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2008

Uganda

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Table 1: Overview**Executive Summary**

| File Name | Content Type | Date Uploaded | Description | Uploaded By |
|--|--------------------|---------------|-------------|-------------|
| Final FY 2008 Executive Summary_CN.doc | application/msword | 10/3/2007 | | CAkena |

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:

Ambassador Letter

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|-----------------------|-----------------|---------------|-------------|-------------|
| Uganda Amb Letter.pdf | application/pdf | 11/5/2007 | | MLee |

Country Contacts

| Contact Type | First Name | Last Name | Title | Email |
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| PEPFAR Coordinator | Premila | Bartlett | PEPFAR Country Coordinator | BartlettPA@state.gov |
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| DOD In-Country Contact | Mark | Breda | PEPFAR Program Manager | mbreda@muwrp.org |
| HHS/CDC In-Country Contact | Jordan | Tappero | Director | jwt0@ug.cdc.gov |
| Peace Corps In-Country Contact | Mcgrath | Thomas | Country Director | mthomas@ug.peacecorps.gov |
| USAID In-Country Contact | Elise | Ayers | HIV/AIDS Team Leader | eayers@usaid.gov |
| U.S. Embassy In-Country Contact | Premila | Bartlett | PEPFAR Country Coordinator | BartlettPA@state.gov |
| Global Fund In-Country Representative | John | Lukwago | Global Fund Manager | jclukwago@yahoo.com |

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$15000

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? No

Table 2: Prevention, Care, and Treatment Targets

2.1 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 | | | |
| 1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 0 | 678,576 | 21,424 | 700,000 |
| 1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 0 | 33,263 | 1,037 | 34,300 |
| Care (1) | | | | |
| End of Plan Goal | 300,000 | | | |
| 6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV) | 0 | 266,923 | 91,630 | 358,553 |
| ***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2) | 0 | 20,740 | 2,885 | 23,625 |
| 8.1 - Number of OVC served by OVC programs | 0 | 218,700 | 80,445 | 299,145 |
| 9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB) | 0 | 1,047,904 | 1,452,096 | 2,500,000 |
| Treatment | | | | |
| End of Plan Goal | 60,000 | | | |
| 11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period | 0 | 95,131 | 24,869 | 120,000 |
| Human Resources for Health | | | | |
| End of Plan Goal | 0 | | | |

2.2 Targets for Reporting Period Ending September 30, 2009

| | National 2-7-10 (Focus Country Only) | USG Downstream (Direct) Target End FY2009 | USG Upstream (Indirect) Target End FY2009 | USG Total Target End FY2009 |
|---|--|--|---|--------------------------------|
| Prevention | | | | |
| End of Plan Goal | 164,194 | | | |
| 1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 0 | 927,395 | 32,605 | 960,000 |
| 1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 0 | 45,442 | 1,598 | 47,040 |
| Care (1) | | | | |
| End of Plan Goal | 300,000 | | | |
| 6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV) | 0 | 397,630 | 57,410 | 455,040 |
| ***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2) | 0 | 36,939 | 8,200 | 45,139 |
| 8.1 - Number of OVC served by OVC programs | 0 | 243,844 | 215,206 | 459,050 |
| 9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB) | 0 | 1,555,062 | 944,938 | 2,500,000 |
| Treatment | | | | |
| End of Plan Goal | 60,000 | | | |
| 11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period | 0 | 128,915 | 12,186 | 141,101 |
| Human Resources for Health | | | | |
| End of Plan Goal | 0 | | | |

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: OVC economic strengthening (LWA Field Support)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7272.08
System ID: 7272
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Laboratory Services Strengthening at Health Center IV and Above

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 583.08
System ID: 6425
Planned Funding(\$): \$583,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: African Medical and Research Foundation
New Partner: No

Mechanism Name: Community-Based Orphan Care, Protection and Empowerment (COPE) (Africare OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1116.08
System ID: 6727
Planned Funding(\$): \$584,044
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Africare
New Partner: No

Sub-Partner: Emerging Markets
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Tuberculosis/HIV Intergration Activities

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5246.08

System ID: 6426

Planned Funding(\$): \$600,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: AIDS Information Centre

New Partner: No

Mechanism Name: Increased access and care for OVC in great lakes region (AVSI OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1118.08

System ID: 6728

Planned Funding(\$): \$780,719

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Associazione Volontari per il Servizio Internazionale

New Partner: No

Sub-Partner: Meeting Point

Planned Funding: \$37,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mother Kevin Secondary School

Planned Funding: \$53,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Kakira Sugar Works

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Meeting Point Hoima

Planned Funding: \$32,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Meeting Point Kitgum

Planned Funding: \$22,500

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5739.08

System ID: 6422

Planned Funding(\$): \$7,272,603

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Baylor College of Medicine Children's Foundation/Uganda

New Partner: No

Mechanism Name: The Core Initiative

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1030.08

System ID: 6729

Planned Funding(\$): \$9,107,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: CARE International

New Partner: No

Sub-Partner: International Center for Research on Women

Planned Funding: \$875,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: International HIV/AIDS Alliance

Planned Funding: \$950,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Johns Hopkins University Center for Communication Programs

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Ministry of Gender ,Labour and Social Development

Planned Funding: \$300,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Affirming Life, Avoiding Risk (CRS ABY Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1059.08

System ID: 6730

Planned Funding(\$): \$299,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Kampala Archdiocese

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Gulu Archdiocese

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mbarara Archdiocese

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kasana Luwero Diocese

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Masaka Diocese

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Fort Portal Diocese HIV/AIDS Focal Point

Planned Funding: \$32,219

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDSRelief

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5342.08

System ID: 6428

Planned Funding(\$): \$6,264,675

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Kamwokya Christian Caring Community

Planned Funding: \$142,618

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: St. Mary's Hospital, Lacor

Planned Funding: \$117,264

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Comboni Samaritans of Gulu

Planned Funding: \$107,756

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Christian HIV/AIDS Prevention and Support

Planned Funding: \$19,016

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Meeting Point Kitgum

Planned Funding: \$19,016

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Virika Hospital

Planned Funding: \$107,756

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Villa Maria Hospital

Planned Funding: \$104,587

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

| |
|--|
| Sub-Partner: Kabarole Hospital |
| Planned Funding: \$76,063 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Kyamuhanga Comboni Hospital, Bushenyi |
| Planned Funding: \$85,571 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Kalongo Hospital |
| Planned Funding: \$69,725 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Katungu Medical Center |
| Planned Funding: \$57,047 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Kabwohe Medical Center |
| Planned Funding: \$85,571 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Kasanga Health Center |
| Planned Funding: \$98,248 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Constella Futures |
| Planned Funding: \$209,174 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: Children's AIDS Fund |
| Planned Funding: \$266,221 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services |
| Sub-Partner: University of Maryland, Institute of Human Virology |
| Planned Funding: \$592,658 |
| Funding is TO BE DETERMINED: No |

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Nsambya Hospital
Planned Funding: \$221,851
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Nyenga Hospital
Planned Funding: \$38,032
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Kasana Luwero Diocese
Planned Funding: \$22,185
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Amai Community Hospital
Planned Funding: \$22,185
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: \$367,638
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: St. Joseph's Hospital
Planned Funding: \$72,894
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Early Funding Activities

| Program Area | Activity ID | Early Funding Narrative | Early Funding Request | Planned Funds |
|--------------|-------------|---|-----------------------|---------------|
| 10-HTXD | 10137.08 | <p>AIDSRelief requests for early funding to procure ARV drugs and make sure they are available to all patients at the beginning of FY08. The usual lead time for drugs procurement is 3 to 4 months hence this request will enable timely procurement and use of ARV drugs from the beginning of the year to the time the next consignment is received</p> <p>It will also enable timely distribution of drugs to AIDSRelief Local Partner Treatment Facilities (LPTFs) i.e. St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala and Jinja, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre, Kalongo Hospital and four new LPTFs that are in the process of being activated this year.</p> <p>The ARV drugs provided by early funding will be enough to cover patients during first 2-3 months of FY08 at all LPTFs.</p> | \$1,500,000 | \$3,094,749 |

Mechanism Name: AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1290.08

System ID: 6429

Planned Funding(\$): \$12,718,502

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Christian HIV/AIDS Prevention and Support

Planned Funding: \$48,789

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Meeting Point

Planned Funding: \$48,789

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Villa Maria Hospital

Planned Funding: \$268,340

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

| |
|--|
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kalongo Hospital |
| Planned Funding: \$178,893 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: University of Maryland, Institute of Human Virology |
| Planned Funding: \$1,520,594 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services, HLAB - Laboratory Infrastructure |
| Sub-Partner: The Futures Group International |
| Planned Funding: \$536,680 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HTXS - ARV Services |
| Sub-Partner: Comboni Samaritans |
| Planned Funding: \$276,472 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC |
| Sub-Partner: Nsambya Hospital |
| Planned Funding: \$569,207 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kamwokya Christian Caring Community |
| Planned Funding: \$365,918 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: St. Mary's Hospital, Lacor |
| Planned Funding: \$300,866 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kasanga Health Center |
| Planned Funding: \$252,077 |
| Funding is TO BE DETERMINED: No |

Table 3.1: Funding Mechanisms and Source

| |
|---|
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Katungu Medical Center |
| Planned Funding: \$146,367 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kabwohe Medical Center |
| Planned Funding: \$219,551 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Children's AIDS Fund |
| Planned Funding: \$683,048 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: 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 |
| Sub-Partner: Kabarole Hospital |
| Planned Funding: \$195,156 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Virika Hospital |
| Planned Funding: \$276,472 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kyamuhanga Comboni Hospital, Bushenyi |
| Planned Funding: \$219,551 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Nyenga Hospital |
| Planned Funding: \$97,578 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Kasana Luwero Diocese |
| Planned Funding: \$56,921 |

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services
 Sub-Partner: Amai Community Hospital
 Planned Funding: \$56,921

Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services
 Sub-Partner: N/A
 Planned Funding: \$943,257

Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services
 Sub-Partner: St. Joseph's Hospital
 Planned Funding: \$187,025

Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HTXS - ARV Services

Early Funding Activities

| Program Area | Activity ID | Early Funding Narrative | Early Funding Request | Planned Funds |
|--------------|-------------|---|-----------------------|---------------|
| 10-HTXD | 4377.08 | <p>AIDSRelief requests for early funding to procure ARV drugs and make sure they are available to all patients at the beginning of FY08. The usual lead time for drugs procurement is 3 to 4 months hence this request will enable timely procurement and use of ARV drugs from the beginning of the year to the time the next consignment is received. It will also enable timely distribution of drugs to AIDSRelief Local Partner Treatment Facilities (LPTFs) i.e. St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala and Jinja, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre, Kalongo Hospital and four new LPTFs that are in the process of being activated this year.</p> <p>The ARV drugs provided by early funding will be enough to cover patients during first 2-3 months of FY08 at all LPTFs.</p> | \$1,500,000 | \$4,667,621 |

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDS Capacity Enhancement Program (ACE)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3370.08

System ID: 7210

Planned Funding(\$): \$2,855,630

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Chemonics International

New Partner: No

Sub-Partner: Training Resources Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: IT Shows

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Preserving the African Family in the face of HIV/AIDS (CAF ABY Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4887.08

System ID: 7307

Planned Funding(\$): \$224,870

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Children's AIDS Fund

New Partner: No

Sub-Partner: Uganda Youth Forum

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community-based care of OVC (CA OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1122.08

System ID: 6731

Planned Funding(\$): \$424,912

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Christian Aid

New Partner: No

Sub-Partner: Concerned Parents Association

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Aids Care Education & Training - Uganda

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Youth with a Mission

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Mechanism Name: Commodity Security Logistics (CSL)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 631.08

System ID: 6732

Planned Funding(\$): \$2,000,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Commodity Security Logistics

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UNITY

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7306.08
System ID: 7306
Planned Funding(\$): \$4,014,357
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Creative Associates International Inc
New Partner: No

Mechanism Name: Financial Management Agent/ Civil Society Fund (FMA/CSF)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6181.08
System ID: 6733
Planned Funding(\$): \$8,491,419
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Deloitte Touche Tohmatsu
New Partner: No

Sub-Partner: AIDS Information Centre

Planned Funding: \$4,359,263

Funding is TO BE DETERMINED: No

New Partner: No

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

Sub-Partner: The AIDS Support Organization

Planned Funding: \$3,992,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HLAB - Laboratory Infrastructure

Mechanism Name: EGPAF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6159.08
System ID: 6734
Planned Funding(\$): \$5,039,364
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIPS (Health Initiatives in the Private Sector)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5028.08
System ID: 6723
Planned Funding(\$): \$2,650,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Emerging Markets
New Partner: No

Mechanism Name: SPRING (Stability, Peace and Reconciliation In Northern Uganda)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7274.08
System ID: 7274
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Emerging Markets
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8671.08
System ID: 8671
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Grant
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: Eucharistic Handmaids Sisters and Fort Portal Diocese
New Partner: Yes

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5033.08
System ID: 6735
Planned Funding(\$): \$547,815
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: ROADS - SafeTstop Project

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1258.08

System ID: 6736

Planned Funding(\$): \$2,175,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Amalgamated Transport and General Workers Union

Planned Funding: \$75,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: The Uganda Red Cross Society

Planned Funding: \$65,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Frontline AIDS Support Network

Planned Funding: \$25,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Katuna Youth

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: PATH

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Family Health International

Planned Funding: \$760,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Bajjabasaaga Marachi Community Development Association

Table 3.1: Funding Mechanisms and Source

| |
|---|
| Planned Funding: \$40,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention |
| Sub-Partner: Malaba Kyosimb'onanya Community Developm't Association |
| Planned Funding: \$40,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention |
| Sub-Partner: Energy Institute of Uganda |
| Planned Funding: \$80,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVOP - Condoms and Other Prevention |
| Sub-Partner: Howard University/PACE Center |
| Planned Funding: \$100,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support |
| Sub-Partner: Malaba Health Centre |
| Planned Funding: \$40,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVCT - Counseling and Testing |
| Sub-Partner: Friends of Christ Revival Ministries |
| Planned Funding: \$70,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Katuna C&T |
| Planned Funding: \$200,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVCT - Counseling and Testing |
| Sub-Partner: Tororo Network of AIDS Service Organizations |
| Planned Funding: \$50,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support |
| Sub-Partner: Appropriate Grassroots Interventions |
| Planned Funding: \$80,000 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC |

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Malaba Interfaith cluster
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Busia Interfaith cluster
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: N/A
Planned Funding: \$70,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Voices for Humanity
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: HOSPICE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1124.08
System ID: 6737
Planned Funding(\$): \$1,386,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: HOSPICE AFRICA, Uganda
New Partner: No

Mechanism Name: Integrated Community-based Initiatives

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9212.08
System ID: 9212
Planned Funding(\$): \$1,745,110
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Integrated Community Based Initiatives
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3166.08
System ID: 6738
Planned Funding(\$): \$2,690,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International HIV/AIDS Alliance
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3834.08
System ID: 7337
Planned Funding(\$): \$326,390
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: International Medical Corps
New Partner: No

Mechanism Name: Empowering Africa's Young People Initiative (EAYPI) (IYF ABY Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1060.08
System ID: 6739
Planned Funding(\$): \$837,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: International Youth Foundation
New Partner: No

Sub-Partner: The Uganda Red Cross Society
Planned Funding: \$121,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda National Scout Association
Planned Funding: \$101,369
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Girl Guides Association
Planned Funding: \$94,038
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: The Source of the Nile
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda Young Womens Christian Association
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: IRCU

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3327.08
System ID: 6740
Planned Funding(\$): \$6,010,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Inter-Religious Council of Uganda
New Partner: No

Sub-Partner: St Francis Home Care Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Kumi Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HLAB - Laboratory Infrastructure

Sub-Partner: Kiwoko Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure

Sub-Partner: Kisiizi Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure

Sub-Partner: Kuluva Hospital
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

| |
|--|
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HLAB - Laboratory Infrastructure |
| Sub-Partner: Iganga Islamic Medical Center |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Ishaka Adventist Hospital |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Kyetume Church Based Health Care Program |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support |
| Sub-Partner: AIDS Orphans Education Trust |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Church of Uganda |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Nyenga Hospital |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: 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: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Friends of Cannon Gideon Foundation |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: Kiyinda-Mityana Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Busota Muslim Support Project

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Al Quadus

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Acholi Orphan Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Ngombe Community Health Care Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Amucha Seventh Day Adventist Child Development Project

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Bringing Hope to the Family Full Gospel Mission

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Uganda Muslim Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Lyantode Islamic Medical Center

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

| |
|--|
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services |
| Sub-Partner: Holy Cross Hospital Namungona |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services |
| Sub-Partner: Campus Alliance to wipe out AIDS |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful |
| Sub-Partner: Uganda Youth Forum |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful |
| Sub-Partner: Uganda Christian AIDS Network |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HKID - OVC, HVCT - Counseling and Testing |
| Sub-Partner: Meeting Point |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing |
| Sub-Partner: Kampala Diocese HIV/AIDS Program |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing |
| Sub-Partner: Namirembe Diocese |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support |
| Sub-Partner: Karera Ecumenical Development Organization |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: West Ankole Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Nebbi Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Mary Amuke Solidarity Fund

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Kasana Luwero Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mbarara Archdiocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Family Concept Care and Support Project

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Noor Islamic Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: YOUTH ALIVE

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Catholic Secretariat of Uganda

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Nyapea Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HTXS - ARV Services

Sub-Partner: Buluba Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Kilembe Mines Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure

Sub-Partner: Mengo Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Meeting Point Kitgum

