate capacity in all sectors to perform the necessary Human Resource Management (HRM) functions.
There have been several assessments that have been done recently, and there has been dedicated HRH improvement work going on in Uganda for the past 7-8 years. Key stakeholders in this effort include the MoH, the MoES, District Service Commissions, the PNFP Medical Bureaus, etc. Development Cooperation Ireland, the EU, DANIDA, the USG and various cooperating agencies are collaborating to build capacity in HRM for Health. Keeping this context in mind, the aim of the Capacity project strategy is identify gaps not being treated by others and to develop a proposed work plan based on these gaps. This work plan includes objectives and activities that "fit in" and make critical contributions given the other HRH projects underway.

The goal is to provide support for the strengthening of strategic, data-based HR management, leadership, and decision-making at the central and district levels. This will help to enable Uganda to meet its health care needs and respond to health challenges such as HIV/AIDS and TB. To achieve this overall goal, the Capacity Project will focus on the following interventions during the planning period:
1) Mature Human Resource Information System (HRIS)
Complete an HRIS that can be used to track health worker training, certification and licensure; managing and deploying personnel; and long-term health workforce modeling and planning. The integrated HRIS database will link the data from the four health professional councils developed with Capacity Project support (training, registration and licensure of health professionals) to extant data sources such as, the existing HMIS data , HR data (currently paper based), PPO (payroll), Health Service Commission, local government, and district HR data (where internet connection available). Where HR data are available, a link will be made with the three faith-based bureaus, and other PNFP data, in collaboration with PPPH Office. This system will allow the various ministries to be able to plan for training of health professions, recruit, hire and pay health workers, manage the existing health labor force, and make projections for the future labor force needs.
2)Improved HR management and retention strategies (non-conflict regions)
Based upon the results from the MOH/HRDD Human Resources Symposium (April 2006) Action Plan and the Capacity Project retention study (July –Sept 2006), develop interventions in several rural and urban districts to improve retention and management of health care workers. Depending on the number of districts selected and the extent of funding, seed money would be use to design and test some of the following interventions with a scale up plan.
a.Strengthen supportive supervision skills at the facility level.
b.Improve performance appraisal system so staff are permitted to see their performance appraisal, can set goals for the next year, and performance driven promotions. A career ladder is available for the staff.
c.Continue to strengthen human resources leadership and management at HRDD.
d.Develop results oriented management strategies so that staff understand how they contribute to the organization's performance and are involved in developing the future direction for the organization and assessing process to meet goals.
e.Test different strategies to improve performance, productivity, staff motivation and satisfaction.
f.Improve working conditions at facility, e.g. supplies, staffing, communication.
g.Improve quality of life circumstances for health workers, such as, access to transportation, housing, education for children, loans for cars and housing, communication etc.
3)Improved HR management and retention strategies in conflict areas
Based upon the results from the MOH/HRDD Human Resources Symposium (April 2006) Action Plan and the Capacity Project retention study (July –Sept 2006), develop interventions for improving retention and management of health care workers in conflict and non conflict areas of Uganda. Seed money will be used to design and test some of the following interventions, and develop a plan for scale-up.
Involve the community in recognition of the importance of health workers and collaborate with community leaders in developing strategies.
Protect health workers from gender-based violence.

Develop supportive supervision skills that targets needs of health workers in conflict areas. Involve staff in setting organizational performance targets for results oriented management and specific to needs in conflict areas.
Facilitate communication between the health facilities in conflict areas and central government. Could involve ongoing medical expertise between teaching facilities and conflict areas via internet.
Ensure safety of health workers during transportation to the health facility and while at work.
Develop stress relief strategies.
Communication strategies for line ministries, profession bodies, and training institutions
Communication strategies and communication channels will be developed and identifies between line ministries: MoH, MOES, and Ministry of Public Service (MOPS); and between the govt line ministries, various professional Councils, and the private Not for Profit Sector. This will be in collaboration with the European Union/DHRH. Effort will be made to ensure laws for higher education are consistent across the ministries.
Communication strategies between Central MOH and Districts
Improve communication between the districts and central government. Have conference calls, instant messenger times set up so the managers and staff in the districts can communicate regularly with the central ministry staff to improve communication in a decentralized environment. This will be tested in the 20 districts that already have an internet connection between the district and central MOH.
Implement workplace safety guidelines
Funds permitting, the project will implement workplace safety guidelines developed with support from Capacity Project at the facility level in collaboration with the national ministerial committee to improve workplace safety. Conduct five regional workshops to implement guidelines and follow-up with staff in selected districts through-out year to ensure facility level implementation.

*P.U.: support to MoH and Prof orgs the 2 areas of establishing a mature HRIS that can be used to track the different cadres of health workers, and improve the HR management and retention. The HRIS system will allow the various ministries and professional bodies to plan for training of health professions, certification and licensure; recruit and deployment of personnel, hire and pay health workers, manage the existing health labor force, and do long-term health workforce modelling and planning. The program will be used to design and test interventions for improving retention and management of the health workers in rural and conflict districts in northern Uganda.
interventions include improvement in the performance appraisal system, strengthening HR leadership and management at the MoH, development of results oriented management strategies with staff involvement, and testing different strategies to improve performance, productivity, staff motivation and satisfaction like improving working conditions at work place, and improving quality of life circumstances such as, access to transportation, housing, education for children, loans for cars and housing, and communication.

Continued Associated Activity Information

Activity ID:	4376
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	The Capacity Project
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with TA for SI activities		☑
Number of local organizations provided with technical assistance for HIV-related policy development	13	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	☐
Number of individuals trained in HIV-related policy development	350	☐
Number of individuals trained in HIV-related institutional capacity building	350	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Public health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	AIDS Capacity Enhancement Program, ACE
Prime Partner:	Chemonics International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8461
Planned Funds:	$ 500,000.00

Activity Narrative: This project is linked to activities in ARV Services, Palliative Care: Basic and Strategic Information.

Under PEPFAR, the USG in full support of the Ugandan National Strategic Framework for HIV/AIDS and in partnership with the Ugandan AIDS Commission, has greatly expanded the availability of HIV/AIDS prevention, care and treatment services in Uganda and the number of active HIV/AIDS partners at national, district and local levels. At the same time, the Global Fund for AIDS, TB and Malaria has also increased the resource envelope for HIV/AIDS services. While this rapid scale up of funding and services is benefiting many of Ugandans, the UAC and its implementing partners are challenged to provide quality services in a coordinated and equitable fashion to an ever increasing number of clients.