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Comboni Samaritans

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Caritas Lugazi Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: St. Matia Mulumba Vocational Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Church of Uganda, Bukedi Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Bishop Masereka Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Ray of Hope Ministries

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Masanafu Child and Family Support

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Islamic Outreach Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Buddu Social Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Caritas Masaka Child Sponsorship Project

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Lango Diocese

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Agape Nyakibale

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

| |
|--|
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Namisambya OVC Care and Support Project |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Kampala Archdiocese |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Aber Hospital |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Katente Child Care Orphans Project |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Kireku Health Program |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HBHC - Basic Health Care and Support |
| Sub-Partner: Nankyama Foundation |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Phaida Parish Nebbi Catholic Center |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: No |
| Associated Area Programs: HKID - OVC |
| Sub-Partner: Arua Diocese |
| Planned Funding: \$0 |
| Funding is TO BE DETERMINED: No |
| New Partner: Yes |
| Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC |

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Bugema University
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Efforts Integrated Development Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Family Impact Uganda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Here is Life Fot Portal HIV/AIDS Focal Point
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Here is Life
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Intergraded Health and Development Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Kaberamaido Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Kakinga Child Development Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Kidayo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: Kigezi health Care Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Kiwanyi Muslim Orphans Support initiative

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC

Sub-Partner: Kyangyennyi Parish OVC

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC

Sub-Partner: Namaliga Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Namungona Christian Care initiative

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC

Sub-Partner: North Ankole

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Pastoral Commission Kampala

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC

Sub-Partner: Saidina Abubaker islamic Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HKID - OVC, HTXS - ARV Services

Sub-Partner: TIDO

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Mechanism Name: The Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3312.08
System ID: 6741
Planned Funding(\$): \$1,260,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Management Sciences for Health
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Injection Safety (Track 1)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 701.08
System ID: 6742
Planned Funding(\$): \$2,392,584
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Manoff Group, Inc
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Mechanism Name: John Snow, Inc./Injection Safety/country funded

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8348.08
System ID: 8348
Planned Funding(\$): \$382,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Partnership for Supply Chain Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4961.08
System ID: 6746
Planned Funding(\$): \$4,040,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: NUMAT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7156.08
System ID: 7156
Planned Funding(\$): \$6,620,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: AIDS Information Centre
Planned Funding: \$440,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: World Vision Uganda
Planned Funding: \$680,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Mechanism Name: Health Comm Partnership; AFFORD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3340.08
System ID: 6743
Planned Funding(\$): \$8,580,487
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Constella Futures
Planned Funding: \$2,000,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Pulse Uganda
Planned Funding: \$500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Uganda Peoples Defence Forces
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Communication for Development Foundation Uganda
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Women at Work International
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Uganda Health Marketing Group
Planned Funding: \$951,473
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Uganda Police

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Media for Development Trust

Planned Funding: \$70,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: TREAT (Timetable for Regional Expansion of ART)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7207.08

System ID: 7207

Planned Funding(\$): \$10,065,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Joint Clinical Research Center, Uganda

New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 8670.08

System ID: 8670

Planned Funding(\$): \$916,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Kalangala District Health Office

New Partner: Yes

Mechanism Name: Full Access Counseling and Testing

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1284.08

System ID: 7288

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Kumi Director of District Health Services

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDS Indicator Survey preparatory- MACRO

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7292.08

System ID: 7292

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Mechanism Name: Mulago-Mbarara Teaching Hospitals - MJAP

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1107.08

System ID: 6431

Planned Funding(\$): \$13,517,941

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Makerere University Faculty of Medicine

New Partner: No

Sub-Partner: Ministry of Health, National TB & Leprosy Control Program

Planned Funding: \$400,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Central Public Health Laboratories

Planned Funding: \$150,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: STI Clinic

Planned Funding: \$325,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5738.08

System ID: 6421

Planned Funding(\$): \$4,838,388

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Makerere University School of Public Health

New Partner: No

Mechanism Name: Randomized Trail of Home or Facility - Based AIDS Care

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1270.08

System ID: 6432

Planned Funding(\$): \$800,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Medical Research Council of Uganda

New Partner: No

Sub-Partner: The AIDS Support Organization

Planned Funding: \$150,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Mechanism Name: HIV/AIDS Project

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1298.08

System ID: 6433

Planned Funding(\$): \$12,122,842

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Mildmay International

New Partner: No

Sub-Partner: Reach Out, Mbuya, Uganda

Planned Funding: \$2,337,362

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: 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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1259.08
System ID: 6434
Planned Funding(\$): \$5,503,543
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Uganda
New Partner: No

Mechanism Name: End of Program Evaluations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7293.08
System ID: 7293
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Monitoring and Evaluation Management Systems
New Partner: Yes

Mechanism Name: PEPFAR II Track I 1.0 ART Partner A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8309.08
System ID: 8309
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Special Initiative on GBV - central CDC funds

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7399.08
System ID: 7399
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Special Initiative on GBV - central DOD funds

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7400.08
System ID: 7400
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Special Initiative on GBV - central USAID funds

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7398.08
System ID: 7398
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: University Technical Assistance Programme

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1273.08
System ID: 6444
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: 2008 AIDS Indicator Survey-Implementation phase

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7260.08
System ID: 7260
Planned Funding(\$): \$1,400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Expansion of Routine HCT and Provision of Basic Care in Clinics, Hospitals & HC IV

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7406.08

System ID: 7406

Planned Funding(\$): \$2,104,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: HIV/AIDS Prison Survey

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7632.08

System ID: 7632

Planned Funding(\$): \$320,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Improving internet connectivity for PHEs & Partner M&E Systems

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7634.08

System ID: 7634

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: National Training for TB Specimen Referral System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7630.08

System ID: 7630

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New PHEs OGAC TBDs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8871.08
System ID: 8871
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 ART Partner A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8308.08
System ID: 8308
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PEPFAR/PMI Collaboration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7631.08
System ID: 7631
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PHA as Change Agent

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7633.08
System ID: 7633
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Project SEARCH: OVC Formative Assessment

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7273.08

System ID: 7273

Planned Funding(\$): \$1,350,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Provision of Full Access Home-Based Confidential HIV Counseling and Testing and Basic Care Services in High HIV Prevalence Central Region Districts

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5740.08

System ID: 6423

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: Provision of Full Access Home-Based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5188.08

System ID: 6419

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Provision of HIV Treatment Technical Assistance in High Prevalence Districts in the Republic of Uganda

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7458.08

System ID: 7458

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Special Initiative on GBV-plus up funds

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7397.08
System ID: 7397
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Special Initiative on Gender-Based Violence

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7628.08
System ID: 7628
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Support Strategies to increase PMTCT uptake at community level

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5759.08
System ID: 6424
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: District Support for Rural Access to ART in Eastern and Western Uganda

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7204.08
System ID: 7204
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Districts East

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10369.08
System ID: 10369
Planned Funding(\$): \$6,531,746
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Districts South-Southwest

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10368.08
System ID: 10368
Planned Funding(\$): \$6,531,745
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Food Security and Nutrition Support for OVC Households (APEP follow-on)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7261.08
System ID: 7261
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Forum for African Women Educationalists - Uganda (FAWE-U)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7263.08
System ID: 7263
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Sub-Partner: Forum for African Women Educationists
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Mechanism Name: HIV/AIDS Care & Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9219.08
System ID: 9219
Planned Funding(\$): \$1,992,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: M&E for CSF

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9326.08
System ID: 9326
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Multi-Country PHEs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9388.08
System ID: 9388
Planned Funding(\$): \$2,137,836
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Early Funding Activities

| Program Area | Activity ID | Early Funding Narrative | Early Funding Request | Planned Funds |
|--------------|-------------|---|-----------------------|---------------|
| 13-HVSI | 16085.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$950,000 | \$1,637,836 |

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Performance Monitoring & Management Plan

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7798.08

System ID: 7798

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Public Sector Workplace Program (ESWAPI Follow-on)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7287.08

System ID: 7287

Planned Funding(\$): \$1,203,302

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: Strengthening Acquisition of Competencies for HIV/AIDS Service Delivery (SACHSD/ Internships)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7258.08

System ID: 7258

Planned Funding(\$): \$1,000,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: TBD/District East Central

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9221.08

System ID: 9221

Planned Funding(\$): \$6,531,745

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD/HCT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9220.08
System ID: 9220
Planned Funding(\$): \$4,359,263
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: USAID District-Based Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7253.08
System ID: 7253
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 8347.08
System ID: 8347
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: NDA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5091.08
System ID: 6722
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: National Drug Authority
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 629.08

System ID: 6435

Planned Funding(\$): \$9,007,459

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: National Medical Stores

New Partner: No

Sub-Partner: Joint Medical Stores

Planned Funding: \$1,600,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HLAB - Laboratory Infrastructure

Mechanism Name: HIVQUAL

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3444.08

System ID: 6436

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: New York AIDS Institute

New Partner: No

Mechanism Name: Sustainable Income and Housing for OVC in Africa (OI OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1123.08

System ID: 6745

Planned Funding(\$): \$251,345

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Opportunity International

New Partner: No

Sub-Partner: Habitat for Humanity

Planned Funding: \$151,345

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

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

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Mechanism Name: Breaking Barriers: Ensuring the Future of OVC through Education, Psychosocial Support and Community-Based Care (PI OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4895.08

System ID: 6747

Planned Funding(\$): \$1,226,720

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: PLAN International

New Partner: No

Sub-Partner: Plan Uganda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Save the Children US

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Inter-Religious Council of Uganda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Mechanism Name: Basic Care Package Procurement/Dissemination

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 699.08

System ID: 6437

Planned Funding(\$): \$4,442,718

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Scouting for Solutions (PATH ABY Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1061.08

System ID: 6748

Planned Funding(\$): \$705,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Program for Appropriate Technology in Health

New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda

Planned Funding: \$30,776

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Uganda National Scout Association

Planned Funding: \$292,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Instituto Promundo

Planned Funding: \$4,848

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 679.08

System ID: 6438

Planned Funding(\$): \$5,145,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Protecting Families Against AIDS

New Partner: No

Sub-Partner: Islamic Medical Association of Uganda

Planned Funding: \$165,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Tororo District Hospital

Planned Funding: \$337,700

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: University of California at San Francisco
Planned Funding: \$145,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Mechanism Name: Pediatrics HIV/AIDS Training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6177.08
System ID: 6749
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Regional Center for Quality Health Care
New Partner: No

Mechanism Name: Technical Support to Uganda Blood Transfusion Services Laboratories Construction and Renovations

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5792.08
System ID: 7289
Planned Funding(\$): \$1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Technical Assistance for National and District Laboratories Construction and Renovations

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5793.08
System ID: 7290
Planned Funding(\$): \$2,839,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1255.08

System ID: 6439

Planned Funding(\$): \$1,780,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Research Triangle International

New Partner: No

Sub-Partner: AIDS Healthcare Foundation

Planned Funding: \$300,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name: Community care programs for OVC (SA OVC Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1112.08

System ID: 6750

Planned Funding(\$): \$880,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Salvation Army

New Partner: No

Sub-Partner: Pact, Inc.

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Mechanism Name: Mobilizing, Equipping and Training (MET) (SP ABY Track 1)

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1062.08

System ID: 6751

Planned Funding(\$): \$824,107

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Samaritan's Purse

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5457.08
System ID: 6440
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Sanquin Consulting Services
New Partner: No

Mechanism Name: MEEPP (Monitoring and Evaluation of the Emergency Plan Program)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3456.08
System ID: 6752
Planned Funding(\$): \$2,250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Social and Scientific Systems
New Partner: No

Sub-Partner: Principia
Planned Funding: \$25,687
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Mechanism Name: Strengthening Democratic Linkages in Uganda (Linkages)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5030.08
System ID: 6724
Planned Funding(\$): \$530,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: State University of New York
New Partner: Yes

Sub-Partner: Research Triangle Institute
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Straight Talk Foundation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7308.08
System ID: 7308
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Straight Talk Foundation, Uganda
New Partner: No

Mechanism Name: TB/HIV Integration Activity

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4056.08
System ID: 6726
Planned Funding(\$): \$1,893,564
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: TB-CAP
New Partner: Yes

Mechanism Name: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5737.08
System ID: 6420
Planned Funding(\$): \$14,615,663
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The AIDS Support Organization
New Partner: No

Mechanism Name: Strengthening HIV Counselor Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 693.08
System ID: 6441
Planned Funding(\$): \$1,300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The AIDS Support Organization
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TASO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9320.08
System ID: 9320
Planned Funding(\$): \$2,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The AIDS Support Organization
New Partner: No

Mechanism Name: Traditional & Modern Health Practitioners

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9211.08
System ID: 9211
Planned Funding(\$): \$820,108
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda
New Partner: No

Mechanism Name: Rapid Strengthening of Blood Transfusion Services

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1250.08
System ID: 6442
Planned Funding(\$): \$3,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Uganda Blood Transfusion Services
New Partner: No

Sub-Partner: The Uganda Red Cross Society
Planned Funding: \$375,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Laboratory Quality Assurance-Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3440.08
System ID: 6443
Planned Funding(\$): \$725,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Uganda Virus Research Institute
New Partner: No

Mechanism Name: UCSF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8655.08
System ID: 8655
Planned Funding(\$): \$1,050,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of California at San Francisco
New Partner: Yes

Mechanism Name: HCI (Health Care Improvement Project)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7257.08
System ID: 7257
Planned Funding(\$): \$2,700,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: Food and Nutrition program for People Living with HIV/AIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5034.08
System ID: 6725
Planned Funding(\$): \$1,850,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Management

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1373.08

System ID: 6753

Planned Funding(\$): \$5,308,384

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: CDC Base GAP

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1257.08

System ID: 6446

Planned Funding(\$): \$8,040,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

| Program Area | Activity ID | Early Funding Narrative | Early Funding Request | Planned Funds |
|--------------|-------------|---|-----------------------|---------------|
| 12-HLAB | 4429.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,772,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$400,000 | \$981,732 |
| 15-HVMS | 4430.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$2,850,000 | \$5,958,764 |
| 13-HVSI | 4703.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$350,000 | \$899,504 |

Mechanism Name: CDC GHAI

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3481.08

System ID: 6445

Planned Funding(\$): \$7,828,149

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

| Program Area | Activity ID | Early Funding Narrative | Early Funding Request | Planned Funds |
|--------------|-------------|---|-----------------------|---------------|
| 15-HVMS | 16094.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$552,500 | \$552,208 |
| 15-HVMS | 16093.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$365,332 | \$349,852 |
| 15-HVMS | 16096.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$555,000 | \$1,093,100 |
| 13-HVSI | 4821.08 | HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008. | \$1,400,000 | \$2,400,000 |

13-HVSI

13332.08

HHS/CDC operational costs include expenses related to staff salary and benefits, essential travel, residential lease payments, contractual services, IT support and, laboratory and office supplies. Because the procurement lead times for services and commodities for the Uganda office is lengthy due to the ordering, shipping, clearance and distribution to points of service early funding is required to ensure that there is not a break in activities and staff pay. In FY 2008, the total of \$7,722,832 is requested across program areas to cover the seven month period from October 2007 to April 2008.

\$300,000

\$550,000

Mechanism Name: Health Strategies International - Cost Effectiveness

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7340.08

System ID: 7340

Planned Funding(\$): \$190,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 690.08

System ID: 7336

Planned Funding(\$): \$1,515,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: HHS/CDC CSCS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7349.08

System ID: 7349

Planned Funding(\$): \$320,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7348.08
System ID: 7348
Planned Funding(\$): \$1,199,608
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State Department

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1311.08
System ID: 7426
Planned Funding(\$): \$976,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1222.08
System ID: 7091
Planned Funding(\$): \$2,096,020
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: New Partners Initiative:Visions in Action

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7624.08
System ID: 7624
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Visions in Action
New Partner: Yes

Sub-Partner: Family Life Network
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Dyere Tek
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Health Alert
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Makerere University Walter Reed Project (MUWRP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1245.08
System ID: 7234
Planned Funding(\$): \$2,523,024
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Walter Reed
New Partner: No

Mechanism Name: Walter Reed

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9387.08
System ID: 9387
Planned Funding(\$): \$174,775
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Walter Reed
New Partner: No

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|---|--|-----------------------|--|--------------------|------------------------|
| 1116.08 | 6727 | Africare | U.S. Agency for International Development | Central GHCS (State) | Emerging Markets | N | \$0 |
| 1118.08 | 6728 | Associazione Volontari per il Servizio Internazionale | U.S. Agency for International Development | Central GHCS (State) | Kakira Sugar Works | N | \$10,000 |
| 1118.08 | 6728 | Associazione Volontari per il Servizio Internazionale | U.S. Agency for International Development | Central GHCS (State) | Meeting Point | N | \$37,500 |
| 1118.08 | 6728 | Associazione Volontari per il Servizio Internazionale | U.S. Agency for International Development | Central GHCS (State) | Meeting Point Hoima | N | \$32,500 |
| 1118.08 | 6728 | Associazione Volontari per il Servizio Internazionale | U.S. Agency for International Development | Central GHCS (State) | Meeting Point Kitgum | N | \$22,500 |
| 1118.08 | 6728 | Associazione Volontari per il Servizio Internazionale | U.S. Agency for International Development | Central GHCS (State) | Mother Kevin Secondary School | N | \$53,000 |
| 1030.08 | 6729 | CARE International | U.S. Agency for International Development | GHCS (State) | International Center for Research on Women | N | \$875,000 |
| 1030.08 | 6729 | CARE International | U.S. Agency for International Development | GHCS (State) | International HIV/AIDS Alliance | N | \$950,000 |
| 1030.08 | 6729 | CARE International | U.S. Agency for International Development | GHCS (State) | Johns Hopkins University Center for Communication Programs | N | \$200,000 |
| 1030.08 | 6729 | CARE International | U.S. Agency for International Development | GHCS (State) | Ministry of Gender ,Labour and Social Development | N | \$300,000 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Fort Portal Diocese HIV/AIDS Focal Point | N | \$32,219 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Gulu Archdiocese | N | \$32,219 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Kampala Archdiocese | N | \$32,219 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Kasana Luwero Diocese | N | \$32,219 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Masaka Diocese | N | \$32,219 |
| 1059.08 | 6730 | Catholic Relief Services | U.S. Agency for International Development | Central GHCS (State) | Mbarara Archdiocese | N | \$32,219 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Amai Community Hospital | N | \$56,921 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Children's AIDS Fund | N | \$683,048 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Christian HIV/AIDS Prevention and Support | N | \$48,789 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Comboni Samaritans | N | \$276,472 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kabarole Hospital | N | \$195,156 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kabwohe Medical Center | N | \$219,551 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kalongo Hospital | N | \$178,893 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kamwokya Christian Caring Community | N | \$365,918 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kasana Luwero Diocese | N | \$56,921 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kasanga Health Center | N | \$252,077 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|--------------------------|--|-----------------------|---|--------------------|------------------------|
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Katungu Medical Center | N | \$146,367 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Kyamuhanga Comboni Hospital, Bushenyi | N | \$219,551 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Meeting Point | N | \$48,789 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Nsambya Hospital | N | \$569,207 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Nyenga Hospital | N | \$97,578 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | St. Joseph's Hospital | N | \$187,025 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | St. Mary's Hospital, Lacor | N | \$300,866 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | The Futures Group International | N | \$536,680 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | University of Maryland, Institute of Human Virology | N | \$1,520,594 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Villa Maria Hospital | N | \$268,340 |
| 1290.08 | 6429 | Catholic Relief Services | HHS/Health Resources Services Administration | GHCS (State) | Virika Hospital | N | \$276,472 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Amai Community Hospital | N | \$22,185 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Children's AIDS Fund | N | \$266,221 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Christian HIV/AIDS Prevention and Support | N | \$19,016 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Comboni Samaritans of Gulu | N | \$107,756 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Constella Futures | N | \$209,174 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kabarole Hospital | N | \$76,063 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kabwohe Medical Center | N | \$85,571 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kalongo Hospital | N | \$69,725 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kamwokya Christian Caring Community | N | \$142,618 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kasana Luwero Diocese | N | \$22,185 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kasanga Health Center | N | \$98,248 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Katungu Medical Center | N | \$57,047 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Kyamuhanga Comboni Hospital, Bushenyi | N | \$85,571 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Meeting Point Kitgum | N | \$19,016 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Nsambya Hospital | N | \$221,851 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|-----------------------------|--|-----------------------|--|--------------------|------------------------|
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Nyenga Hospital | N | \$38,032 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | St. Joseph's Hospital | N | \$72,894 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | St. Mary's Hospital, Lacor | N | \$117,264 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | University of Maryland, Institute of Human Virology | N | \$592,658 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Villa Maria Hospital | N | \$104,587 |
| 5342.08 | 6428 | Catholic Relief Services | HHS/Health Resources Services Administration | Central GHCS (State) | Virika Hospital | N | \$107,756 |
| 3370.08 | 7210 | Chemonics International | U.S. Agency for International Development | GHCS (State) | IT Shows | N | \$0 |
| 3370.08 | 7210 | Chemonics International | U.S. Agency for International Development | GHCS (State) | Training Resources Group | N | \$0 |
| 4887.08 | 7307 | Children's AIDS Fund | U.S. Agency for International Development | Central GHCS (State) | Uganda Youth Forum | N | \$0 |
| 1122.08 | 6731 | Christian Aid | U.S. Agency for International Development | Central GHCS (State) | Aids Care Education & Training - Uganda | N | \$50,000 |
| 1122.08 | 6731 | Christian Aid | U.S. Agency for International Development | Central GHCS (State) | Concerned Parents Association | N | \$50,000 |
| 1122.08 | 6731 | Christian Aid | U.S. Agency for International Development | Central GHCS (State) | Youth with a Mission | N | \$50,000 |
| 6181.08 | 6733 | Deloitte Touche Tohmatsu | U.S. Agency for International Development | GHCS (State) | AIDS Information Centre | N | \$4,359,263 |
| 6181.08 | 6733 | Deloitte Touche Tohmatsu | U.S. Agency for International Development | GHCS (State) | The AIDS Support Organization | N | \$3,992,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Amalgamated Transport and General Workers Union | N | \$75,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Appropriate Grassroots Interventions | N | \$80,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Bajjabasaaga Marachi Community Development Association | N | \$40,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Busia Interfaith cluster | N | \$40,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Energy Institute of Uganda | N | \$80,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Family Health International | N | \$760,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Friends of Christ Revival Ministries | N | \$70,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Frontline AIDS Support Network | N | \$25,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Howard University/PACE Center | N | \$100,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Katuna C&T | N | \$200,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Katuna Youth | N | \$100,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Malaba Health Centre | N | \$40,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Malaba Interfaith cluster | N | \$40,000 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|-----------------------------------|---|-----------------------|--|--------------------|------------------------|
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Malaba Kyosimb'onanya Community Developm't Association | N | \$40,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | PATH | N | \$100,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | The Uganda Red Cross Society | N | \$65,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Tororo Network of AIDS Service Organizations | N | \$50,000 |
| 1258.08 | 6736 | Family Health International | U.S. Agency for International Development | GHCS (State) | Voices for Humanity | N | \$80,000 |
| 5033.08 | 6735 | Family Health International | U.S. Agency for International Development | GHCS (State) | Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda | N | \$0 |
| 1060.08 | 6739 | International Youth Foundation | U.S. Agency for International Development | Central GHCS (State) | The Source of the Nile | N | \$100,000 |
| 1060.08 | 6739 | International Youth Foundation | U.S. Agency for International Development | Central GHCS (State) | The Uganda Red Cross Society | N | \$121,700 |
| 1060.08 | 6739 | International Youth Foundation | U.S. Agency for International Development | Central GHCS (State) | Uganda Girl Guides Association | N | \$94,038 |
| 1060.08 | 6739 | International Youth Foundation | U.S. Agency for International Development | Central GHCS (State) | Uganda National Scout Association | N | \$101,369 |
| 1060.08 | 6739 | International Youth Foundation | U.S. Agency for International Development | Central GHCS (State) | Uganda Young Womens Christian Association | N | \$100,000 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Aber Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Acholi Orphan Institute | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Agape Nyakibale | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | AIDS Orphans Education Trust | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Al Quadus | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Amucha Seventh Day Adventist Child Development Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Arua Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Bishop Masereka Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Bringing Hope to the Family Full Gospel Mission | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Buddu Social Development Association | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Bugema University | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Buluba Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Busota Muslim Support Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Campus Alliance to wipe out AIDS | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Caritas Lugazi Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Caritas Masaka Child Sponsorship Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Catholic Secretariat of Uganda | N | \$0 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|-----------------------------------|---|-----------------------|---|--------------------|------------------------|
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Chain Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Church of Uganda | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Church of Uganda, Bukedi Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Comboni Samaritans | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Efforts Integrated Development Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Family Concept Care and Support Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Family Impact Uganda | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Friends of Cannon Gideon Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Here is Life | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Here is Life Fot Portal HIV/AIDS Focal Point | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Holy Cross Hospital Namungona | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Iganga Islamic Medical Center | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Intergraded Health and Development Organization | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Ishaka Adventist Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Islamic Outreach Centre | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kaberaido Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kakinga Child Development Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kampala Archdiocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kampala Diocese HIV/AIDS Program | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Karera Ecumenical Development Organization | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kasana Luwero Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Katente Child Care Orphans Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kidayo | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kigezi health Care Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kilembe Mines Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kireku Health Program | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kisiizi Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kiwanyi Muslim Orphans Support initiative | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kiwoko Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kiyinda-Mityana Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kuluva Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kumi Hospital | N | \$0 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|-----------------------------------|---|-----------------------|--|--------------------|------------------------|
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kyangyennyi Parish OVC | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Kyetume Church Based Health Care Program | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Lango Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Lyantode Islamic Medical Center | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Mary Amuke Solidarity Fund | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Masanafu Child and Family Support | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Mbarara Archdiocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Meeting Point | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Meeting Point Kitgum | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Mengo Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Namaliga Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Namirembe Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Namisambya OVC Care and Support Project | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Namungona Christian Care initiative | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Nankyama Foundation | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Nebbi Diocese | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Ngombe Community Health Care Program | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Noor Islamic Institute | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | North Ankole | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Nyapea Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Nyenga Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Pastoral Commission Kampala | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Phaida Parish Nebbi Catholic Center | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Ray of Hope Ministries | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Saidina Abubaker islamic Hospital | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | St Francis Home Care Program | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | St. Matia Mulumba Vocational Institute | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | TIDO | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Uganda Christian AIDS Network | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Uganda Muslim Network | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | Uganda Youth Forum | N | \$0 |
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | West Ankole Diocese | N | \$0 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|--|--|-----------------------|---|--------------------|------------------------|
| 3327.08 | 6740 | Inter-Religious Council of Uganda | U.S. Agency for International Development | GHCS (State) | YOUTH ALIVE | N | \$0 |
| 3312.08 | 6741 | IntraHealth International, Inc | U.S. Agency for International Development | GHCS (State) | JHPIEGO | N | \$25,000 |
| 3312.08 | 6741 | IntraHealth International, Inc | U.S. Agency for International Development | GHCS (State) | Management Sciences for Health | N | \$25,000 |
| 701.08 | 6742 | John Snow, Inc. | U.S. Agency for International Development | Central GHCS (State) | Academy for Educational Development | N | \$0 |
| 701.08 | 6742 | John Snow, Inc. | U.S. Agency for International Development | Central GHCS (State) | Manoff Group, Inc | N | \$0 |
| 701.08 | 6742 | John Snow, Inc. | U.S. Agency for International Development | Central GHCS (State) | Program for Appropriate Technology in Health | N | \$0 |
| 7156.08 | 7156 | John Snow, Inc. | U.S. Agency for International Development | GHCS (State) | AIDS Information Centre | N | \$440,000 |
| 7156.08 | 7156 | John Snow, Inc. | U.S. Agency for International Development | GHCS (State) | World Vision Uganda | N | \$680,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Communication for Development Foundation Uganda | N | \$200,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Constella Futures | N | \$2,000,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Media for Development Trust | N | \$70,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Pulse Uganda | N | \$500,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Uganda Health Marketing Group | N | \$951,473 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Uganda Peoples Defence Forces | N | \$100,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Uganda Police | N | \$90,000 |
| 3340.08 | 6743 | Johns Hopkins University Center for Communication Programs | U.S. Agency for International Development | GHCS (State) | Women at Work International | N | \$80,000 |
| 1107.08 | 6431 | Makerere University Faculty of Medicine | HHS/Centers for Disease Control & Prevention | GHCS (State) | Central Public Health Laboratories | N | \$150,000 |
| 1107.08 | 6431 | Makerere University Faculty of Medicine | HHS/Centers for Disease Control & Prevention | GHCS (State) | Ministry of Health, National TB & Leprocy Control Program | N | \$400,000 |
| 1107.08 | 6431 | Makerere University Faculty of Medicine | HHS/Centers for Disease Control & Prevention | GHCS (State) | STI Clinic | N | \$325,000 |
| 1270.08 | 6432 | Medical Research Council of Uganda | HHS/Centers for Disease Control & Prevention | GHCS (State) | The AIDS Support Organization | N | \$150,000 |
| 1298.08 | 6433 | Mildmay International | HHS/Centers for Disease Control & Prevention | GHCS (State) | Reach Out, Mbuya, Uganda | N | \$2,337,362 |
| 629.08 | 6435 | National Medical Stores | HHS/Centers for Disease Control & Prevention | GHCS (State) | Joint Medical Stores | N | \$1,600,000 |
| 1123.08 | 6745 | Opportunity International | U.S. Agency for International Development | Central GHCS (State) | Habitat for Humanity | N | \$151,345 |
| 1123.08 | 6745 | Opportunity International | U.S. Agency for International Development | Central GHCS (State) | Uganda Agency For Development Ltd. (UGAFODE) | N | \$100,000 |
| 4895.08 | 6747 | PLAN International | U.S. Agency for International Development | Central GHCS (State) | Inter-Religious Council of Uganda | N | \$0 |
| 4895.08 | 6747 | PLAN International | U.S. Agency for International Development | Central GHCS (State) | Plan Uganda | N | \$0 |
| 4895.08 | 6747 | PLAN International | U.S. Agency for International Development | Central GHCS (State) | Save the Children US | N | \$0 |
| 699.08 | 6437 | Population Services International | HHS/Centers for Disease Control & Prevention | GHCS (State) | Straight Talk Foundation, Uganda | N | \$200,000 |

Table 3.2: Sub-Partners List

| Mech ID | System ID | Prime Partner | Agency | Funding Source | Sub-Partner | TBD Funding | Planned Funding |
|----------------|------------------|--|--|-----------------------|---|--------------------|------------------------|
| 1061.08 | 6748 | Program for Appropriate Technology in Health | U.S. Agency for International Development | Central GHCS (State) | Instituto Promundo | N | \$4,848 |
| 1061.08 | 6748 | Program for Appropriate Technology in Health | U.S. Agency for International Development | Central GHCS (State) | Straight Talk Foundation, Uganda | N | \$30,776 |
| 1061.08 | 6748 | Program for Appropriate Technology in Health | U.S. Agency for International Development | Central GHCS (State) | Uganda National Scout Association | N | \$292,000 |
| 679.08 | 6438 | Protecting Families Against AIDS | HHS/Centers for Disease Control & Prevention | GHCS (State) | Islamic Medical Association of Uganda | N | \$165,000 |
| 679.08 | 6438 | Protecting Families Against AIDS | HHS/Centers for Disease Control & Prevention | GHCS (State) | Tororo District Hospital | N | \$337,700 |
| 679.08 | 6438 | Protecting Families Against AIDS | HHS/Centers for Disease Control & Prevention | GHCS (State) | University of California at San Francisco | N | \$145,000 |
| 1255.08 | 6439 | Research Triangle International | HHS/Centers for Disease Control & Prevention | GHCS (State) | AIDS Healthcare Foundation | N | \$300,000 |
| 1112.08 | 6750 | Salvation Army | U.S. Agency for International Development | Central GHCS (State) | Pact, Inc. | N | \$90,000 |
| 3456.08 | 6752 | Social and Scientific Systems | U.S. Agency for International Development | GHCS (State) | Principia | N | \$25,687 |
| 5030.08 | 6724 | State University of New York | U.S. Agency for International Development | GHCS (State) | Research Triangle Institute | N | \$0 |
| 1250.08 | 6442 | Uganda Blood Transfusion Services | HHS/Centers for Disease Control & Prevention | Central GHCS (State) | The Uganda Red Cross Society | N | \$375,000 |
| 7624.08 | 7624 | Visions in Action | HHS/Health Resources Services Administration | Central GHCS (State) | Dyere Tek | N | \$0 |
| 7624.08 | 7624 | Visions in Action | HHS/Health Resources Services Administration | Central GHCS (State) | Family Life Network | N | \$0 |
| 7624.08 | 7624 | Visions in Action | HHS/Health Resources Services Administration | Central GHCS (State) | Health Alert | N | \$0 |

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$16,233,936

| | |
|---|-----------|
| Estimated PEPFAR contribution in dollars | \$0 |
| Estimated local PPP contribution in dollars | \$0 |
| Estimated PEPFAR dollars spent on food | \$0 |
| Estimation of other dollars leveraged in FY 2008 for food | \$100,000 |

Program Area Context:

Uganda's total fertility rate 6.7 children per woman (2006 UDHS) is one of the highest in the world. Average HIV prevalence in ANC women nationally is 6.5% with rates highest among women & urban residents. Nationally, 21% new infections are due to MTCT. Estimates regarding population of women at risk of transmitting HIV to their infants use MOH 2006 revised PMTCT policy guidelines which indicate that in FY07, 1.2m pregnant women give birth, of whom 78,000 are HIV+. Based on these estimates & assuming a prevalence rate of 6.25%, FY08 COP guidelines anticipate 1.4m pregnant women giving birth in FY08, of whom 87,000 will be HIV+. Average MTCT rate w/o prophylaxis is 27.5%; 24,000 infants will be at risk for HIV acquisition without PMTCT. Primary prevention within PMTCT includes HCT of women of childbearing age, only 12.7% of women aged 15-49 are estimated to know their sero-status (MOH/ORC MACRO, 2006). USG works closely with MOH to improve coverage & effectiveness of national program.

Phase II (2006-10) of MOH PMTCT plan, which uses WHO guidelines, focuses on HIV prevention among women of reproductive age; FP & prevention of unintended pregnancies; provision of ARV prophylaxis; HIV care & support. Since 2003, USG has supported national scale-up through its IPs & MOH. MOH has primary responsibility to coordinate the PMTCT plan. Other donors include UNICEF, WHO, GFATM.

Psycho-social & cultural factors hinder MCH/PMTCT uptake, particularly gender roles & limited male partner involvement. High levels of stigma & limited community involvement reduce HCT & disclosure. Low uptake & traditional preference for home deliveries are reinforced by lack of transportation, poor quality services, inadequate staffing at facilities, & frequent stock-outs. For HIV+ mothers, linkages to HIV care & tx are inadequate. Integration of FP services to prevent unintended pregnancies remains a critical unmet need. These basic issues, particularly those related to FP, infrastructure & staffing, must be addressed if PMTCT is to be actualized.