In December 2006, the AIDS Capacity Enhancement (ACE) program was initiated by Chemonics International Inc. The purpose of this contract is to provide organizational development technical assistance and engage highly specialized local consultants to build the capacity of targeted Ugandan institutions for improved HIV prevention, care and treatment program outcomes. This program also strengthens administrative and managerial systems to fortify in a sustainable manner the targeted institution's ability to respond effectively to emerging opportunities resulting from the vast increases in HIV/AIDS funding.

In the past 8 months, the ACE program has worked with the Inter-Religious Council of Uganda (IRCU), the Joint Clinical Research Center (JCRC), Hospice Uganda and the MOH/Resource Center to conduct participatory organizational diagnostics and develop tailor made work plans to address the specific challenge faced by each of these indigenous institutions. ACE has also worked with UAC and bilateral and multilateral HIV/AIDS donors to develop a highly coordinated plan to build this national coordination body's capacity to fulfill its strategic leadership mandate. Specifically, ACE is working to strengthen UAC's capacity to lead the evaluation of the previous National Strategic Framework for HIV/AIDS and to facilitate the development of the new Framework, a process involving virtually all HIV/AIDS stakeholders in Uganda. As part of this exercise, ACE will be involved in the development and operationalization of the new National Monitoring and Evaluation Framework which will contribute significantly to the achievement of the "3rd One" or One Monitoring and Evaluation System.

The ACE program has several different components. In the area of other policy and systems strengthening, ACE will strengthen the strategic leadership, organizational and financial management and monitoring and evaluation systems of IRCU, JCRC, Hospice and the MOH/Resource Center. ACE will support the Ugandan AIDS Commission to assume its mandate as strategic leader and coordinator of the National HIV/AIDS response. ACE will also work with the USG PEPFAR team to facilitate team building and strategic planning sessions contributing to a more efficient and effective PEPFAR response in Uganda.

ACE will work with IRCU to develop and/or strengthen several organizational management systems in the areas of finance, human resources, quality assurance and grants management. In FY07, ACE will focus on building core competencies within IRCU leadership with particular focus on governance, strategic and business planning and network management. This focus is particularly important in strengthening the capacity of this important indigenous FBO to sustain rapid growth while maintaining a high level of quality service delivery. Other areas of focused attention in FY07 will be the strengthening of IRCU's granting mechanism and the development of more robust sub-grantee monitoring and tracking systems in the areas of finance, program management and quality control.

ACE will work with JCRC to strengthen the organizations strategic planning processes and to develop operational and business plans. ACE will work with JCRC leadership to look critically at its current management and staffing structure and adapt it to better address both short and medium term human resource needs resulting from JCRC's rapid expansion and national scale up of service delivery. ACE will also work with JCRC to build the skills needed to diversify its funding base, identify additional potential sources of funding and implement innovative revenue generation schemes as appropriate. This component will include building JCRC's capacity to write successful funding proposals, strategic and operational plans, and quality program reports that enable top management to better

tailor its planning to meet the needs of clients served.

ACE's support to Hospice will focus primarily on strengthening existing governance and organizational structures as well as operational and management systems. Support will also focus on strengthening Hospice's ability to diversify its funding base and design and implement a sustainability plan. The primary purpose of support to Hospice in FY07 will be to enable rapid scale up of its important work in HIV/AIDS symptom control and pain management and to meeting an ever increasing demand for training by both public and private service delivery sites wishing to incorporate pain management into their care and treatment services.

ACE has worked in close collaboration with the Ugandan AIDS Commission and other HIV/AIDS stakeholders and donors to harmonize its support to UAC's existing capacity building plan. ACE will support components of this plan focusing on strategic leadership, strategic planning and stakeholder partnership building and coordination. In FY07, ACE will continue to support UAC's in its lead role in the evaluation of the old National Strategic Framework for HIV/AIDS and build its capacity to analyze and use data for decision making and stakeholder consensus building in the development of the new National Strategic Framework 2006/7 – 2010/11. Other component of FY07 support to UAC will include building this entity's capacity to lead and coordinate the development of a multisectoral comprehensive HIV/AIDS communications strategy and upgrade its Human Resource management system involving among other things the finalization of UAC's HR manual.

In FY07, ACE will continue to support the USG's Country Operational Plan strategic planning processes which involve the coordination of regular advisory board meetings as well as the facilitation of numerous stakeholder consultations and USG PEPFAR team technical reviews and team building exercises.

Continued Associated Activity Information

Activity ID:	4532
USG Agency:	U.S. Agency for International Development
Prime Partner:	Chemonics International
Mechanism:	Capacity Building of Indigenous Institutions
Funding Source:	GHAI
Planned Funds:	$ 325,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development	5	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	250	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
USG implementing partners
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8475
Planned Funds:	$ 200,000.00

Activity Narrative: This activity also relates to Abstinence/Being Faithful (8775), Condoms and Other Prevention (8467), PMTCT (8466), Palliative Care: Basic Health Care and Support (8468), Counseling and Testing (8470) , Treatment : ARV Services (8472), Treatment: ARV Drugs (8471), Laboratory Infrastructure (8473) and Strategic Information (8474).

The project will work with UAC to operationalize the National HIV/AIDS Coordination Guidelines in the program districts and adapt them to reflect the reality of IDP situations. In districts where DACs are well organized and operational (Lira, Apac and Kitgum) they will be strengthened through training and logistical support. In districts where these structures are weak or nonexistent (Pader and Gulu) the project will support existing Sector Working Groups structures, like the DMMC, to ensure improved coordination of HIV/AIDS/TB activities. The project will advocate and work closely with the local government leadership to ensure high profile officers are named to the District Focal Point positions. Logistical support, incentives, facilitation and training in multi-sectoral coordination of HIV/AIDS will be provided to focal point persons to enable them perform their roles more effectively. Technical and logistical support will also be provided to the sub-county coordination structures (Sub-country AIDS Committee and Task Force - SACs and SATs). The project will also support camp management structures to plan, coordinate and monitor implementation of HIV/AIDS activities and encourage linkages with SACs. The project will support coordination, networking and referrals among service providers in sub-counties and IDP camps. Camp structures will be strengthened to ensure coordination is strengthened at the lowest level of IDP camps.