By end 2006, all 80 districts had at least 1 PMTCT site. There were 405 sites covering: 95% (n=96) hospitals; 85% (n=141) HC IV; 16% (n=148) HC III; 0.9% (n=20) HC II. 2006 national PMTCT figures:

New pregnant women attended ANC offering PMTCT svcs-534,597 (58%)

New ANC attendants CT & received results-368,818 (75%)

HIV+ pregnant women-27,028 (7.3%)

HIV+ pregnant women received ARV prophylaxis-19,991 (73%)

Male partners counseled-23,435

Male partners Tested-18,375

HIV+ male partners-1,554 (8.5%)

Women provided with labor & delivery care-242,224

HIV+ women provided with labor & delivery care-12,682 (5.2%)

HIV+ delivered women received PMTCT ARV svcs-9,615 (76%) (SD-NVP = 96%)

HIV+ delivered mothers initiated exclusive breastfeeding-7,407

Infants received NVP syrup-9,474

Infants received NVP+AZT syrup-387

Infants tested-4,019

HIV+ infants-562 (13%)

Source: MOH PMTCT 2006 Annual Report, PMTCT cascade.

In FY07, USG is supporting a large scale-up of PMTCT svcs, focusing on expansion within district facilities with already existing ANCs. IPs have been coordinated to provide services in specific regions, to reduce disjointed coverage & improve efficiency. USG

- FY07 & FY08 targets are to provide HCT to pregnant women, identify & give HIV+ women ARV prophylaxis as follows:

Calculation for National coverage.

| | FY06 achieved | FY07 | FY08 expect |
|--|---------------|-----------|-------------|
| # pregnant women expected annually | 1,000,000 | 1,200,000 | 1,400,000 |
| Est. # pregnant women attending ANC (92%) at least once | 920,000 | 1,104,000 | 1,288,000 |
| Est. # pregnant women CT & given results (National target 80%) | | -- | 1,200,000 |

| | | | |
|---|------------------------|------------------------|------------------------|
| Est. # pregnant women expected to be HIV+ | 65,000 (6.5%) | 78,000 (6.5%) | 87,500 (6.25%) |
| Est. # pregnant women CT & given results (USG) | 368,818 | 625,864 | 927,395 |
| Est. # pregnant women expected to be HIV+(USG)--- | -- | | 57,962 (6.25%) |
| National PMTCT prophylaxis uptake | 19,991 (25.6%) | 30,677 9.3%) | 70,000 (80%) |
| USG IPs expected annual uptake | 14,194 (71%) | 23,000 (75%) | 46,370 (80% of 57,962) |
| USG contribution to cover all HIV+ pregnant women | 14,194/65,000 21.8% | 23,000/78,000 29.5% | 46,370/87,500 53% |

Targets show a significant increase over national FY06 results & means reaching 40% of HIV+ pregnant women with ARV prophylaxis nationally, compared to 21.8% in '06. However poor facility infrastructure & the fact that less than 30% of women currently deliver in a health facility, these targets still fall short of the desired goal of the PMTCT Initiative to screen 80% of all pregnant women, & to provide all HIV+ women with ARV prophylaxis by 2008.

FY08 PMTCT Program Area plan responds to the "Technical Considerations for the FY08 COP," the OGAC & multi-agency Uganda mission review, & concerns raised by the technical review of the FY07 COP, which has guided FY07 Program efforts. Two members of the OGAC PMTCT/Pediatric Care TWG participated in a multi-agency strategic planning mission in Uganda in June 07, with members from WHO, UNICEF, PEPFAR & MOH. This team provided feedback & helped in planning the on-going national PMTCT evaluation by MOH. This evaluation, in turn, will inform a Joint Mission Inter-Agency Technical Team scheduled to review the national program early next year.

?USG will rapidly increase PMTCT coverage by expanding services within each district to HC IIIs & outreaches to HC IIs thereby building capacity for routine opt-out HCT within all MCH services including group pre-test counseling, strengthening systems for provision of care, support supervision, & supply chain management of commodities. Use of lay counselors to build HCT capacity within these health facilities will be promoted.

?Increasing PMTCT coverage within facilities where women already access ANC; In FY08, USG will support 90/101 (89%) hospitals; 150/165 (91%) HCIV, 633/905 (70%) HC III, & outreach to 110/1887 (6%), HCIIIs majority of which, do not have existing ANC services.

?Cascade drop-outs at every level will be addressed. Routine opt-out HCT using rapid HIV test kits with same day results will be integrated at all levels, including initial ANC visits, labor & delivery, postnatal & immunization clinics to reach 80% of the expected pregnant attending ANC at least once.

?Improving referral to, & provision of HIV care & treatment to HIV+ mothers; This will require a two-way system of referral, closer collaboration with treatment programs, intensified outreach to lower level facilities, training & support. Currently, ART is available down to HC IVs only. Efforts will be made to set up screening for treatment eligibility within PMTCT/MCH & lower level facilities, to initiate treatment when appropriate, or to refer to treatment sites, that will also procure ARVs for PMTCT clients. Based on revised WHO eligibility guidelines (CD4 <350 cells/mm3), about 30% of HIV+ pregnant women will need HAART. By FY07 SAR, 1019/9203 (11%) of eligible pregnant women received HAART. FY08 goal will be to reach 80% of these eligible women. Women not yet eligible for HAART will receive ARV prophylaxis (Combivir or AZT + SD-NVP, or SD-NVP alone, depending on facility level & gestational age).

?Strengthening PWP & RH services e.g. Hb, syphilis testing, & urinalysis; FP services will be routinely provided during post-natal care & maternal follow-up. USG will also support FP services at ART sites to prevent unintended pregnancies among HIV+ women. In collaboration with PMI & MOH, all mothers at MCH clinics will be given ITNs, & HIV+ women & their children will receive a BCP.

?HIV+ mothers will be counseled to exclusively breastfed for at least 6months or until AFASS conditions are met. In addition, staff will be retrained in integrated infant & young child feeding into routine MCH activities.

?Systems will be strengthened to increase routine provision of cotrim to HIV-exposed infants from six weeks of age, to provide EID from 10 weeks per MOH policy, to refer HIV+ infants for care & tx including basic child health services. Only 6 sites have capacity for EID; IPs will need to coordinate referral for EID at health facilities & communities.

?Intensified training, coupled with routine supervision & support; Supervision will be provided through district health offices, & focus on key areas such as opt-out HCT, linkage to care, & provision of commodities. The national PMTCT program has clear program goals, targets & indicators. At National level there are 2 dedicated PMTCT M+E officers, who perform quarterly technical support supervision with MOH zonal supervisors. Routine monthly support supervision is also carried out by districts to lower health unit levels. Data collection & analysis is done at sites with support from IPs who submit monthly reports to MOH. Data dissemination including quarterly supervision reports is done at district, national level & through HMIS.

?Community-led approaches, social mobilization, BCC & community-based services will be enhanced. IPs will work with midwives, SMI, TBAs, counseling aides & other community networks to increase involvement of male partners & address gender-based violence.

?To address stock-outs, USG through SCMS, NMS & JMS will strengthen procurement & distribution of PMTCT commodities & work within MOH 3-year National Procurement Plan.

Program Area Downstream Targets:

| | |
|---|--------|
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 747 |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 927395 |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 45442 |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 4495 |

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism**Mechanism ID:** 5738.08**Mechanism:** Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**Prime Partner:** Makerere University School of Public Health**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 4022.08**Planned Funds:** \$40,000**Activity System ID:** 13231

Activity Narrative: 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 HIV 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.

This program will maintain the 16 outreach sites (also called HUBS) based at the existing health centers. This activity will work to identify pregnant women in the districts of Rakai and Lyantonde, refer them to any of the 16 clinic 'hubs' located within the districts and provide them with HIV counseling and testing plus comprehensive counseling in relation to mother to child HIV transmission (MTCT). For pregnant women found to be HIV- infected will be evaluated for antiretroviral therapy eligibility using a CD4 cut-off of 350 cells per microliter in accordance with revised Uganda National PMTCT guidelines 2006. Women not eligible for ART will receive dual combination ART e.g. AZT+ 3TC (Combivir), or AZT + NVP in addition to palliative basic care comprising of daily cotrimoxazole, use of insecticide treated bed nets (for malaria prevention) and opportunistic infections (OI) care. After delivery, the HIV-exposed infants will be tested at 6 weeks of age for HIV using DNA- PCR through the 'early infant diagnosis' program implemented by the MOH. Reproductive health counseling and services will be provided to all women of reproductive age and pregnancy testing offered to all women in care. In FY08, it is expected that VCT will be offered to 800 pregnant women and a complete course of ARV prophylaxis for PMTCT provided to 150 women, using AZT and Nevirapine. Additional work will be done by our health education and mobilization team to provide information to the Rakai and Lyantonde communities regarding PMTCT through community meetings and at the outreach programs. Target groups will be Adults, PLWA and women in the reproductive age group. Provision of PMTCT at the HUB enables more women to access this service within their communities and reduces the level of stigma since the service is provided at the health center.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8327**Related Activity:** 13232, 13233, 13234, 13235, 13236, 13237, 13238, 13239, 13241, 13240, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21213 | 4022.21213.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$40,000 |
| 8327 | 4022.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$36,670 |
| 4022 | 4022.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$35,250 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 16 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 800 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 140 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 45 | False |

Indirect Targets

Target Populations

Other

Pregnant women

Coverage Areas

Rakai

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9211.08

Mechanism: Traditional & Modern Health Practitioners

Prime Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11313.08

Planned Funds: \$750,000

Activity System ID: 13253

Activity Narrative: The overall program goal is to increase the uptake of PMTCT interventions that are currently being offered for pregnant women and their families in Uganda. The Uganda Ministry of Health (MOH) together with development partners have been implementing a national PMTCT program since 2001 through integration of the PMTCT interventions into existing health care services. PMTCT services have now been expanded to all districts countrywide. However, despite the improvement in availability and accessibility of effective interventions to prevent MTCT, the coverage of HIV positive pregnant women enrolling for PMTCT services is still low (30%). Routine opt-out HIV counseling and testing strategy has been introduced in all antenatal clinics to address this problem; but there is still a cascade drop out of clients at every level of PMTCT intervention through antenatal, delivery and Postnatal care. In addition, currently most pregnant mothers learn about the possibility of preventing the transmission of HIV to their children during visits to antenatal clinics and about 62 percent of mothers deliver outside health facilities with traditional birth attendants (TBA) or relatives which makes it impossible for some HIV positive mothers to access appropriate interventions for PMTCT. Socio-cultural and economic factors constitute major deterrents for women's utilization of PMTCT services and their failure to come back to the health facilities for deliveries as recommended under PMTCT guidelines. This includes limited male partner involvement in PMTCT programs, social stigma and the high community attachment and preferential use of traditional birth attendants (TBA). The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. This program will develop and implement several community-led approaches to address the social and behavioral factors that affect the uptake of PMTCT services through social mobilization, local-language behavior-change communication, and service provision. These approaches will focus on PMTCT promotion, education, motivation and increasing the demand for services in the communities systematically. The program will also establish and use referral networks for an array of HIV/AIDS and other health services to ensure HIV-infected mothers and their families receive appropriate health care services. Community support groups, including TBA and other organized community groups in Uganda, will participate in the provision of psycho-social support to address issues such as disclosure, stigma, discrimination, and appropriate infant feeding; in addition, they will participate in the mobilization of communities and referral for the utilization of PMTCT interventions, in accordance with Ugandan Ministry of Health guidelines. This program will forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities.

Key strategies for this program will include, among others mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. This program will also put special emphasis on improving the participation of male partners and family support for PMTCT activities by establishing appropriate strategies at both the health facility and community levels. The program will design effective follow-up activities and the provision of linkages to the health units where PMTCT is available; it will also develop and implement systems for support, supervision, and monitoring of program activities. This program will contribute to the following PMTCT results:

The proportion of pregnant woman who attend ante-natal care (ANC) at least three times will increase from 50% to 70% (534,590 - 700,000).

The proportions of pregnant women who receive HCT will increase from 72% to 90% (368,000 - 480, 000).

The number of HIV-positive women identified will increase by from 20,000 to 50,000.

The proportion of women who deliver at health facilities will increase from 38% to 50% (242,200 - 500,000)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11313

Related Activity: 15902, 15910, 16382

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|--|---------------------|--------------|---|---------------|
| 21192 | 11313.2119 2.09 | HHS/Centers for Disease Control & Prevention | Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda | 9235 | 9211.09 | Traditional & Modern Health Practitioners | \$750,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15910 | 15910.08 | 9211 | 9211.08 | Traditional & Modern Health Practitioners | Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda | \$25,046 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 480,000 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | N/A | True |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8584.08

Activity System ID: 13261

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$687,500

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

The overall objective of the AIDSRelief PMTCT program in FY08 is to reduce mother to child transmission of HIV in AIDSRelief supported facilities while improving quality of life of HIV positive pregnant women and their babies. In FY07, AIDSRelief focused its PMTCT program in 10 LPTFs. This service will be expanded to reach 15 sites in FY08 as the program will continue increasing uptake and strengthening PMTCT services. AIDSRelief will promote an essential package of PMTCT services which includes provider initiated HIV testing in ANC, encouraging mothers to deliver in a health facility (the program will also encourage linkages with Traditional Birth Attendants), CD4 testing of all pregnant HIV+ mothers, DBS for babies, the provision of ARV prophylaxis to mother and infant and referral for HAART as required. The PMTCT program will be underpinned by strong community outreach and follow-up of all HIV positive mothers and their babies. This will include ensuring that all exposed babies receive cotrimoxazole prophylaxis from the age of 6 weeks until a diagnosis of HIV can be excluded. The program will also strengthen linkages between other services within the LPTFs.

AIDSRelief will focus in increasing accessibility and utilization of health services. The improved quality of counseling, the provision of friendly services, refitting of facilities as required and community sensitization will increase awareness, uptake and access to ANC and PMTCT services. Provider initiated HIV testing, including pilot mobile CT services, will increase the number of pregnant women, and also a significant number of their partners, who know their HIV status. All HIV positive pregnant women will have CD4 assessment and those qualifying for ART will be referred to the ART services. The program will provide ARV prophylaxis or triple drug therapy to both mothers and their infants in accordance to national guidelines. Laboratory links will be developed to increase access to earlier infant diagnosis using PCR testing. As part of the essential components of a PMTCT program, all HIV positive mothers will be provided with nutritional information as regards to exclusive breastfeeding and alternative feeding options, so that they can make an informed decision. At the end of FY08, 45,000 mothers will have been counselled and tested, and will have received results, 3,450 HIV+ mothers will be aware of their status and 2,550 HIV+ mothers and infants (75%) will receive full course ARV prophylaxis throughout the 15 AIDSRelief supported facilities.

Training including update on the new MOH adopted PMTCT guidelines, will be provided to 25 health workers including midwives in ANC clinics providing PMTCT services, 25 counsellors, and twenty laboratory staff will receive training on blood collection for CD4 screening and dry blood spots, and on HIV rapid tests. Additional training of volunteers and community mobilization, some specifically targeting men, will promote increased uptake of PMTCT services, partner testing the importance of antenatal care in general, as well as PMTCT services, facility delivery and infant prophylaxis. Linkages will be created between PMTCT and the ART clinics at all LPTFs, and also between other health facility services (eg MCH). Pregnant mothers will be referred from the satellite clinics to antenatal care providing sites. Strategies will be developed to improve antenatal care, community activities/follow up (for HIV+ patients on ART). Long lasting insecticide treated nets will be provided to the mothers through linkages with PSI/CDC and community volunteers trained to reinforce malaria prevention messages during their outreach activities and given skills to enhance the early identification of suspected malaria and referral to a health institution. There will be increased sensitization of care providers to provide Suplethadoxine Pyrimethamide(SP)/Cotrimaxazole to pregnant women in care.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders.

To support provision of PMTCT services, AIDSRelief will identify all females of reproductive age and refer them for pregnancy tests. The program will refer and document referrals from ANCs to PMTCT, and to ART services within LPTFs. It will also identify babies born of HIV positive mothers, so that they are tested for HIV, followed up and linked to care and support services. This will involve allocating unique identifiers that link mothers to their children, and enhance pediatric AIDS care.

Activity Narrative: Constella Futures will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8584

Related Activity: 13262, 13263, 13264, 13265, 13266, 13267, 13268, 13269, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20736 | 8584.20736.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$550,000 |
| 8584 | 8584.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$703,667 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 35 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 45,000 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 2,500 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 1,010 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mukono

Pader

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1257.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Mechanism: CDC Base GAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4016.08

Planned Funds: \$200,000

Activity System ID: 13270

Activity Narrative: The HHS/CDC Uganda Management and Staffing (M&S) budget for FY 2008 supports the USG goal for appropriate staffing and level of effort in order to provide technical assistance, programmatic oversight, and performance monitoring for all implementing partner activities. CDC GHAI funds support direct technical assistance to in-country implementing partners for strengthening national surveillance and policy initiatives, developing laboratories services, improving care and treatment programs, expanding counseling and testing approaches, enhancing PMTCT activities and TB/HIV integration, and implementing public health evaluations.

In FY08 the CDC staffing chart includes a planned position to work with the Ministry of Health's (MOH) national prevention of mother-to-child HIV transmission (PMTCT) Coordinator, Protecting Families Against AIDS a local NGO, and the Tororo District Hospital for the provision of technical assistance to review PMTCT service delivery models and identify best practices to inform the national policy and the technical, operational, and organizational components of PMTCT program implementation. This position is essential to ensure continuation of the high quality technical assistance provided to-date for enhancing indigenous partners' capacity for PMTCT service delivery and thereby contributing to the long-term sustainability of PEPFAR activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8312

Related Activity: 13335, 13336, 16094, 13343

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--|---------------|
| 8312 | 4016.07 | HHS/Centers for Disease Control & Prevention | Johns Hopkins University Insititue for International Programs | 4803 | 625.07 | University Technical Assistance Programme (UTAP) | \$109,413 |
| 4016 | 4016.06 | HHS/Centers for Disease Control & Prevention | Johns Hopkins University Insititue for International Programs | 3176 | 625.06 | University Technical Assistance Programme (UTAP) | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 16094 | 16094.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$552,208 |
| 13343 | 4430.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$5,958,764 |
| 13335 | 10176.08 | 7348 | 7348.08 | HHS/CDC ICASS | US Department of State | \$1,199,608 |
| 13336 | 10178.08 | 7349 | 7349.08 | HHS/CDC CSCS | US Department of State | \$320,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | N/A | True |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 80 | False |

Indirect Targets

Target Populations

Other

Pregnant women

Coverage Areas

Kampala

Kayunga

Tororo

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4402.08

Planned Funds: \$350,000

Activity System ID: 13293

Activity Narrative: In FY08, the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national Central Public Health Laboratory to develop policies, standard operating procedures and quality assurance and quality control processes; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center (HC) IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

The national PMTCT program outlined in the HSSP II (2006-2010) focuses on revising the 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, and improvement of comprehensive care for HIV positive women, their spouses and their exposed children through early HIV diagnosis and linkages to care. Activities will continue to support broad scaling up and strengthening of HIV/AIDS prevention, care, support, and treatment services through health center PMTCT services as part of the National Minimum Health Care Package. An emphasis on increasing access to quality PMTCT services will be expanded to ensure national coverage to meet the Millennium Development Goal to reverse and halt the spread of HIV/AIDS by 2015.

In FY 2008 specific activities include: expanding PMTCT to HC IIIs to provide counseling and testing to 95% of attending pregnant women through routine opt-out and to reach 80% with prophylaxis coverage for mothers and 65% for their babies and to increase access to short-term AZT in addition to intra-partum single-dose nevirapine; continuing the dissemination of updated guidelines, training manual and job aides to all ANC sites; training for tutors and service-providers; integrating family planning education into PMTCT counseling sessions; initiating male involvement programs; strengthening referrals from PMTCT to care and treatment services; and, conducting a national assessment of the five-year program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8341

Related Activity: 13294, 13295, 13296, 13297, 13298, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21228 | 4402.21228.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$250,000 |
| 8341 | 4402.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$299,897 |
| 4402 | 4402.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$94,914 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | N/A | True |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 300 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 629.08

Mechanism: Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services

Prime Partner: National Medical Stores

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 12377.08

Planned Funds: \$753,936

Activity System ID: 13302

Activity Narrative: 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 and distributed over 4,00,000- persons HIV tests accounting for more than half of the national testing requirements. 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 FY07, NMS procured \$3,000,000 worth of HIV test kits and accessories. Following the approved MOH HIV testing algorithm for serial rapid HIV testing this supported 1.8 million person-tests which were distributed to 1,080 health facilities: 842 public government sites, 220 faith-based/non-government facilities and 18 counseling and testing program, including the established 20% for JMS supported health centers. This represents an increase of approximately 40% over the 780 health center supplied in 2006 of which 640 were public government facilities and 140 faith-based/non-governmental centers. However, with the continuous increase of number of health facilities providing HIV counseling and testing in FY07, this supply did not fully meet national demand. Also in FY07, the MOH health commodities technical review conducted in April 2007 resulted in the official implementation of 'The 3-Year Procurement Plan for Essential Medicines and Health Supplies:2006/07-2008/09' that clearly articulates the GoU stand that "all parties to the sector procurement of medicines and supplies shall commit to support the national medicines procurement system through predominantly dedicated financial support to the NMS/JMS through pre-financing and budget support...". To that end, USG will continue to work through the national system and contribute to strengthening institutional capacity for sustained services in the long-term.

With the FY2008 funding National Medical Stores will finalize the integration of the ordering/distribution of PMTCT HIV testing kits, EID accessories and other accessories which will be initiated as soon as FY07 plus -up funds are received. These test kits and associated supplies will be 'earmarked' for district PMTCT programs. As with all commodities 20% of the PMTCT HIV testing commodities will be transferred to Joint Medical Stores and a central credit control account set up at National Medical Stores created to enable bimonthly distribution. The FY 2008 procurement plan will cater for 410,00 person test kits including storage and distribution operations. The PMTCT test kits will be distributed in line with the requirements of MOH/PMTCT plan and directions, and all the facilities offering PMTCT services in the country will access these products from National Medical Stores and JMS on a bi-monthly basis under the established lab supplies credit line.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12377

Related Activity: 13303, 13304, 13305

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|-------------------------|---------------------|--------------|---|---------------|
| 20816 | 12377.2081 6.09 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 9133 | 629.09 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | \$753,936 |
| 12377 | 12377.07 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 4810 | 629.07 | | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 13303 | 12443.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$750,000 |
| 13304 | 4030.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$4,103,523 |
| 13305 | 4027.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$3,400,000 |

Table 3.3.01: Activities by Funding Mechanism

| | |
|--|--|
| Mechanism ID: 679.08 | Mechanism: Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT) |
| Prime Partner: Protecting Families Against AIDS | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Prevention of Mother-to-Child Transmission (PMTCT) |
| Budget Code: MTCT | Program Area Code: 01 |
| Activity ID: 4047.08 | Planned Funds: \$5,000,000 |
| Activity System ID: 13310 | |

Activity Narrative: Protecting Families Against HIV/AIDS (PREFA) is a Non-Governmental Organization promoting comprehensive, PMTCT activities in Uganda. PREFA has core PMTCT activities and supports two sub-partners, Tororo District Hospital (TDH) and Islamic Medical Association of Uganda (IMAU). In FY 2006, PREFA and its sub-partners supported PMTCT implementation through 16 outlets (three hospitals, five health center (HC) IVs, four HC IIIs, four HC IIs) in four districts, leading to provision of HIV counseling and testing [HCT] to 37,935 pregnant women and identifying 3,589 HIV+ women. In FY 2007, PREFA will provide PMTCT routine HCT to 313,569 pregnant women in 26 districts (including 22 new districts) through 150 outlets, serving an estimated 23,919 HIV+ pregnant women. In FY 2008, PREFA and its sub-partners will further expand support of comprehensive PMTCT services to two new districts bringing the number of supported districts to 28, providing HCT to an estimated 367,621 pregnant women and serving an estimated 27,785 new HIV+ pregnant women. Provision of comprehensive PMTCT services will include the four pillar approach: primary prevention, family planning, provision of ARV prophylaxis, and care and support.

In FY 2008, PREFA's core targets, without its sub-partners, will be 348,621 pregnant women, and their families. The districts supported by PREFA will aim at intra-district scale up with transition to static HCT services for pregnant women at HC II. Clients will receive a comprehensive PMTCT package including opt-out routine HCT at all Maternal and Child health units (MCH). All HIV+ pregnant women, estimated to be 23,088 will receive a basic care package (BCP), their blood samples be taken for CD4 testing, and ARV prophylaxis and treatment for HIV+ mothers and their babies will be provided according to national revised PMTCT policy as follows: about 2,309 (10%) women who present for antenatal care and are eligible for ART will receive HAART; 11,544 (50%) will receive combined ARV prophylaxis and 9,235 (40%) will receive SD NVP, and infants will receive NVP or AZT syrup accordingly. Midwives in MCH units will be trained to do HIV clinical staging and provide the appropriate ARV prophylaxis, or actively refer clients to the nearest ART clinic. All ART clinics will prioritize HIV+ pregnant women for screening and ART provision. In addition, quality obstetric care (focused antenatal, maternity, and post-natal care) will be provided for HIV+ mothers.

PREFA will facilitate partner districts to establish or strengthen links between existing ART implementing partners (IPs) and PMTCT sites to manage referred pregnant women. Family planning (FP) will be provider-initiated for all adults presenting at all health facilities up to HC III. FP will be strengthened in ANC and postnatal services, through provision of personnel and close supervision by the districts, emphasizing postnatal clinics and HIV+ women. Early infant HIV testing with enhanced counseling will be integrated according to policy guidelines. All mothers of babies presenting at postnatal and young child clinics will be counseled to test for HIV (if not done and documented before delivery), to know their status and assess if their babies are exposed to HIV. Blood specimens (DBS) will be taken from all HIV exposed infants and tested using DNA-PCR at the nearest diagnostic Centers.

PREFA will support district health officers and their teams to strengthen reproductive health systems to ensure quality PMTCT services, in collaboration with relevant agencies in each district. Their activities will include strengthening of human resource capacity through training and/or re-orientation of existing staff (PMTCT and infant feeding counseling course and PMTCT policy updates for 1,635 health workers, and training of 50 trainers/supervisors in PMTCT in the 28 districts), supporting districts to hire additional staff in areas where it is critical such as pediatric care and counseling, FP, home-based HCT, and community awareness and mobilization. District health teams will support improvement of facilities to accommodate such additional services as routine HCT. PREFA will also provide technical support for procurement, and funds for activities agreed upon at district level; strengthen the PMTCT care, support referral linkages within and between facilities, and the community. The organization will support mechanisms for enhancing PMTCT service delivery through private and government health units (public-private partnership) collaboration, including sensitization of traditional birth attendants (TBAs) and private midwives in PMTCT to enable them identify and refer HIV+ women to deliver in health facilities. Districts will be facilitated to improve monitoring and evaluation capacity through training in data management, providing computers as needed and other forms of data processing and storage, ensuring timely reporting from health facilities to districts/ Ministry of Health (MOH) and PREFA. Districts health teams will also conduct regular monthly supervision of health facilities, and quarterly supervision by MOH and/or regional supervisors.

Additionally, PREFA supported districts will strengthen their community PMTCT activities using existing structures – health workers, PHA, Community Based Organizations (CBOs), and community resource persons (VHT, CCAs and TBAs). These groups will receive relevant training in PMTCT to enable them mobilize, sensitize, counsel and refer appropriately; and will follow-up an estimated 12,000 family members identified by the counselors at health facilities offering PMTCT, as well as referring clients and immediate family members to other partner institutions for further care.

PREFA will liaise with the MOH and other stakeholders to disseminate updated training materials, and appropriate community IEC materials for PMTCT. Further more, PREFA will assess the performance of the two-year Family Care Consortium program that has been running at two peri-urban health facilities in Kampala, aimed at improving access and uptake of quality comprehensive HIV/AIDS services for Families.

In addition to the activities above, sub-partner TDH will support provision of PMTCT services to 16,500 clients and 3,300 of their male partners, provide ARV prophylaxis to 1,600 HIV+ pregnant women, early infant testing for 840 children at 11 other health facilities up from eight in FY 2007. Health teams will conduct home visits to 3,000 HIV+ pregnant/nursing mothers, carry-out 480 home based HCT to increase access to HIV services by family members, provide the BCP, and refer clients and family members for further care/treatment to TASO – Tororo and TDH ART clinics. Funding will also support training of 45 health workers in pediatric care, rapid HCT, procurement of test kits, lab equipment, reagents and supplies, therapeutic feeding of 240 infants, and nutrition classes for all enrolled HIV+ mothers. The program will also introduce Community support teams of 100 members (including 50 TBAs) who will mobilize the community for PMTCT and monitor its contribution to service delivery. Community sensitization will continue through monthly radio talk shows, drama by HIV/AIDS support groups, and community video shows. The Tororo Child Cohort (TCC) study, a collaboration between CDC-Uganda, TDH, PREFA, Makerere University Univ. of California San Francisco collaboration (MU-UCSF) and TASO-Tororo, will continue to run in FY08.

Additionally, in FY 2008 IMAU, the other sub-partner, will continue to provide comprehensive PMTCT services at Saidina Abubakar Islamic Hospital (SAIH) and at HC IVs and IIIs in Wakiso district. SAIH will provide PMTCT services to 2,500 pregnant women and 1,200 of their male partners, provision of ARV drugs for PMTCT to 310 HIV infected mothers and their infants; CD4 tests for all HIV+ women and ART to

Activity Narrative: eligible women and their partners. PCR tests will be done for 180 exposed infants. IMAU will conduct community education and mobilization that target 30,000 adult men and women, and PLHAs, using health fairs, outreaches, and home visits. The project will provide community follow up services to 4,500 pregnant women and their families. This funding will also support purchase of HIV test kits, ARV (for PMTCT), equipment, logistics and supplies, and training of 30 service providers in PMTCT counseling.

Overall, PREFA and its sub-partners will contribute to PREFA's vision of improving access to high quality HIV/AIDS services using a family approach, through provision of PMTCT services. In FY08 this program will reach an estimated 367,621 pregnant women with HCT services, identify and provide ARV prophylaxis to an estimated 24,998 HIV+ women and their infants, as well as appropriate referral for treatment, care and support services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8356

Related Activity: 13311

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|--|---------------|
| 20862 | 4047.20862.09 | HHS/Centers for Disease Control & Prevention | Protecting Families Against AIDS | 9144 | 679.09 | Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT) | \$5,346,650 |
| 8356 | 4047.07 | HHS/Centers for Disease Control & Prevention | Protecting Families Against AIDS | 4813 | 679.07 | | \$4,847,705 |
| 4047 | 4047.06 | HHS/Centers for Disease Control & Prevention | Protecting Families Against AIDS | 3186 | 679.06 | | \$1,130,076 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|----------------------------------|---------------|
| 13311 | 10083.08 | 6438 | 679.08 | Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT) | Protecting Families Against AIDS | \$145,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 185 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 367,621 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 24,998 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 1,685 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8655.08

Mechanism: UCSF

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4422.08

Planned Funds: \$130,000

Activity System ID: 13324

Activity Narrative: In FY08 the university technical assistance (UTA) mechanism will be competed to continue provision of high quality expert technical support for PEPFAR programs in Uganda. The focus of this assistance will be in four key program areas.

The PMTCT component of UTA will continue to provide technical guidance to the Ministry of Health (MOH) national prevention of mother-to-child HIV transmission program and scale up of services in rural districts. Focus will be to identify best practices for community and clinical PMTCT interventions and assistance the MOH with national policy to implement technical, operational and, training guidelines.

Treatment services technical assistance will be concentrated on enhancing comprehensive care and treatment interventions to strengthened partners' clinical programs. In FY08 the primary focus will be to review patient management and record keeping systems at treatment sites and identify areas and implement improvements in the clinic operations to substantially improve patient outcomes.

The strategic information component of UTA will be to assist the PEPFAR program in using the substantial amounts of program area data collected over the past five years in combination with country surveillance data to provide a better understanding of PEPFAR outcomes and contributions to the national portfolio. Examining the data from multiple sources will provide the country team will a more comprehensive analysis to assist with future programming directions.

For systems strengthening/policy development the UTA technical expertise will be transferred to local partners through a series of in-country workshops for advanced data analysis and triangulation and training on how to interrupt the results for policy guidance and program direction; and, training on how to prepare technical presentations and manuscripts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8370

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|---|---------------|
| 8370 | 4422.07 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 4818 | 1273.07 | University of California San Francisco - UTAP | \$130,000 |
| 4422 | 4422.06 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 3345 | 1273.06 | University of California San Francisco - UTAP | \$130,000 |

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | N/A | True |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | N/A | True |

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6159.08

Mechanism: EGPAF

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Activity ID: 12375.08

Activity System ID: 14190

Program Area Code: 01

Planned Funds: \$3,000,000

Activity Narrative: EGPAF has extended for 2 years and will undertake the FY07 TBD PMTCT and ARV Services Activities entitled "Family HIV/AIDS Care".

The Elizabeth Glaser Pediatric AIDS Foundation (Foundation) supports the Uganda National PMTCT program to prevent HIV infection among infants identified through the PMTCT program and to provide care and support and access to HIV treatment services for families. The Foundation directly supports districts to provide VCT, ARV prophylaxis, psychosocial support, community mobilization, training, adequate counselor and laboratory technician staff, upgraded laboratory facilities and counseling rooms, management information systems and strengthened MCH/family planning (FP) services.

Key objectives of the Elizabeth Glaser Pediatric AIDS Foundation in Uganda during FY08 will include the following:

- Support scale up of PMTCT services to 50% of the HC III and increase population coverage to 70% in the districts where the Foundation works
- Based on the Foundation's lessons learned in Uganda, improve uptake of HIV counseling and uptake of ARV prophylaxis by HIV-positive pregnant women and their exposed infants.
- Promote the integration of HIV/AIDS care into PMTCT/MCH at all sites providing ART and strengthen sites to offer complex ARV regimens for PMTCT and enrollment of PMTCT mothers and their family members into longitudinal care.
- Pilot the use of aluminum foil pouches for the repackaging of nevirapine suspension to increase the uptake of the infant ARV dose based on a draft proposal being finalized in collaboration with UMOH. Discussions are underway to increase the availability of prophylactic Zidovudine suspension for infants born to mothers on complex PMTCT regimens;
- Train midwives at all sites to provide rapid HIV testing and PMTCT services in labor and delivery as the majority of maternity units do not have regular access to laboratory personnel
- Train midwives in all districts to provide HIV care including staging and screening to initiate treatment.
- Complete the Integrated Infant and Young Child Feeding Policy in collaboration with the UMOH.
- Improve male involvement and partner HIV testing to test 10% of male partners of ANC clients. The Foundation's technical advisors are collaborating with other partners to develop a service provision package for men within the PMTCT program and the Foundation discussing a pilot with WHO to include rapid syphilis testing with the PMTCT package as a way to improve partner testing;
- Improve coordination between PMTCT services and ART services by introducing a patient tracking system at all implementing health facilities,
- Promote pediatric HIV/AIDS care through the clinical pediatric mentorship program using experts from regional hospitals are trained in pediatric HIV/AIDS care, given trainer skills and supported to mentor lower cadre health workers to offer pediatric care.
- Strengthen skills of lower level facility personnel to provide pediatric ART through a training package developed with the UMOH Child Health Department, comprising of pediatric counseling, modified IMCI (HIV) and Early Infant HIV diagnosis components.