At the district level, the project will work within the National Committee on AIDS in Emergency Settings (NACAES) recommended framework to support all district coordination structures to more effectively perform planning and coordination of HIV/AIDS/TB activities. These structures include the DDMCs, the DACs and DATs. The project will work with other existing coordination mechanisms including UNOCHA and other UN bodies operational in the region to ensure approaches and strategies are harmonized and linkages to wrap-around services are re-enforced.

In view of the acute human resource constraints facing the conflict affected districts of the North, one specific area that the project will put focus on is to work with other stakeholders to address innovatively the critical human resource gaps in the region. NUMAT will collaborate with UNICEF in the implementation of the minimum package of Health Facilities support and with others to design and implement appropriate incentive packages that will be linked to a broad human resource support strategy in conflict and post conflict districts.

In addition to strengthening the official coordinating bodies, the project will work with UNASO to strengthen networking and AIDS Service Organization (ASO) capacity in project districts. UNASO members in each of the districts will be supported to select representatives to the district coordination and planning bodies. They will also be provided with support to hold routine meetings of partner organizations to share lessons learned and best practices. We will also partner with NAFOPHANU to strengthen and/or establish district PHA networks and to mobilize and support PHA groups in the IDP camps. In the IDP camps, through PTC and PSSs, newly identified PHAs will be encouraged to form new or join existing PHA groups in the camps. The district PHA networks will also be supported to facilitate processes of identifying and selecting their representatives to the district HIV/AIDS coordination and planning structures, taking into consideration not only HIV-status but also gender and age.

Working with the DACs, DDMCs, other district structures and other stakeholders in the districts, the project will support processes in the districts to harmonize the different plans currently in place and identify priority areas for supporting. The jointly identified priorities that are in line with the project's objectives will form part of the project's initial work plan.

Continued Associated Activity Information

Activity ID: 4712
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: NUMAT/Conflict Districts

Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development	5	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	☐
Number of individuals trained in HIV-related policy development	50	☐
Number of individuals trained in HIV-related institutional capacity building	50	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	50	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	50	☐

Target Populations:

Community-based organizations
Faith-based organizations
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Host country government workers

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuria

Dokolo

Oyam

Table 3.3.14: Activities by Funding Mechanism

Mechanism: UPHOLD; UPHOLD/PIASCY Primary; TASO; AIC; Conflict
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8838
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to activities in Counseling and Testing (8433), Treatment: ART Services (8845), PMTCT (8434), Palliative Care: Basic Health Care and Support (8435) Palliative Care: TB/HIV (8431), Condoms and Other Prevention (8432), Strategic Information (8436), as well as Abstinence and Being Faithful (8437).

The Uganda Program for Human and Holistic Development (UPHOLD) is a 5-year bilateral program funded by USAID. UPHOLD has continuously supported the national efforts to improve the quality, utilization and sustainability of services delivered in the three areas of HIV/AIDS, Health and Education in an integrated manner. In partnership with the Uganda government and other players, UPHOLD has strengthened the national response to the HIV/AIDS epidemic. Within the National Strategic Framework, UPHOLD continues to work through local governments, the private sector and civil society organizations (including both faith based and community based organizations) towards improved quality of life and increased and equitable access to preventive and clinical services.

Due to the fact that a supportive policy environment is very important for the implementation of activities, UPHOLD will complement the efforts of the Ministry of Health (MoH), Ministry of Education (MoE) and the Ministry of Gender, Labor and Social Development (MoGLSD) towards the dissemination of policies that are relevant to the activities that the program supports. In particular, in the 28 districts where HIV/AIDS related activities will be supported during FY07, UPHOLD will support the rolling-out of the revised PMTCT and RCT policies so that they are accessible and well understood at the frontline level of implementation. UPHOLD will also build on past efforts by AIM and Uganda AIDS Control Program (UACP) to strengthen district planning (fresh support for the new districts) through providing continued support to the District AIDS Committees. The support will facilitate streamlining district capacity to manage HIV/AIDS structural plan development, coordinating of activities and monitoring progress.

Additional support will be provided for the completion and dissemination of policies and/or guidelines on integrated TB/HIV management, the management of opportunistic infections, the scaling-up of use of the utilization of co-trimoxazole prophylaxis among PHLAS as well as the provision of isoniazid prophylaxis in PHLAs at high risk of acquiring tuberculosis.

UPHOLD will also support the printing and distribution of policies and implementation guidelines and the re-training and orientation of health workers to improve service delivery in HIV/AIDS management. These activities will target UPHOLD supported public and private health facilities providing HCT/PMTCT/Palliative care services. It is anticipated that in ensuring that the policies and guidelines are easily accessible, user friendly and implemented, legislative issues such as increasing gender equity in HIV/AIDS programs, reducing the incidence of gender based violence, reducing stigma and discrimination as well as influencing male norms and practices will also be addressed in order to further improve HIV/AIDS service delivery.

It is planned that a total of 1,000 persons (including health workers and CSO personnel) will be trained on the new/revised policies and guidelines.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	65	☐
Number of individuals trained in HIV-related policy development	1,000	☐
Number of individuals trained in HIV-related institutional capacity building	1,000	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Arua

Bugiri

Bundibugyo

Bushenyi

Kamuli

Katakwi

Kyenjojo

Luwero

Mbarara

Nakapiripirit

Pallisa

Rakai

Rukungiri

Wakiso

Yumbe

Amuria

Budaka

Ibanda

Isingiro

Kaliro

Kiruhura

Koboko

Lyantonde

Mityana

Nakaseke

Mayuge

Mubende

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Private Sector Initiative
Prime Partner: Emerging Markets
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9082
Planned Funds: $ 200,000.00
Activity Narrative: This activity also relates to Counseling and Testing (9080), Palliative Care(9075), Prevention/Abstinence and Being Faithful (9086), Other Prevention (9084), Orphans and Vulnerable Children (9081) and HIV/AIDS Treatment/ARV Services (9077). Building on USG private sector initiatives which ends in may 2007, this follow on activity will continue to serve as the USG prime mechanism for leveraging the private sector to increase access to and use of AIDS treatment, prevention and care services through mid and large size employers.