Key Program Activities:

- Increasing program coverage for PMTCT. by increasing the number of service points in the supported districts. All health facilities offering antenatal and maternity services will be targeted for the establishment of PMTCT services. The current MOH strategic plan calls for the establishment of static PMTCT services at sub-county level (Health Center III) and program expansion will reflect this trend. This approach aims to bring services closer to people by creating more static sites instead of relying on referrals for PMTCT. Outreach services will be extended to lower level health facilities (Health Center II) that do not have the capacity to offer maternity services.
- Increase the uptake of the maternal/infant dose of ARVs ("missed opportunities"). The revised MOH policy now allows dispensation of NVP any time after 14 weeks of gestation. Foundation supported sites will implement this new policy. Towards the end of 2007, the Foundation's Uganda program will pilot the repackaging of Nevirapine suspension for the infant to enable mothers to administer the infant ARV dose to newborn babies delivered outside the health facility. Lessons learned from this pilot will be rolled out in FY08 to improve infant dosing which remains the weakest part of the PMTCT cascade.
- Establish longitudinal follow-up of HIV-positive mothers within MCH including during well-child visits. The provision of care and support services to eligible individuals improves the uptake of all other PMTCT services. HIV care and treatment services will be strengthened through the development of mechanisms to offer continuum of care to HIV-positive mothers and their families. Capacity will be built to support the identification of HIV-exposed infants and their enrollment into continuum of care programs. The follow-up of HIV exposed infants will take place alongside their mothers within the MCH clinic.
- Family Support Groups will continue to form a critical avenue for the provision of psychosocial support to communities and families infected and affected by HIV/AIDS. Ariel Clubs have been started to address the needs of HIV infected children. There are currently 80 family support groups and ten children's groups. During FY08, the Foundation will develop the capacity of these groups to leverage and manage additional financial and material resources from other organizations. Through a process of resource mapping these groups will be linked to civil society organizations that provide complementary services e.g. income generation, social, and nutritional support..
- A clinical mentorship program to support pediatric HIV/AIDS care has been set up in the 5 regional hospitals and will be strengthened and expanded to cover more districts. This is done in conjunction with partner organizations providing ART services.

Training. The Foundation's technical advisors will continue to direct and conduct training activities in the supported district programs. Using a mentoring approach the technical advisors will reinforce skills development among health facility staff with an aim of improving program quality and uptake. The technical development of MOH staff will ensure sustainable and continuing capacity to provide critical PMTCT services.

In FY2008, the Foundation will train up to 600 health workers, primarily targeting health workers in the Maternal and Child Health departments as well as program management staff. Clinicians, nursing/midwifery and laboratory staff will be trained as integrated teams for HIV/AIDS patient care. Training activities will reflect the expanded nature of the PMTCT program with a strong bias towards integrating preventive and treatment aspects of HIV/AIDS. Special emphasis will be made towards longitudinal aspects of maternal and pediatric HIV/AIDS care. Crucial knowledge and skills in adherence monitoring will be included in the training activities.

Activity Narrative: Planned trainings include a special training developed by the Foundation in collaboration with the Child Health Department of UMOH and the Clinton Foundation, which is aimed at equipping service providers with knowledge and skills to identify HIV infected children and offer pediatric HIV/AIDS care.

The Foundation will also train peer mothers and fathers to support newly identified HIV positive women and their partners to facilitate their involvement in the provision of HIV/AIDS care both. Peer mothers and fathers (PLHA) will be identified through the family support groups and encouraged to be involved in community mobilization, sensitization, and home visits at community level and counseling, and other services at facility level.

There will also be training of trainer courses in infant and young child feeding which is in line with the revised UMOH Infant Feeding Policy, Health Sub district (HSD) teams will be involved in the training to build their training and supervision roles. Trainings will also be conducted in HIV/AIDS care to further strengthen links to care and treatment and provide a continuum of care in the MCH department.

Family planning will be strengthened as an integral part of PMTCT and HIV/AIDS control through training courses developed in 2006 by Foundation's Uganda program to provide family planning counseling to PMTCT clients. Technical support will be provided in the form of job aides and coordinating the forecasting and ordering of family planning supplies.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12375

Related Activity: 15921

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|----------------|---|--|---------------------|--------------|---------------|---------------|
| 22929 | 12375.22929.09 | U.S. Agency for International Development | Elizabeth Glaser Pediatric AIDS Foundation | 9832 | 9832.09 | EGPAF | \$2,988,000 |
| 12375 | 12375.07 | U.S. Agency for International Development | Elizabeth Glaser Pediatric AIDS Foundation | 6159 | 6159.07 | Plus up EGPAF | \$0 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--|---------------|
| 15921 | 15921.08 | 6734 | 6159.08 | EGPAF | Elizabeth Glaser Pediatric AIDS Foundation | \$2,039,364 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 370 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 300,000 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 16,000 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 800 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Bushenyi
Ibanda
Iganga
Isingiro
Jinja
Kabale
Kampala
Kanungu
Kiruhura
Kisoro
Lyantonde
Masaka
Mayuge
Mbarara
Mpigi
Mukono
Namutumba
Ntungamo
Rakai
Sembabule

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4961.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 12367.08

Activity System ID: 14230

Mechanism: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$350,000

Activity Narrative: The Supply Chain Management System (SCMS) was established to strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV and AIDS. In collaboration with in-country and international partners, SCMS works toward deploying innovative solutions to assist programs to enhance their supply chain capacity; ensuring that accurate supply chain information is collected, shared and used; and providing quality, best-value, health care products to those who need them.

The Ministry of Health, with support from the Abbott and Boehringer donation program has expanded PMTCT coverage to all districts in Uganda currently reaching 90% of health center 4's, and 20% of health center 3's with a plan to reach 100% of health center 4's and 35% of health center 3's by the end of 2008.

With plans to scale-up program activities, and the introduction of the new PMTCT guidelines, it is important to ensure that commodities are available to sustain the program growth. We are currently working with the Ministry of Health (MOH) to revise the logistics system to incorporate new treatment policies and the additional commodities required to implement them, and will continue this support in FY 2008. This will involve redesigning the logistics system, training MOH trainers in the new system, support supervision visits together with MOH to provide continuous training and improvement of logistics data quality, refining quantification procedures, introduction of improved quantification tools, and provision of procurement services when requested. SCMS will continue to provide support and capacity building in logistics data capture and management, forecasting, procurement planning, and coordination of emergency responses to product shortfalls. The continuation of technical assistance started in FY 2007 to National Medical Stores into FY 2008 will strengthen the inventory management and distribution of commodities. Building capacity in the above areas, will help programs forecast and cost their program needs for budget planning, gap identification, and hence target setting. SCMS will also procure selected PMTCT commodities as needed for Inter-Religious Council of Uganda(IRCU) and Northern Uganda Malaria, AIDS and Tuberculosis(NUMAT) supported programs.

SCMS is worked closely with MOH pharmacy department to build capacity in logistics management of HIV/AIDS commodities through training, and advocacy work, and will support additional human resources to strengthen the pharmacy department in FY 2008. Under PMTCT the ministry estimated that at total of 67,600 mothers and children will be provided with treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12367

Related Activity: 14231, 14232, 14233, 14234, 14235, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 12367 | 12367.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$91,796 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | N/A | True |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | N/A | True |

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7156.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4696.08

Activity System ID: 15467

Mechanism: NUMAT

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$850,000

Activity Narrative: The overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations

In FY 07 NUMAT supported 24 static PMTCT sites reaching over 4500 pregnant women with HIV counseling and testing for PMTCT and received their test results with over 270 mothers provided with a complete course of antiretroviral prophylaxis. NUMAT also created systems to increase uptake of mothers in PMTCT at all levels of service delivery. In FY 08 NUMAT will support scaling up PMTCT services to cover lower health units and reach people away from municipalities and those camps that will still be existing.. This will involve infrastructure and logistics support as well as training of PMTCT counselors and other health workers. The project will provide integrated outreach services from health units to camps. Health units will work with CBOs to help provide services, particularly focusing on mother/child follow up as well as support and counseling regarding breastfeeding and infant nutritional support. Outreaches will also be supported from level III health units to lower levels on specified ANC days at the lower units. Improvement of uptake of service will focus on involving males more positively into PMTCT services and seeking the support of older women in the community to support infant feeding decisions.

The project will also work with community leaders to implement effective community mobilization strategies with special emphasis on male involvement and infant feeding decision support, support community mobilization efforts that target local stakeholders and trained male PMTCT advocates and village women regarding messaging and counseling for infant feeding. In addition, NUMAT will support districts to engage Traditional Birth Attendants (TBAs) through working with other initiatives like Safe motherhood to encourage mothers attend Ante Natal Clinics and get tested. Gatherings of men such as drinking groups will be reached with relevant messages to encourage participation in PMTCT activities. Couples counseling will be encouraged and programs providing incentives to mothers to deliver in Health Centers (HCs) will be supported. Incentives will include Insecticide Treated Nets (ITNs), delivery kits, prophylaxis for mothers and infants and rapid referrals for HIV care for pregnant women, their children and spouses. Incentives like ITNs for husband and wife will also be provided for those that test as a couple. Clients presenting as couples will be fast tracked to access PMTCT and related care services.

The project will link up PMTCT activities in this year to PMI activities through other USG supported programmes, specifically the provision of Interpersonal Psychotherapy in ANC. The project will also link up with other USG supported initiatives to support OVC for on going care and other support through PMTCT as the initial contact. The project will continue to facilitate and strengthen establishment of psychosocial support groups at all PMTCT sites. NUMAT will have ART supported sites by then and mothers through PMTCT will be given a priority to access ART services. This will include supporting the mothers to access relevant immunological testing and monitoring through CD4 testing at sites with capacity to test and results channeled back through support from NUMAT. NUMAT will put in place a system where blood samples can be collected, correctly labeled and transported to laboratories with capacity to test and the results channeled back within 72hours. Through supporting integrated service delivery mothers who have gone through PMTC will be supported to access continuous basic health care within the health units and through community organizations including Family Support Groups (FSGs). The project will train counselors in special skills to support mothers and advocate with health unit staff to provide space for the mothers to meet. In collaboration with district health team and CBOs, facility and community strategies to improve follow up of mother-baby pairs will be developed. Facilities will work in close collaboration with Family Support 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. NUMAT will also provide grants to other organizations like AVSI to support PMTCT.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8466

Related Activity: 15982, 15473, 15480, 15481,
15486, 15487, 15488, 15490,
15494, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21723 | 4696.21723.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$838,000 |
| 8466 | 4696.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$761,542 |
| 4696 | 4696.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$250,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15487 | 15487.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,100,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 44 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 80,000 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 4,800 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 50 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 690.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4551.08

Activity System ID: 16065

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$100,000

Activity Narrative: As commander in chief of the armed forces, the President of Uganda mandated the Uganda Peoples Defense Force 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 four out of eight Army units over the past two years, and processes are underway to raise awareness and increase access of pregnant women to these programs. In FY08 Midwives and nurses will be trained in 3 of the PMTCT centers. A good number of medical workers have completed military training and will be deployed to the various health centers. It is hoped that with additional medical workers being available in the army, PMTCT services will be expanded to cover all the centers.

UPDF plans to strengthen its current PMCT activities and expand the services to 4 other sites while emphasizing the linkage with clinical services. A total of 1200 mothers attending ANC were counseled and tested in the period August 2006 to July 2007 out of which 200 were positive and 80 were referred treatment at PMTCT Centers. PMTCT will also be used as an entry point into ART and HIV/AIDS Care services for families of UPDF staff and an avenue to identify discordant couples, as well as Prevention With Positives (PWP) interventions. In FY08, UPDF targets to reach 300 pregnant HIV positive mothers through Counseling and Testing; and provide them with effective ARV prophylaxis for PMTCT. Currently UPDF does not provide services for Early Infant Diagnosis (EID) for the HIV exposed infants. Efforts will be made provide this service in collaboration other PEPFAR sites currently offering this service. Along side this activity, UPDF will strengthen infant feeding counseling services to support all HIV positive mothers to exclusively breast feed up to six months of age.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8390

Related Activity: 16066, 16067, 16068, 16069, 16070, 16071, 16072, 16073, 16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21593 | 4551.21593.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$100,000 |
| 8390 | 4551.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$100,000 |
| 4551 | 4551.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 6 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 1,200 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 30 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Kampala

Gulu

Nakasongola

Tororo

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of
Uganda

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15889.08

Activity System ID: 15889

Mechanism: IRCU

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$250,000

Activity Narrative: 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 address mutually identified development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. 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 June 2006, IRCU initiated a program to scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by USAID under the President's Emergency Plan for AIDS Relief (PEPFAR).

Mother to child transmission is the second most common means of transmission of HIV in Uganda. In Uganda, about 1 million women get pregnant yearly. With an estimated HIV prevalence of 6.5%, about 65,000 HIV-infected women get pregnant yearly and will transmit HIV to about 20,000 infants if there is no intervention. Using either Nevirapine at the onset of labour and Nevirapine syrup to the baby within 72 hours of birth or Zidovudine from 36 weeks of gestation until one week after delivery and syrup to the baby for the first week after birth minimizes the risk of mother to child transmission (MTCT) by 50%. In 2001 the Ministry of Health (MOH) started implementing a robust national PMTCT program, focusing in integrating it into existing antenatal services. Currently, there are 405 PMTCT sites in Uganda with each of the 80 districts having at least one site. The Ministry of Health, in partnership with its partners (donors, NGOs, FBOs and the private for profit organizations) have developed a national PMTCT policy which aims to provide universal access to PMTCT services by 2010.

Despite these landmark achievements, access and utilization of PMTCT services remains dismal. Poor access to health services remains one of the major bottlenecks to uptake of PMTCT services. In addition, Psycho-socio and cultural factors also constitute major barriers to women's utilization of MCH/PMTCT services in health facilities. These include limited male partner involvement in PMTCT programs, high levels of HIV stigma, low levels of community HIV awareness and mobilization as well as high community attachment to, and preferential use of Traditional Birth Attendants (TBAs) and home deliveries by close relatives. Other factors include poor quality of services provided by government facilities, poor linkages to HIV care and treatment services for HIV positive mothers, weak procurement and distribution systems leading to frequent stock out of essential PMTCT commodities and inadequate staffing levels at the health facilities.

In FY 2006 IRCU began the PMTCT program to support the MOH plan of intensifying primary prevention of HIV/AIDS, prevention of unintended pregnancies among HIV positive women and comprehensive care to the mothers and family. IRCU undertook an assessment of the existing PMTCT program at 18 hospital based sites in order to establish the gaps within existing services as well as the demand for PMTCT in health units where these services were not yet initiated. Of these 18 hospital based unit, eight are currently carrying out PMTCT services supported by their individual districts through Elizabeth Glazer Foundation for Pediatric HIV care (EGPAF). The rest are lower health centers which have not been accredited to provide PMTCT services. For these sites, IRCU is working with MOH to accredit these sites to provide PMTCT services by the end of FY 2007.

Using FY 2007 funds, IRCU will implement joint facility and community based PMTCT services. Currently, there are estimated 5-25 mothers who test HIV positive each month at the implementing sites. In FY 2008, IRCU will continue to provide comprehensive PMTCT services in line with the new MOH guidelines as well as support community advocacy programs which include encouraging mothers to attend antenatal care (ANC), male involvement during PMTCT activities, and training of midwives and TBAs to distribute mother-baby ARV packs to mothers prior to delivery in case delivery takes place at home. IRCU will also facilitate the supplies management at the units to increase the uptake of HIV counseling and testing at ANC and provision of ARVs for prophylaxis by providing a steady supply of HIV testing kits and more efficacious ARV regimens as stated in the revised PMTCT guidelines.

In this program, IRCU will encourage the formation of PMTCT clubs consisting of HIV positive mothers, community volunteers and counselors. These clubs then carry out extensive health education and sensitization in the community, work with newly diagnosed mothers encouraging them to bring their spouses or partners for testing and track mothers and infants after delivery to assess their health care seeking habits. IRCU will work with MOH and EGPAF to train the implementing sites set up systems for PMTCT follow-up and male involvement. With IRCU help, the sites will set up PMTCT-support clubs to work with the newly diagnosed mothers cope with their new health status, encourage them to test their other children and spouses and follow up on the male involvement and testing. These clubs will also teach mothers about nutrition, the hazards of breast feeding, alternative feeding for the infants and other care. The sites will also set tracking teams to identify all diagnosed mothers, open a clinical record for each mother, follow up each mother till time of delivery and during the postnatal period after which both the mother and infant will be transferred to the HIV clinic on site for regular care.