The existing private sector initiative program has supported over 20 private companies to develop and strengthen HIV/AIDS in the workplace programs. In partnership with the Ministry of Gender Labor and Social Development (MoGLSD), this activity will support the roll out of the new HIV/AIDS in the Workplace Policy that is currently before Cabinet for approval.

The private sector initiative will also work closely with the Ministry of Health (MoH) to explore opportunities for providing TA during the formation and implementation of the National Social Health Insurance Scheme (NSHIS). The current format of NSHIS has received very strong opposition from the Federation of Uganda Employers (FUE) claiming that government is rushing the scheme with limited key stakeholder consultation. The NSHIS scheme has also not used scientific methods though a proper actuarial stud to arrive at the suggested contribution of 8% by both the employees and workers. The Private Sector Initiative drawing on its past experience in Uganda within the private sector is in a strong position to provide relevant TA to facilitate private sector buy-in. The biggest challenge foreseen for implementing the NSHIS within the private sector is the competition with the existing health insurance schemes that provide efficient services.

This activity shall build on existing private sector initiative to supporting FUE's extensive HIV/AIDS experience in providing HIV/AIDS training and IEC materials to FUE members (including Uganda manufacturers' Association - UMA and Private Sector Foundation of Uganda – PSFU). The Private Sector Initiative will provide continued support to further develop FUE's ability to make succinct financial or "bottom-line" based arguments to members companies on the financial importance of addressing HIV/AIDS at the workplace. The program will also train supervisors and management to provide support to employees that may want to disclose their sero-status to fellow workers and implement flexible working environment for sick HIV+ve employees. This will greatly encourage other workers to know their HIV status without fear of losing their jobs. Workers and management will be trained on corporate philanthropy to extend the workplace experiences into surrounding communities to the benefit of the general population.

OGAC Reviews: Activity 9082 (Other Policy Analysis): please clarify the status of the legislation – is there potential for passage?

Activity 9082 - In partnership with the Ministry of Gender Labor and Social Development (MoGLSD), this activity will support the roll out of the new HIV/AIDS in the Workplace Policy that is currently before Cabinet for approval. This policy is still in Cabinet, but we do not anticipate any issues preventing approval

Emphasis Areas	% Of Effort
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development	20	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	☐
Number of individuals trained in HIV-related policy development	20	☐
Number of individuals trained in HIV-related institutional capacity building	9	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
Business community/private sector
Policy makers
Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Parliament and Local Government Initiative
Prime Partner:	State University of New York
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9092
Planned Funds:	$ 530,000.00

Activity Narrative: Democracy and governance programming has become an integral component of the USG's support for sustainable development around the world. The USG believes that democratic institutions are key to a well functioning government, and that there are direct links among democratic institutions, good governance and sustainable development. This places democracy and governance programming within the context of an integrated development agenda. Success in other core areas of USG's sustainable development agenda, including PEPFAR, economic growth, health, education, is inextricably linked to democratization and good governance.

Over the last ten years the USG has provided capacity building support to the 6th, 7th, and the current 8th Parliaments of Uganda, local governments, the Electoral Commission, the Law Reform Commission, the Law Development Centre, civil society, political parties, and marginalized groups with the aim to strengthen the devolution and separation of powers, fight corruption, and foster more effective and participatory governance.

Selected achievements to date: Through leveraging USAID's Legislative Support Activity, the 7th Parliament was the first to develop a three Year Strategic HIV/AIDS Plan, which helped guide Parliament, through the HIV /AIDS Parliamentary Committee, to meaningfully contribute to the struggle against HIV/AIDS in Uganda. To improve access to critical HIV/AIDS information needed to assist Parliamentarians in managing a complex national response, an HIV/AIDS Parliamentary Tool Kit was developed and a Resource Center opened by then H. E. Jimmy Kolker, was supported. In addition, the first national forum on Anti-Retroviral treatment was sponsored by the HIV/AIDS Parliamentary Committee. This forum guided the national ART program in rolling out the national strategy and strengthening the involvement of PHAs in mobilization and adherence. Field visits were made to World Bank, Global Fund and PEPFAR supported programs. Key issues such as condom stock-outs and poor resource allocation of limited resources for ART service delivery were identified and addressed. Parliamentarians were also able to address their constituents on issues related to stigma and discrimination.

Through leveraging USAID's Strengthening Decentralization in Uganda Program in FY04 and Fy05, targeted local governments (LGs) had better district development plans (DDPs), budget framework papers, as well as Budgets and Annual Work Plans (specifically from 2005-06). All SDU II LGs presented resource constrained budgets and incorporated the LG HIV/AIDS Strategic Plan within the LG Development Plan (DDP). Prior to this, HIV/AIDS activities have been considered as external donor assistance programs without inclusion in the DDPs. Whereas the majority of SDU supported LGs specifically allocated funds to health activities and drugs related to HIV/AIDS, for the few which did not, these interventions have brought HIV/AIDs activities into focus and for the first time been listed among un-funded priorities.
USG/Uganda's new strategy of Governing Justly and Democratically will focus on supporting the GOU's priority areas outlined above including, building capacity to fight corruption; supporting the effective functioning of the newly constituted multi-party political system, working with civil society groups and community based organizations to promote effective democratic governance through support for increased democratic participation at all levels. The USG's proposed Program is premised on the assumption that improving governance and reducing corruption will create conditions necessary for economic growth, poverty reduction and effective sustainable service delivery. Also, successful implementation of anti-corruption activities and improvements in governance may also lead to Uganda's selection as an MCC Compact country, which would provide Uganda with an opportunity to access capital financing which would likely make a significant contribution to Uganda's economic development.

A major challenge to improving governance and fostering economic growth is the perception by Ugandans that corruption is widespread
Corruption skews public investment choices away from service delivery towards more lucrative areas, such as large construction and infrastructure projects. Weak procurement systems and poor financial management yield both fraud and unaccounted-for leakages in public budget allocations. The general environment of scarcity in public services creates incentives for providers to demand payments for services that should be free or low cost to the poor. In addition perceptions of rampant corruption contribute to public disillusionment with democracy. It undermines democratic values of accountability, justice and fairness.

Drawing on previous successes, in FY07 (the 8th Parliament of Uganda USG proposes to support the work of accountability committees and issues based caucuses in Parliament focusing on key issues of importance both to the GOU and the US Government, including the conflict in the North, women and children impacted by conflict, corruption, health and HIV/AIDS. In addition, the USG proposes to support caucuses whose constituents are marginalized groups such as the women's caucus, which needs support in moving beyond affirmative action to competing on an equal footing with their male counterparts, together with the people with disabilities, and the children's rights caucuses which work to advance policy and legislative agendas of concern to their constituents. In order for issues based caucuses to affect policy change, their advocacy need to be supported by cabinet and the relevant parliamentary committees. Thus, the USG will provide assistance aimed at strengthening linkages between issues based caucuses, cabinet and the relevant parliamentary committees.

The USG program will develop and/or strengthen linkages between Parliament, local government councils, and civil society including working with community based organizations, and elected local representatives. These linkages will focus on increasing accountability and transparency between national level leaders and their constituents as well as creating increased demand at the local level for accountability. Support will focus around key issues including, promoting peaceful political competition, consensus building, fighting corruption, and HIV/AIDS, and strengthening the influence of marginalized groups.

In addition to its efforts with national, civil society groups and Parliament, USG proposes to work at the grassroots level to raise public awareness of the costs of corruption and to build local capacity to advocate for its reduction. USG programs will bring local communities, local government structures, and civil society groups together to work jointly in combating corruption. The USG views democracy, governance and corruption as cross-cutting issues and so programs will work in coordination with colleagues and partners from across USG's health, HIVAIDS, education, and private sector portfolios to build citizens' and organizations' capacity to advocate for improvements in service delivery. By improving the productivity of public expenditures, tracking and reducing leakage, and enhancing citizen oversight, anticorruption efforts can support the achievement of goals in health, education, social and infrastructure programs.

PEPFAR resources will leverage USAID's democracy and governance activity to specifically support activities, as described above, which focus on effective HIV/AIDS service delivery at the local government and community level, particularly focusing on vulnerable groups including women, children, and people with disabilities. This activity is currently in the design stage. Specific activities will be outlined early next calendar year.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Disabled populations

People living with HIV/AIDS

Women (including women of reproductive age)

Host country government workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Democracy & Government

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Health Comm Partnership; AFFORD
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12433
Planned Funds:	$ 150,000.00
Activity Narrative:	MC plus ups: The Government of Uganda has recently included medical male circumcision in its National Strategic Plan, which is near finalization. The MOH and the Uganda AIDS Commission have formed a task force, and are planning a national dialogue to present study results from Uganda and answer questions and concerns. The USG Uganda team will support the GOU efforts as they become detailed. clear area of support is for improved public info and dissemination of correct info. The purpose is to increase understanding that MC is effective, that it is part of a comprehensive prevention package, which includes counseling and testing adn the promotion of safer sex practices, including partner reduction and consistent and correct condom use. JHUCCP will provide TA to the appropriate GOU partners identified to lead the sensitization efforts in the development of public information campaings, strategies, and messages.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100

Key Legislative Issues

Gender

Addressing male norms and behaviors

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Measure
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12501
Planned Funds: $ 0.00
Activity Narrative: PLUS UPS The 2006 Uganda Service Provision Assessment (SPA) survey provides a wealth of information on availability and quality of health care services throughout Uganda. This activity falls into the two program areas of strategic information and other policy and it also covers other areas of reproductive health, child survival, and infectious diseases. Funds from these other sources will be leveraged with PEPFAR plus up funds to guide national and district level evidence-based planning, monitoring, and policy development. The program will use plus up funds to further disseminate the SPA HIV/AIDS findings to the major policymakers in Uganda Parliament, the Ministry of Health, the Uganda AIDS Commission, Development partners, and the District councils.
The proposed activities include preparation finding reports that highlight the major findings with easy-to-read text, graphics, and photographs. These reports are designed for less technical readers and are ideal for policy makers, government ministers, and other professionals who do not have time to read through the entire final report. The program will prepare short, one to two page policy briefs that highlight the key findings on specific topics from the SPA, for example, access to counseling and testing for HIV/AIDS, access to ARVs, distribution of PMTCT services, etc and the implications of these findings for government policy and budgeting. Other activities include service delivery maps, capacity building/data users' workshops, and further secondary data analysis.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS)	145	☐
Number of local organizations provided with TA for SI activities	5	☐
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CSF/Deloitte and Touche
Prime Partner:	Deloitte Touche Tohmatsu
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19274
Planned Funds:	$ 250,000.00
Activity Narrative:	None given.

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: $ 11,085,060.00

Program Area Context:

The Emergency Plan in Uganda is staffed and managed by an experienced, multi-faceted group of experts and technicians in health and development. The high level technical and program staff from the five USG implementing agencies offer a vast range of expertise, including epidemiologists, behavioral scientists, clinical specialists, virologists, and experts in the areas of prevention and behavior change communication, palliative care, program management, evaluation, informatics and social work.

U.S. government agencies that support the Emergency Plan in Uganda include the State Department, Department of Defense,, Walter Reed, United States Agency for International Development (USAID), Department of Health and Human Services/Centers for Disease Control (CDC), National Institutes of Health (NIH), and Peace Corps. Each agency has at least one representative on the Country Team, and all contribute to Emergency Plan strategic planning process as well as implementation of project activities nationwide. The overall costs for management and staffing for FY07 is 5.6% of total Emergency Plan budget for Uganda. Program interventions are designed to take advantage of the strengths of each organization, and coupled with strong coordination of activities among the implementing agencies, allows the Uganda Emergency Plan program to maximize USG spending and achieve greater reach and long-term effect.

The Emergency Plan Country Team of senior level managers and experts from all relevant U.S. government agencies, supported by input from their respective broader range of expert staff, crafts Emergency Plan strategy, coordinates implementation of activities, determines the annual country budget, and facilitates the annual reporting process. An Emergency Plan Country Coordinator, with an office in the Embassy and reporting directly to the Deputy Chief of Mission, joined the team during FY 06. The Coordinator provides oversight and direction on day-to-day management and activity planning across all agencies, development of the Country Operational Plan, and responds to reporting requirements. The recruitment process has begun to hire one support staff to assist the Country Coordinator.