With the FY 2008 funds, IRCU will specifically strengthen the PMTCT community follow up program by tracking HIV positive mothers to assess their health seeking behaviors for both them and exposed infants and at the same time promote early initiation of Cotrimoxazole prophylaxis and ART. IRCU will also continue to educate mothers and encourage them to deliver in health centers. The team will then counsel the mother and either refer to the nearest center or encourage them to continue seeking care at that particular health unit.

IRCU will initiate links with the district health Services Commissions especially the department of PMTCT, and EGPAF to work as partners to streamline PMTCT services according to the district health sector plan. This will involve holding coordination meetings with district leaders and partners and other stake holders. This will be incorporated in the IRCU quality assurance plan for provision of PMTCT services according to national standards.

As part of the gender equality strategy for the HIV/AIDS care provision, IRCU will prioritize promotion of male involvement in the PMTCT program. This will be done by encouraging wives to disclose their HIV status to their spouses and encourage them to enroll in the program. Once the male partners have enrolled in the program, they too will be counseled and encouraged to go for HIV/AIDS testing so that they know their status. They will be encouraged to escort their wives during required PMTCT visits to health facilities

Activity Narrative: for sessions. Religious leaders will be trained to mobilize couples especially the male partners of expecting mothers through their routine pastoral work and home visitations to access PMTCT and related services. Individuals who test positive will be assisted to receive care and treatment.

The implementing sites will be required to follow up all the children born to Mother infected with HIV through the PMTCT program. IRCU will prioritize CD4 testing for both the mothers and infants. The exposed infants will be tested for HIV infection using RNA-PCR from the nearest Joint Clinical Research Center (JCRC) Regional Labs of Excellence. IRCU signed a Memorandum of Understanding with JCRC which institution has agreed to provide this lab service. By the end of FY 2008, IRCU is targeting to test over 600 infants through the various sites. These children will be enrolled into care and given the required basic HIV care including Cotrimoxazole prophylaxis and also assessed for eligibility for ART.

Through partnerships, IRCU will build the capacity of key groups in the community such as community leaders, PHA networks and traditional birth attendants so that they are an indigenous source of knowledge within their communities and can be utilized to refer mothers or couples for HIV testing and PMTCT services at the IRCU related health units.

PMTCT will also be strengthened by promoting linkages and inter departmental referral between HIV counseling and testing (HCT), Tuberculosis (TB) as well as referral to other health units, in particular ART, at all its implementing sites. IRCU will specifically ensure that PMTCT services are linked to the onsite HIV clinic and mothers will be assessed for eligibility of ART and those eligible will be fast tracked to receive ART.

By the end of FY 2008, IRCU will have supported community mobilization around the 18 sites delivering PMTCT services, enrolled 500 mothers in the program and strengthened male involvement by encouraging 300 couples to test for HIV infection.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14206, 14207, 14208, 14209, 14210, 14211, 14212, 14213

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | N/A | True |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | N/A | True |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | N/A | True |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | N/A | True |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7207.08

Prime Partner: Joint Clinical Research Center,
Uganda

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15894.08

Activity System ID: 15894

Mechanism: TREAT (Timetable for
Regional Expansion of ART)

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$300,000

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY2008, this activity will focus on training health workers, strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide, and infrastructure development for increased clinical space for ART in rural health centers and improved laboratory infrastructure and services for diagnosis and monitoring of treatment for tuberculosis (TB) and HIV

In an effort to integrate delivery of interventions for Prevention of Mother to child Transmission (PMTCT) within maternal and child health services (MCH), the TREAT program will scale-up the use of highly active anti-retroviral (ARVs) for treating pregnant women and preventing HIV-infection in infants in 60 supported sites. The program will provide HIV/AIDS Counseling and Testing (HCT) and CD4+ cell measurement services to at least 10,000 HIV-positive pregnant women in 60 sites to determine anti-retroviral therapy (ART) eligibility and provide ART to those eligible. It is estimated that 30 percent of these women will receive ART services.

The program will provide support and training to other USG-supported program to integrate CD4+ cell measurement in the essential package for pregnant women and setup referral networks to ensure that health facilities without CD4+ cell measurement facilities send samples to referral laboratories.

In addition to training staff in MCH services to provide ART, the program will procure and provide ARVs to antenatal clinics in 60 sites. The program will also ensure that AZT and Nevirapine for infants is available in the 60 MCH sites.

It is estimated that 3,000 HIV-positive pregnant women with CD4 cell count below 350 cells/mm³ will receive ART while 7,000 not yet eligible for ART will receive a course of highly effective ARVs for prevention of HIV infection in infants. All the 10,000 HIV-exposed infants will receive a 7-day course of zidovudine (AZT) and nevirapine. The program will follow the revised Ministry of Health protocol for PMTCT and the WHO recommendations for ARV drugs for treating pregnant women and preventing HIV-infection in infants in Resource-limited setting.

It is anticipated that through this activity, PMTCT using single dose Nevirapine will be reduced to an absolute minimum in the supported sites.

The program will link with the President's Malaria Initiative (PMI) to provide Intermittent Preventive Therapy for malaria in pregnancy using either daily cotrimoxazole or 3-doses of sulfadoxine-pyrimethamine and the distribution of Insecticide Treated Mosquito nets to pregnant mothers. All women diagnosed to be HIV-positive will be screened for tuberculosis (TB) and receive nutritional counseling and education including support for infant feeding. All women eligible will receive cotrimoxazole prophylaxis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15700, 15623, 16008, 16007, 15791, 15914

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 16008 | 16008.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$340,000 |
| 16007 | 16007.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$225,000 |
| 15623 | 15623.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$3,000,000 |
| 15791 | 15791.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$4,800,000 |
| 15914 | 15914.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$1,400,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$100,000

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 0 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 0 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 0 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 0 | False |

Indirect Targets

These resources will be used to strengthen linkages and referrals between PMTCT and ARV sites to ensure that pregnant women received the full continuum of care.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arua
Busia
Gulu
Ibanda
Kaabong
Kabarole
Kampala
Kamuli
Kanungu
Kapchorwa
Kasese
Kayunga
Lira
Luwero
Mbale
Mpigi
Mubende
Nebbi
Ntungamo
Pader
Rukungiri
Soroti

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3834.08

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4795.08

Activity System ID: 16078

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement

USG Agency: Department of State / Population, Refugees, and Migration

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$60,000

Activity Narrative: The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, palliative care and ART services with support from IMC. The clinic records delivery of 35-45 babies per month, an equal number of births is estimated at homes, with the assistance of TBAs. In the 2007 FY, IMC will provide HIV counseling and testing services to 1,500 pregnant women through its single service outlet. Community mobilization and awareness through use of information campaigns, dramas & door to door visits e.t.c to increase PMTCT uptake will be done including encouragement of spouses to attend PMTCT services. An estimated number of 75 HIV positive mothers will receive preventive ARVs during FY 2007. In FY 2008, IMC plans to expand PMTCT services to one other health center II in Mukondo as well as improve the quality of PMTCT services outlined below. Antenatal care will continue to provide an entry into the PMCT program. On antenatal clinic day, all expectant mothers will be sensitized on the benefits of taking HIV test, mother to child HIV transmission, general HIV/AIDS prevention information, infant feeding practices, and family planning. Group HIV pre-test counseling will be conducted and consenting mothers will be provided with an HIV test and given results. Incentives like t-shirts and mosquito nets will be used to motivate couples who attend antenatal care services as part of the process of increasing men's enrolment into the PMTCT program. In addition, a special antenatal clinic day will be set aside to attend to couples.

Through HIV post-test counseling, HIV positive expectant mothers will be identified, informed about the PMTCT services and other HIV and AIDS care and support services available and enrolled on to the program. Specific services provided to HIV positive expectant mothers will include HIV specific infant feeding education, provision of micro nutrient supplements like iron, OI management, nutrition counseling, education on good hygiene practices, personal and home care. Reproductive health services such as treatment of sexually transmitted disease, family planning / child spacing, intermittent preventive treatment of malaria, postnatal care e.t.c will be integrated into PMTCT programs through education and provision of services. HIV positive mothers will also be provided with preventive ARVs (basic regimen, combined regimen or HAART using MOH PMTCT guidelines). In addition IMC will support HIV positive mothers by taking their blood samples to the JCRC in Fort Portal where CD4 counts can be conducted. Follow up care and support for mother and baby will be done after delivery in order to increase uptake of PMTCT services.

IMC will conduct a rigorous PMTCT campaign using film vans, IEC materials and door to door sensitization. The PMTCT awareness campaign will highlight the benefits of PMTCT services to girls, pregnant women, their partners, parents and communities as well as the need for male partners to provide appropriate support. IMC and GTZ will conduct refresher trainings for existing Traditional Birth Attendants (TBAs) on PMCT to provide PMCT awareness and also to ensure that they refer HIV positive mothers to the health centers for delivery. TBAs will also ensure that ARV prophylaxis is administered for both the baby and the mother since many women opt to deliver outside the health centers because of the distances involved.

IMC will also establish a home-based PMTCT program to follow up on expectant mothers not accessing ANC services and PMTCT clients who drop out. They will be followed up in their homes and provided with related information and drugs. Linkages with other existing programs that support vulnerable populations like the Maternal Child Health Nutrition program and the Basic Care Package Program by PSI will be strengthened.

Through PMTCT services, IMC will link babies exposed to HIV to other prevention, care and treatment services. An early infant diagnosis (EID) and pediatric care program will be established. HIV positive babies will be enrolled in the ART program. HIV specific infant feeding counseling to HIV+ mothers will continue after delivery and during further postnatal visits, soon after delivery and at 5 to six months when babies are expected to be weaned. IMC will promote exclusive breastfeeding since it is the most viable option in this context. Awareness on early cessation of breast feeding and rapid weaning will be done during the home visits. The families of HIV positive mothers will be supported to strengthen or set up income generating activities for purposes of raising money to manage complementary feeding.

Other activities include provision of related medical supplies, additional staff to be recruited and trained (midwife/counselor) to ensure the clinic team will be able to manage the additional workload. This activity is expected to reach 1700 women with PMTCT services between September 1, 2008 to September 1 2009. GTZ will continue providing these services after the project phases out with a long term plan of the health sub district taking it on when the camp is closed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8298

Related Activity: 16079, 16080, 16081, 16082,
16083, 16084, 18895

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 25175 | 4795.25175.09 | Department of State / Population, Refugees, and Migration | International Medical Corps | 10706 | 3834.09 | Refugee HIV/AIDS services in Kyaka II Settlement | \$60,000 |
| 8298 | 4795.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$51,514 |
| 4795 | 4795.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$44,531 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 2 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 1,700 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 122 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 15 | False |

Indirect Targets

Target Populations

Other

Pregnant women

Coverage Areas

Kyenjojo

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5737.08

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS

Prime Partner: The AIDS Support Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17058.08

Planned Funds: \$450,000

Activity System ID: 17058

Activity Narrative: This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY'08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bed nets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility-, community-, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

The implementing partner will focus on improving 2-way referrals and integration with PMTCT services. This will include ensuring that HIV+ female clients who are pregnant, are referred to PMTCT and ANC services, and that they receive appropriate HAART or prophylaxis according to national guidelines. The applicant will ensure that both CD4 testing and ARV treatment slots are available for pregnant women identified as seropositive at ANC. Training and support supervision will improve the level of awareness of health care providers to needs of HIV positive pregnant women, and implementation of national treatment guidelines. Efforts will be made to reduce biases of health care personnel towards HIV+ women who are pregnant, and which prevent them from seeking appropriate services. Linkages with the community through PHA and support groups will facilitate follow up of HIV+ women post-natally, and ensure that infants are appropriately managed and HIV tested, and that women make informed decisions about infant feeding. The IP will work towards integration with wrap-around family planning services for HIV+ women who wish to avoid pregnancy, and for discordant couples.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 13226, 13227, 13228, 13229,
13230, 17055**Related Activity**

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|-------------------------------|----------------------|
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17090.08

Activity System ID: 17090

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$150,000

Activity Narrative: 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 36% of patients. Reach Out Mbuya (RO) is a sub-partner with TMC in the provision of holistic HIV/AIDS care.

RO was initiated in May 2001 with 14 clients but now has a total of 2400 clients with 50% on ART. Over 70% of the clients accessing care and treatment from Reach Out are women and about 60% of these women are in the reproductive age and are therefore prone to reproductive health challenges including pregnancy.

The PMTCT component was started in 2004 due to the increasing number of pregnant HIV positive women in the program. By April 2007 278 mothers had been reached through this program. The package offered now includes: Counseling on PMTCT, ART, Nutrition, Feeding options education and nutrition support for both the mother and baby, Community follow up, referrals for Antenatal and DND/ PCR testing

Reach Out is planning to continue with the above mentioned activities in FY08. Through three service outlets we hope to reach a total of 380 mothers and their families on Counselling and Testing according to the national and international standards. Through our routine HIV clinics we hope to screen 1600 women in the reproductive age-group 15-49 for pregnancy. All HIV positive women found pregnant will be linked to the PMTCT minimum package. Through the male involvement program we hope to sensitize 6000 Men on male involvement in reproductive age we hope to reach through our community outreach and prevention programs we hope to sensitize 30,000 youth in and out of school on prevention of unwanted pregnancy.

In FY08 we hope to strengthen our community linkages and follow up for our PMTCT recipients. Eight Mother 2 Mother (M2M) supporters will be facilitated to carry out follow up mothers and babies in the community. In addition the capacity of these M 2 M supporters will be enhanced for quality services through 4 workshops.

All 380 Pregnant mothers, their babies and families will receive nutrition support and special feeding options for babies in need will be provided. 380 mothers will be reached with family planning messages and empowered to practice the methods of their choice. All pregnant mothers will be empowered to bring their spouses for PMTCT sessions so as to strengthen MTCT+

We hope to reach 200 eligible pregnant mothers with antiretroviral prophylaxis through our on site PMTCT programs. All pregnant mothers reached through ART prophylaxis will receive adherence counseling and follow up. Furthermore, all 380 pregnant mothers targeted will receive prophylaxis against opportunistic infections

A total of 350 babies delivered will be referred to PIDC for DNA-PCR testing. Through a MOU with PIDC and Naguru Health centre we hope to strengthen our referral linkages and reduce the loss to follow- up by 50%. Approximately 150 pregnant women will be managed for STI's. Assuming each pregnant mother receives 2 CD4 counts per year; during the FY08 approximately 800 CD4 counts will be done. Assuming 2% suspected ART first line failure then 75 viral loads will be required.

A total of 8 M2M supporters will receive a seven day comprehensive training in HIV/AIDS care and treatment, Furthermore, a total of 4 refresher workshops will be conducted during FY08. A six months comprehensive HIV training program will be initiated and implemented in the FY08 and a total of 24 Nurse practitioners will be trained and facilitated to participate in this training program. A total of 40 health workers from other HIV/AIDS programs will be supported through placements at Reach Out. A total of 40 Reach Out Health workers will be sent for short courses or placements to other Organizations. Capacity of the PMTCT section will be enhanced through provision of office space at all the three outreaches

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13283, 13284, 13285, 13286,
13287, 13288, 13289, 13290,
13291, 13292

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of individuals trained in logistics pull system for PMTCT | N/A | True |
| 1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards | 3 | False |
| 1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results | 380 | False |
| 1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting | 200 | False |
| 1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards | 80 | False |

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Kampala

Wakiso

Table 3.3.01: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 1290.08 | Mechanism: AIDSRelief |
| Prime Partner: Catholic Relief Services | USG Agency: HHS/Health Resources Services Administration |
| Funding Source: GHCS (State) | Program Area: Prevention of Mother-to-Child Transmission (PMTCT) |
| Budget Code: MTCT | Program Area Code: 01 |
| Activity ID: 18961.08 | Planned Funds: \$62,500 |
| Activity System ID: 18961 | |
| Activity Narrative: Follow-on to current Track 1 AIDSRelief activities. | |
| HQ Technical Area: | |
| New/Continuing Activity: New Activity | |
| Continuing Activity: | |
| Related Activity: | |

Table 3.3.01: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 9212.08 | Mechanism: Integrated Community-based Initiatives |
| Prime Partner: Integrated Community Based Initiatives | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Prevention of Mother-to-Child Transmission (PMTCT) |
| Budget Code: MTCT | Program Area Code: 01 |
| Activity ID: 21112.08 | Planned Funds: \$750,000 |
| Activity System ID: 21112 | |

Activity Narrative: The overall program goal is to increase the uptake of PMTCT interventions that are currently being offered for pregnant women and their families in Uganda. The Uganda Ministry of Health (MOH) together with development partners have been implementing a national PMTCT program since 2001 through integration of the PMTCT interventions into existing health care services. PMTCT services have now been expanded to all districts countrywide. However, despite the improvement in availability and accessibility of effective interventions to prevent MTCT, the coverage of HIV positive pregnant women enrolling for PMTCT services is still low (30%). Routine opt-out HIV counseling and testing strategy has been introduced in all antenatal clinics to address this problem; but there is still a cascade drop out of clients at every level of PMTCT intervention through antenatal, delivery and Postnatal care. In addition, currently most pregnant mothers learn about the possibility of preventing the transmission of HIV to their children during visits to antenatal clinics and about 62 percent of mothers deliver outside health facilities with traditional birth attendants (TBA) or relatives which makes it impossible for some HIV positive mothers to access appropriate interventions for PMTCT. Socio-cultural and economic factors constitute major deterrents for women's utilization of PMTCT services and their failure to come back to the health facilities for deliveries as recommended under PMTCT guidelines. This includes limited male partner involvement in PMTCT programs, social stigma and the high community attachment and preferential use of traditional birth attendants (TBA). The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. This program will develop and implement several community-led approaches to address the social and behavioral factors that affect the uptake of PMTCT services through social mobilization, local-language behavior-change communication, and service provision. These approaches will focus on PMTCT promotion, education, motivation and increasing the demand for services in the communities systematically. The program will also establish and use referral networks for an array of HIV/AIDS and other health services to ensure HIV-infected mothers and their families receive appropriate health care services. Community support groups, including TBA and other organized community groups in Uganda, will participate in the provision of psycho-social support to address issues such as disclosure, stigma, discrimination, and appropriate infant feeding; in addition, they will participate in the mobilization of communities and referral for the utilization of PMTCT interventions, in accordance with Ugandan Ministry of Health guidelines. This program will forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities.