In order to promote better coordination of activities across all program areas, technical working groups have been established around the various Emergency Plan focus areas – prevention (with a sub-committee on PMTCT, blood safety, and injection safety), care (with a sub-committee on TB/HIV integration), counseling and testing, orphans and vulnerable children, treatment (with a sub-committee on lab), strategic information, and other policy. Each working group has selected a chairperson who leads the discussion and is responsible on reporting the decisions of each group to the Country Coordinator. Each USG implementing partner working in the specific focus area is represented in the working group. The PEPFAR Working Groups liaise directly with national technical groups in the same areas.

The USG implementing agencies work in close collaboration with various Government of Uganda ministries in support of the national goals and objectives. In addition, faith based and other indigenous organizations are important implementing partners in the Emergency Plan. Efforts to coordinate PEPFAR programming with Global Fund grant programs continue.

The FY 07 Plan is requesting a total of 252 full-time (100%) staff to implement the Emergency Plan in Uganda, which includes 16 new positions for FY 07. In addition, Peace Corps is requesting an additional 65 volunteers for FY 06, 30 of which will be Emergency Fund supported. CDC/HHS's staff of 227 works in four major areas: program technical support, laboratory, informatics, and epidemiology/behavioral evaluation. USAID's team of 27 staff manages 27 different Emergency Plan prime activities, implemented through contracts, grants and cooperative agreements, which include policy development, clinical service provision, behavior change communication, and programs in abstinence, faithfulness, condom use, PMTCT, injection safety, palliative care, TB/HIV integration, ART, orphans and vulnerable children, national logistics and laboratory systems, HIV/AIDS programs in conflict areas, strategic information and program coordination. DOD, with a staff of 4, implements ART service delivery, counseling and testing, and prevention for the

Ugandan defense force. Peace Corps' 6 staff and 96 volunteers are working on HIV/AIDS prevention programs.

Full-time (100%) staffing levels proposed for FY 08 will increase by 18 across all USG agencies, and Peace Corps is requesting an additional 161 volunteers, of which 60 are to be funded by the Emergency Fund. As the Country Team has experienced a recent change in the majority of senior-level members – a new Ambassador, Deputy Chief of Mission, CDC Country Director, USAID HIV/AIDS Team Leader, and a relatively new Emergency Plan Country Coordinator – these staffing levels will be revisited prior to next year's COP submission.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	CDC Base GAP
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8377
Planned Funds:	$ 4,482,516.00

Activity Narrative: This activity relates to 8378-Palliative Care;Basic Health Care and Support, 8379-Palliative Care;TB/HIV, 8373,8375,8382,8384,9108-SI, 8376,8381-Lab, 8380-ARV Services, 10176,10178-M&S.
The current CDC/HHS team is compromised of highly trained personnel, including 19 physicians, 4 PhDs, and 14 Masters-level staff in addition to the many with numerous years of program experience. CDC/HHS senior staff includes internationally recognized experts in HIV/AIDS care, treatment and prevention as well as in informatics and laboratory science. Several senior CDC/HHS staff has worked in HIV/AIDS programs in Uganda since the 1980s and has worked with both MOH and NGOs in building Uganda's response. In addition, CDC/HHS staff have years of experience in development, implementation and dissemination of operational evaluations. The current staffing pattern is filled by nine technical experts, thirty-six program officers, five financial executives, one hundred and sixty administrative, support and field officers, and six contractors. Forty-six percent of these staff are fully dedicated to the implementation of the Home-Based AIDS Care targeted evaluation activities at the Tororo field station.

Through the initiation of Emergency Plan activities, CDC/HHS full-time equivalent (FTE) technical and administrative program staff has remained constant at six FTEs by depending on contract personnel to assist with the implementation of expanded programs. This contract personnel mechanism has become increasing problematic. To ensure programs are fully maintained, CDC/HHS is proposing three additional FTE positions in FY07. Two epidemiologists technical positions, one for a generalist/behavioral scientist and on for epidemiologist/treatment advisor will provide oversight and direct technical assistance to the Ministry of Health (MOH) and our implementing partners to develop sustainable systems that will address the national program priorities. Also, one programme manager will be recruited to direct the implementation of our expanded portfolio under the Emergency Plan. In FY07, eighty-five percent of proposed funding will be executed through cooperative agreements through twenty-five partners and sub-partners.

The CDC/HHS-Uganda team is well equipped to manage and support our partner activities, as well as to directly implement key components of the USG Emergency Plan strategy. CDC/HHS technical staff work in four major areas: program technical support, laboratory, informatics, and epidemiology/behavioral evaluation. The Program team works closely with PEPFAR partners to provide high-level technical assistance for program implementation as well as to provide management supervision. The Laboratory team provides senior technical support to the national Central Public Health Laboratory and Reference Laboratories as well as to our laboratory units of all treatment partners. In addition, the CDC laboratory implements over half of high level HIV testing in-country while building capacity by training national and NGO sector laboratories to conduct these tests in their own facilities, and, has developed less expensive CD4 and viral load testing technologies as well as validations of new HIV testing technologies. The Informatics team works very closely with Ministry of Health Resource Center in the development and implementation of the national Health Management Information System. This unit also provides direct technical assistance to implementing partners on applications development, data management, data analysis, connectivity, hardware and software needs, as well as providing extensive training opportunity to strengthen institutional capacity. The Epidemiology and Behavioral teams conduct scientific targeted evaluations on topics such as the impact of ART on morbidity, mortality, HIV transmission and household economics, evaluation and implementation of a basic preventive care package including cotrimoxazole prophylaxis and a safe water vessel, and ART adherence studies. The Program team works across all technical teams to ensure that program and evaluation results as well as scientific evidence are used in supporting the MOH to develop evidence-based policy and implementation guidelines for HIV/AIDS programs. In addition to their technical roles and responsibilities all program staff and selected laboratory, informatics, epidemiology and behavioral staff are actively involved in the management and operations of the recently established USG technical workgroups. CDC/HHS staff chair two of the six technical workgroups and act co-chair for the remaining four.

Approximately six-five percent of the in-country operations and staffing costs are covered through GAP funding. The balance from GHAI funds is for operations of and direct technical assistance level of effort staff provide to the Home-Based AIDS Care targeted evaluation, as well as technical assistance for the implementation of proposed public

health evaluations, the MOH of surveillance, laboratory services support to the central public health laboratory, the national reference laboratory, and our implementing partners. The associated International Cooperative Administration Support Services are outlined in Activity #10176 and Capital Security Cost Sharing are outlined in Activity #10178.

Continued Associated Activity Information

Activity ID: 4430
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC Base GAP
Funding Source: GAP
Planned Funds: $ 3,416,366.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8389
Planned Funds: $ 100,000.00
Activity Narrative: The DOD HIV/AIDS Program has two associated staff members. One is a fulltime EFM/FSN coordinator who will be supervised by DAO American staff including the Defense Attaché and the OPSCO. A second full time position was funded in FY06 to provide technical public health and clinical expertise to program management and to the Uganda People's Defense Force, and to increase program integration with the other USG emergency plan initiatives. Presently, recruitment is underway for this position.

In addition, the ICASS service center recently issued an ICASS code for the program and an associated invoice, thus $32,000 of this funding will therefore be used to cover these ICASS costs.

Continued Associated Activity Information

Activity ID: 3971
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: State Department
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8392
Planned Funds: $ 130,000.00
Activity Narrative: This funding will support for the employment of a Program Assistant to the PEPFAR Office as well as cover public affairs activities.

The Program Assistant will provide operational and logistical assistance to the Co-ordinator and the USG country team for the implementation of Emergency Plan programs. In additional, public affairs publications and activities will be developed and implemented to ensure to that the Emergency Plan initiative in Uganda is fully understood and appreciated.

The budget for ICASS costs is $10,400.

The public affairs activities will include the following: (1) development and dissemination of PEPFAR Uganda informational packets; (2) a PEPFAR press conference and related activities to coincide with World AIDS Day; (3) the production and dissemination of a Ugandan version of Voices of Hope video using the B-roll footage from the global Voices of Hope production; and (4) a series of writing workshops for the implementing partners' communication specialists so that they may develop powerful success stories.

Continued Associated Activity Information

Activity ID: 4752
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State Department
Funding Source: GHAI
Planned Funds: $ 20,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8400
Planned Funds: $ 227,600.00
Activity Narrative: This activity also relates to 8398-AB, 8397-Condoms and Other Prevention, 8395-Palliative Care;Basic Health Care and Support, 8396-OVC.

The Peace Corps Uganda Emergency Plan (EP) program supports the USG Strategy of the Emergency Plan (the EP) for Uganda. By supporting the PEPFAR Strategy, Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and in turn, to the goals and objectives of our partner organizations which are hosting Volunteers. The program is designed so that Volunteers are closely engaged with a community through one or more hosting organizations, providing technical assistance for capacity building, and developing close personal relationships necessary for effective innovation in underserved areas. The PEPFAR program allows Peace Corps Uganda to strengthen community and Volunteer HIV/AIDS expertise, and to support highly focused community organizations in a variety of HIV/AIDS functions. Volunteers and partner organizations work together to identify areas of need and develop appropriate evidence based strategies that support sustainable interventions.

Management, program direction and supervision, and financial oversight of EP activities is provided by the Peace Corps Country Director, and Associate Peace Corps Director for Health, Cashier, adn Financials Specialist, (3 LES). This level of effort is supported by OE and is required to engage the full cohort of 31 Peace Corps Volunteers who carry out EP activities. The EP Coordinator and the EP Administrative Clerk provide support to the PEPFAR program especially Monitoring and Evaluation, trainings, and volunteer support.

To achieve the expanded level of activities in FY07, Peace Corps Uganda must acquire additional office space to accomodate the expanded PEPFAR team, enlarge the Volunteer HIV/AIDS Resource Center adn add two workstations adn ITC equipment.
The EP Coordinator and the EP Administrative Clerk will continue to provide support to the PEPFAR program especially in Monitoring and Evaluation, trainings, and volunteer support. The proposed HIV/AIDS Technical Advisor will provide one-on-one technical support to Volunteers to enhance their technical skills. This staff will provide management support for the additional 20 PEPFAR-funded two-year Volunteers, 4 Crisis Corps Volunteers, as well as additional HIV/AIDS technical training and programming for the full cohort of 65 Volunteers who carry out HIV/AIDS work in Peace Corps Uganda programs. They are members of the expanded USG PEPFAR country team, and serve on various PEPFAR technical workgroups. Additionally, Post seeks to add a vehicle and a driver to support the larger Volunteer population.

To achieve the expanded level of activities, in FY07, Peace Corps Uganda must acquire additional offices space to accommodate the expanded PEPFAR team, enlarge the Volunteer HIV/AIDS Resource Center and add two workstations.

Continued Associated Activity Information

Activity ID: 4747
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: Peace Corps
Funding Source: GHAI
Planned Funds: $ 127,600.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID Management
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8477
Planned Funds:	$ 4,809,097.00

Activity Narrative: USAID/Uganda's health, HIV/AIDS and Education funds are programmed to achieve USAID/Uganda's Strategic Objective 8 (SO8), Improved Human Capacity. USAID is one of the largest bilateral donors for HIV/AIDS, reproductive health and primary education in Uganda with an FY06 budget of $ 110 million. USAID is responsible for management of a large portion of the U.S. Government's HIV/AIDS program funded under the President's Emergency Plan for AIDS Relief. In FY 2006, USAID programmed almost $81 million under the Emergency Plan. Also in FY 2006, an additional TCN Malaria Advisor and FSN HIV/AIDS Advisor joined the team making SO8 a 22-person team.

The USAID team brings to the Emergency Plan program refined skills in strategic leadership for HIV and development programs; leadership in HIV/AIDS and health policy development; technical leadership in clinical and non-clinical service provision for HIV/AIDS prevention, care and treatment in developing countries; and technical expertise in behavior change communication, monitoring and evaluation, private sector development and health financing. USAID staff has combined over 200 years of experience as development professionals and technical expertise in HIV/AIDS and health programs.

Currently, USAID staff working 100% on PEPFAR include three USDH HIV/AIDS advisors, four professional Foreign Service Nationals, and three U.S. PSCs, including an HIV/AIDS clinical care specialist and the PEPFAR USG Country Team Coordinator. The USG Country Team Coordinator arrived in Uganda in February 2006 and works closely will all USG agencies to maximize complementarities throughout the PEPFAR/Uganda program planning, implementation and monitoring and evaluation continuum. This position is directly supervised by The Deputy Chief of Mission. Other critical USAID staff providing technical leadership and management to the program but not devoting full time to PEPFAR include three USDH, three U.S. PSC, three FSN project management specialists, two FSN financial management specialist and two FSN administrative/support staff. These core staff are responsible for managing over 40 different prime activities with 27 of these receiving PEPFAR funding to expand and strengthen programs in abstinence, faithfulness, condom use, PMTCT, injection safety, palliative care, TB/HIV integration efforts, ART, orphans and vulnerable children, national logistics and laboratory systems, comprehensive HIV/AIDS district programs, HIV/AIDS program in areas of conflict, donor coordination and strategic information. USAID is complemented by professional staff from other teams at the USAID Mission with skills in democracy and governance, peace and reconciliation, economic growth, agricultural development, food aid, contracting and financial management.

The funding required for USAID/PEPFAR management in FY07 has increased to keep up with the technical and managerial requirements of its increased budget. In FY07, USAID plans to add two full-time FSN program managers and 2 full-time fellows to its team. One of these new full-time FSN positions will concentrate his/her time managing new and/or expanded programs in care and treatment while the other will assist in managing expanded programs in prevention implemented through bilateral, Track 1 and the New Partner Initiative (NPI). The two fellows will be recruited to sit within two of the largest USAID-supported indigenous care and treatment programs to ensure quality programming and reporting, adherence to PEPFAR priorities/requirements and to maintain strong links with the USAID SO8 team. In addition to these new full-time positions, another program manager position will be jointly funded by PEPFAR (50%), the Presidents Malaria Initiative (PMI) and the education sector initiative to provide intensive on-the-ground supervision to monitor the quality and effectiveness of USAID's HIV/AIDS, education and malaria programming in Northern Uganda's conflict affected areas. A logistics management specialist will also be jointly funded by PEFPAR (80%) and the Child Survival and Population (20%) initiatives.

USAID's FY07 complement of staff represents the technical and managerial skills and competencies required to effectively implement USAID PEPFAR programming. USAID will continue to leverage non-PEPFAR moneys to support staff positions that span the HIV/AIDS, Malaria and Conflict programs.

Out of a total management and staffing budget of $4,809,097, $4,084,584 will be used for personnel, office rent etc; $292,925 will be used for PEPFAR ICASS costs; $258,596 will be used for capital security sharing and $172,992 will be used for IRM tax. A table outlining this budget breakdown has been uploaded into the support documents of this COP.

Continued Associated Activity Information

Activity ID: 4745
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Management
Funding Source: GHAI
Planned Funds: $ 3,533,750.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Makerere University Walter Reed Project (MUWRP)
Prime Partner: Walter Reed
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8530
Planned Funds: $ 188,000.00
Activity Narrative: This activity also relates to other activities in; 8544-AB, 8526-Basic Health Care & Support, 8543-CT, 8527-ARV Services, 8528-Lab, 8529-SI, 8531-OVC.

The Makerere University Walter Reed Program (MUWRP) falls under the auspices of the US Military HIV Research Program and has a Memorandum of Understanding with Makerere University of Uganda. MUWRP has been working in Uganda since 1998 in the area of HIV research and more recently care and treatment. Among the goals of MUWRP is to build the infrastructure and capacity of local public and private partners in the Kayunga District of eastern Uganda to ensure quality HIV services for communities participating in HIV cohort studies and vaccine research. In FY06 MUWRP increased its PEPFAR support to the Kayunga District and expanded the number of HIV/ART clinical care sites from one to four. MUWRP assisted the District Health authorities by supporting HIV treatment sites in improving laboratory services, infrastructure, data collection, supplies, training and with provision of short-term technical staffing.

This activity links to MUWRP activities under Treatment, Care, CT, OVC, Lab, S.I., and prevention programs in the Kayunga District of Uganda. In FY05, the program hired one fulltime staff dedicated to PEPFAR activities in the Kayunga District. The focus for FY07 will be to maintain this position.

Continued Associated Activity Information

Activity ID: 5356
USG Agency: Department of Defense
Prime Partner: Walter Reed
Mechanism: Makerere University Walter Reed Project (MUWRP)
Funding Source: GHAI
Planned Funds: $ 104,705.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10176
Planned Funds: $ 950,000.00
Activity Narrative: This activity relates to 8377 and 10178-Management and Staffing.

In FY07 this funding will support the US Embassy assistance to CDC for financial management services, human resource services and general services including the health clinic, payroll and home-security provided to the nine direct hire positions.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10178
Planned Funds: $ 197,847.00
Activity Narrative: This activity relates to 8377 and 10176-Management and Staffing.

In FY07 this funding will support the calculated 'head tax' required by the State Department.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2007?	☑ Yes	☐ No
When will preliminary data be available?	3/30/2007	
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?	5/31/2007	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2007?	☑ Yes	☐ No

Other significant data collection activities

Name:
Surveillance of sexually transmitted infections

Brief description of the data collection activity:
With PEPFAR funds provided through CDC, the Ministry of Health in FY07 plans to expand their traditional ANC surveillance activities to include specific sexually transmitted diseases (STDs) analysis. Following the '05 sero-behaviorial survey report demonstrating STDs as strong risk factors for HIV acquisition, additional data is required to inform program and policy for prevention and treatment. This methodology will sample at a selected number of sites clinic attendees with STD-related signs and symptoms. Clinic data will be transcribed, including demographics, STD diagnosis, and other routinely collected variables and analyzed to generate prevalence; trend estimates of select STDs; as well as, a describtion of high risk groups by demographic and other risk factors.

Preliminary data available:
August 31, 2007

Name:
Female sex worker survey

Brief description of the data collection activity:
With PEPFAR funds provided through CDC, the Ministry of Health, in FY07 plans to conduct a survey of female sex workers in Kampala. Following results from the '05 sero-behaviorial survey, a national focus and priority is to identify prevalence and behaviors in known high risk groups for HIV to provide the science need to appropriately inform program and policy. The proposed protocol for this survey is currently under the review with the CDC-GAP Associate Director for Science and includes sampling from several hundred female within Kampala. Data collection will focus on demographic characteristics and risk bahaviors; and biological specimens will be collected, tested for HIV; and HIV prevalence estimates generated.

Preliminary data available:
June 30, 2007