Key strategies for this program will include, among others mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. This program will also put special emphasis on improving the participation of male partners and family support for PMTCT activities by establishing appropriate strategies at both the health facility and community levels. The program will design effective follow-up activities and the provision of linkages to the health units where PMTCT is available; it will also develop and implement systems for support, supervision, and monitoring of program activities. This program will contribute to the following PMTCT results:

The proportion of pregnant woman who attend ante-natal care (ANC) at least three times will increase from 50% to 70% (534,590 - 700,000).

The proportions of pregnant women who receive HCT will increase from 72% to 90% (368,000 - 480,000).

The number of HIV-positive women identified will increase by from 20,000 to 50,000.

The proportion of women who deliver at health facilities will increase from 38% to 50% (242,200 - 500,000)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$17,242,027

Estimated PEPFAR contribution in dollars \$35,000

Estimated local PPP contribution in dollars \$15,000

Program Area Context:

Country Context: The Government of Uganda (GOU) has finalized its new, 2007-2012 National Strategic Plan (NSP) for HIV/AIDS, an effort grounded in epidemiological data from over 20,000 participants in the 2004/5 Ugandan HIV/AIDS Sero Behavioral Survey (UHSBS), cross-sectional and longitudinal studies identifying drivers of the epidemic, and surveillance trends. Based on these data, and intensive stakeholder consultation, GOU, WHO, UNAIDS, and USG have concluded that the steady decline in HIV prevalence (from 20% to 6.4% during the first 20 years of the epidemic) attributed to early prevention efforts has reached a plateau, and that HIV incidence is back on the rise (an estimated 126,100 new infections and 70,300 deaths in 2007). Therefore, the NSP re-emphasizes HIV prevention as a cornerstone of HIV/AIDS programming to alter the course of Uganda's mature epidemic. UHSBS and other studies suggest that sexual transmission accounts for over three-fourths of all new infections (marital sex 42%, commercial sex work 21%, and casual sex 14%). Mother-to-child HIV transmission (MTCT) is the second largest source accounting for over one-fifth (22%) on new infections. Fuller analysis of the UHSBS data also suggests that the epidemic has shifted into the general population and the older age groups, for which there has been little prevention programming in recent years, since the Zero Grazing campaign waned. The UHSBS data highlight that whereas knowledge of HIV is high, comprehensive knowledge (knowledge of transmission and rejection of misconceptions), which may influence behavior change and risk perception, is still below 50% for both men and women. Based on these findings, the MOH has developed Policy Recommendations that complement the NSP to guide implementation of prevention priorities. Recommendations particularly relevant to HIV prevention stress the need: to increase comprehensive knowledge and risk perception through use of communication channels, particularly radio; to strengthen behavior change for risk reduction and risk avoidance among young people; to promote protective social norms.

In line with these findings and priorities, USG will provide financial and technical assistance in FY08 for HIV prevention strategies that appropriately target the general population and youth. USG partners will consolidate their AB educational counseling and communication efforts among youth; will heighten self-perception of risk among both youth and the general population; and will support prevention strategies that address social and gender norms that underlie risky sexual behavior. The USG prevention working group is well represented on the National HIV Prevention Working Group, which provides a channel for coordination of prevention programming across GOU agencies, NGOs and the AIDS development partners.

USG Prevention Programming: Since its inception in Uganda in 2004, the Emergency Plan has supported evidence-based prevention programming, with a strong focus on youth, linking youth vulnerabilities and behavioral interventions for a healthier and empowered young generation. Starting in FY06, the Emergency Plan supported a gradually stronger focus on male gender norms, many of which were apparently underlying youth vulnerabilities to HIV infection, including transactional sex, poorly developed rejection skills, and a tendency toward coercive and violent sex as proof of manhood. In FY07, the USG supported comprehensive prevention programming across its program areas and implementing partners, in line with the emerging UHSBS data. As Uganda is experiencing a mature generalized epidemic, USG prevention efforts support large scale initiatives that challenge community and social norms and ultimately foster an environment in which individual behavior change can take place.

Comprehensive Prevention Programming: In FY08, USG will continue to support HIV prevention strategies that target the general population (particularly men), youth, and high risk groups, and will continue to support strategies that address the social and gender norms underlying risky sexual behavior in the general population. The B a Man and Something for Something Love campaigns, which discourage transactional sex and promote healthy social and gender norms, have attracted very positive responses from young people, and have begun a social buzz against "something for something love" paving the way for behavior change. 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, in line with OGAC's ABC guidance and principles.

Personalized Risk: In FY08 a particular effort will be made across all USG partners to focus their messages and activities on heightened risk perception, which seems to have waned across all population segments and all age groups. Risky sexual behaviors were highly prevalent in the UHSBS, including multiple and concurrent partnerships, sex with non-marital, non-cohabiting partners. These behaviors were also shown to be on the increase compared to the late 1980s. Yet most people who engaged in these behaviors did not perceive themselves to be at high risk of HIV infection. Only 21% of female and 23% of male respondents to the UHSBS believe it very likely that (s)he will contract HIV, with variations by age, gender, and residence. With the strong feeling in GOU circles that there is increased disinhibition among population groups, it is important to refocus messages explicitly on personalized risk, particularly that from concurrent multiple partnerships. Approaches to heighten personalized risk will be linked to HIV counseling and testing initiatives.

Programming for Youth: it is important to note that women, especially young women, are increasingly delaying the age at first sex. This trend is not as clear among young men, however. 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 FY08 will continue to 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 and post primary schools, through President Museveni's PIASCY initiative with a strong teacher training component, and age appropriate comprehensive prevention messages, skills, and activities. In addition to this institution-based approach, USG will continue to 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 implementing partners and counterpart organizations to improve the programming and linkages across prevention for youth and OVC prevention needs. The prevention needs of young positives has been a weak component of the USG prevention portfolio to date and will be addressed more explicitly by a number of partners in FY08. Finally, 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.

Gender Norms: The MOH recently conducted a trend analysis (1985-2005), which 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 include 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 coordinated with the USG-supported YEAH and "B a Man" campaigns for assistance in working with men, training of group facilitators, and developing appropriate communication materials. Medical Male Circumcision is being championed by the MOH as an effective prevention intervention, and is included in the NSP. Discussions are underway in 2007 and plans made for a communication strategy with an advocacy component to ensure that the public is well informed and their frequent questions and concerns are addressed. The communication strategy incorporates findings from the FY07 assessment of attitudes, beliefs and practices related to male circumcision. USG will continue its support of the communication strategy in FY08, for dissemination implementation or intensification, depending on progress made in 2007.

Program Area Downstream Targets:

| | |
|---|---------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 5858283 |
| *** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 1669602 |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 44515 |

Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 9212.08 | Mechanism: Integrated Community-based Initiatives |
| Prime Partner: Integrated Community Based Initiatives | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Abstinence and Be Faithful Programs |
| Budget Code: HVAB | Program Area Code: 02 |
| Activity ID: 21148.08 | Planned Funds: \$145,063 |
| Activity System ID: 21148 | |

Activity Narrative: According to the recent Sero-Behavioral Survey (2004/05), almost one million people in Uganda are infected with HIV i.e. 6.4% of adults aged 15-49 years and about 0.7% of children aged less than 5 years (MOH and ORC Macro, 2006). Women are disproportionately affected at younger age compared with men; for instance, the male : female ratio among teenagers aged 15-19 years is 1:9, while among young people 15-24 years is 1:4. HIV prevalence is generally higher for women than for men in the reproductive age-group i.e. 15-49 years, with the pattern reversing after the age of 50, where HIV prevalence is slightly higher among men than women. The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. This program will develop and implement several community-led approaches that focus on preventing HIV infection among young women in communities by promoting safer sexual behaviors and sexual norms through Abstinence and Be faithful interventions; promotion of HIV sero status knowledge among young women and advocating for change in the cultural and sexual norms which encourage high risk sex for young women. The program will establish and use referral networks for an array of HIV/AIDS and other health services (Abstinence and Be Faithful, condoms and other prevention activities). Community support groups, opinion leaders and other organized community groups in Uganda, will participate in the promotion of safer sexual practices in the communities. The program will also forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities.

Key strategies for this program will include, among others, promotional and motivational activities for PMTCT through mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. The program will provide linkages to the health units for the provision of other components such as HCT services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 699.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17091.08

Activity System ID: 17091

Mechanism: Basic Care Package
Procurement/Dissemination

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$60,000

Activity Narrative: Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people worldwide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. It aims at measurably improving the health of vulnerable Ugandans using evidence based social marketing and other proven techniques that promote sustained positive behavior change with added emphasis on rural populations. It is committed to effective collaboration in support of the Ministry of Health's (MOH) priority areas including, but not limited to, HIV/AIDS, malaria, child health and reproductive health.

Young women in Uganda, as is the case in all sub-Saharan countries are at much higher rates of HIV prevalence than their male peers. Seminal research studies have linked this disparity in prevalence to sexual relationships with older men a practice known as cross generational sex (CGS)—defined as a sexual relationship between a young girl and an older man 10 or more years her senior in exchange for material gains. Of girls aged 15 – 19, 10% report having had sex with men 10 or more years their senior in the past 12 months (National Survey of Adolescents – Uganda 2006) Another study reveals that among university-going sexually active girls 19 – 24 years, 20% had been in a cross generational relationship, and 36% believe it is normal to engage in such relationships (PSI Uganda Tracking Survey 2005). The Uganda HIV/AIDS Sero-Behavioural Survey 2004/05 showed that the HIV prevalence peaks and is highest among the 30 - 44 year olds among the men and yet cross generation sex is on the increase (PSI Tracking Survey 2005/06). As many men in this age bracket continue to have sexual relationships with young girls aged 15-24 years; who are easily swayed with material things as little as a mobile phone (PSI Tracking Survey 2005/06), it is critical to address this CGS problem.

In FY2007 PSI/Uganda is implementing a dynamic, multifaceted intervention to address Cross Generational Sex. The program focuses on the reduction of cross generational sex, along side delay of sexual activity, secondary abstinence among girls 15 -24 and fidelity among men 30 -49 years. The intervention is in 10 universities and 50 secondary schools in the districts of Kampala, Mukono, Wakiso, Luwero, Mbarara, Gulu, Masaka, and Mpigi. The program targets 3 main audiences; young women; older men engaged in the practice and the general population. Among the program's components is the establishment of peer and social support groups for young women dubbed the "Go-Getters." In FY 2008 in partnership with Straight Talk Foundation, PSI will extend the "Go-Getters" to secondary schools. Through these clubs, young women receive peer education and counseling about the risks involved in cross generational sex relationships, guidance on planning for their dreams and mapping out a path to success in their future careers. Go-Getters club members are also empowered with the life skills that will enable them to make good, sound decisions and judgments when faced with choices that will ultimately either save or end their lives. The aim of the campaign is to empower the girls 15 -24 to reject cross generational sex and abstain from sexual activity, while encouraging fidelity among the men involved in the CGS practice. Besides the "go-getters" interpersonal communications, the program has a multi-channel mass media campaign and mobile HIV counseling and testing at universities. Those who test positive are linked up with care and support centers nearest to their universities especially AIC sites; one of PSI's partners in the CGS program.

Free HIV Counseling and Testing has been included as an additional component in the universities program, in response to data that showed that only 15% of women aged 20-24 have ever tested for HIV (Uganda HIV/AIDS Sero Behavioural Survey 2004/05).

Current gaps: The current campaign has a strong emphasis on mass media and has generated a lot of discussion in the media, but this needs to be integrated with an equally strong emphasis on interpersonal communications. With the current program we are not able to obtain immediate feedback from the target audience which would be valuable in crafting messages to address their concerns and underlying beliefs and causes of CGS, early sexual activity and infidelity. The behaviors being addressed are individual in nature and require a strong personal counseling and reflection. While the mass media campaign will lead to increased awareness and education about the healthy behaviours promoted, these are insufficient bases for personal action. The gap between knowing what to do and carrying it out is notorious. With funding from CDC, PSI will develop a strong interpersonal communications campaign that allows for careful listening to the target groups concerns and address them. Through this feedback mechanism PSI will be able to develop a cost-benefit analysis of the promoted behaviors from the target groups' perspective. The activities (explained below) will include community outreach events to the 50 secondary schools and 10 universities and a short messaging service (SMS) media promotion targeting university students and married couples. The SMS media campaign will target the 20 -24 year olds in university as SMS media is fashionable to this category but will not target the 15 -19 year olds as they are unlikely to access mobile phones. Feedback from the 15- 19 year olds will be obtained from school teachers and at the community outreach events.

In FY 2008 PSI will conduct the following activities to bridge the above gap.

1. Expand the interpersonal communications (IPC) to the 50 secondary schools and surrounding communities, targeting the 15-19 year olds (male and female) with abstinence messages and messages encouraging the rejection of cross generation sex. The IPC activities will include the screening of a new cross generation video drama "the honorable" that is followed by discussions on the problem of CGS and what young people can do to reject CGS. PSI will continue to partner with FBOs such as CHAIN Foundation and Power Fm to lead the discussions after the film dramas. Through the IPC, PSI plans to reach 50,000 male and female 15 -19 year olds in the schools and their surrounding communities with key messages on abstinence, and cross generational sex.
2. The discussions held with a vicarious-interaction style, will be recorded, edited and aired weekly on Power Fm for greater reach, especially to young people out of school. 200,000 male and female 15 -24 are expected to be reached through the mass media campaign.
3. Another activity for the FY2008 will be the addition of a short messaging services (SMS) media promotion to support the already existing mass media campaign. Through this promotion dubbed "One million reasons to reject cross generational sex" PSI will engage the young girls 20 -24 years to send SMS messages with their top reasons for rejecting CGS—an excise that will get them to deeply think about the benefits of abstinence and rejecting CGS. A similar campaign targeting the men dubbed "One million reasons to remain faithful" will engage the men in fidelity messages. This interactive element to the ongoing "No to Sugar Daddies, No to HIV" media campaign will provide PSI with feedback directly from the target audience, promote interaction with the target audience, enable real time access to the public through SMS, and provide PSI with an accurate database of phone numbers of the target audience through incoming SMS. The promotion will feature incentives such as One million shillings worth of tuition fees per semester as a grand prize for the girls 20 -24 years and a one million worth of holiday/vacation grand draw prize for

Activity Narrative: the fidelity campaign. Other incentives will include T-shirts, caps, airtime among others. 100,000 people are expected to be reached through the SMS media campaign.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13307, 13308, 13309

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------------------------|---------------|
| 13307 | 4410.08 | 6437 | 699.08 | Basic Care Package Procurement/Disemination | Population Services International | \$300,000 |
| 13308 | 4400.08 | 6437 | 699.08 | Basic Care Package Procurement/Disemination | Population Services International | \$3,496,718 |
| 13309 | 4511.08 | 6437 | 699.08 | Basic Care Package Procurement/Disemination | Population Services International | \$586,000 |

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 150,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 50,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 300 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 690.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 18548.08

Activity System ID: 18548

Mechanism: N/A

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$50,000

Activity Narrative: 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 throughout 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 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 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 and ARV adherence. 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 08, 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. Encouraging disclosure that will increase the number of spouses of HIV positive soldiers for testing, 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16065, 16066, 16067, 16068, 16069, 16070, 16071, 16072, 16073, 16074

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 40,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 150 | False |

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7624.08

Prime Partner: Visions in Action

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 17152.08

Activity System ID: 17152

Mechanism: New Partners Initiative:Visions in Action

USG Agency: HHS/Health Resources Services Administration

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: Visions in Action (VIA) is conducting a comprehensive three year Voluntary Counseling and Testing (VCT) program targeting youth in Gulu and Amuru districts of Northern Uganda under the New Partner Initiative of PEPFAR. The program includes an Abstinence and Be Faithful Component, described below.

IEC Campaign A large Information, Education and Communication (IEC) campaign will be launched to coincide with the opening of the Abstinence and Be Faithful campaign, and will continue throughout the three year program. The IEC campaign will seek to promote youth awareness of the importance of abstinence & being faithful, and also provide logistical information on where and when to get tested for HIV. This will include radio spots, posters, billboards, banners, newsletters, colorful stickers and brochures targeted at youth to be distributed widely throughout the region, in both English and Acholi. The Abstinence & Be Faithful (AB) approach will be emphasized, especially a women's right to say no to sex before marriage. For young men, the focus will be on not giving in to peer pressure from other men to have sex with their partners before marriage. The newsletter will be published twice a year, and will feature a comic strip portraying an exemplary unmarried Ugandan Acholi couple that is abstaining from sex, and their interactions with other friends who may not be so resolute. School and community theatre productions dramatizing the need to be tested, and actions taken afterward, will be performed by youth in the IDP camps. An annual VCT drama competition among secondary schools will be organized.

Billboards & Banners- They will be placed in strategic locations with high traffic on the main roads in Gulu and Kitgum, and near the testing centers. The billboards will be constructed so that they are solid enough to last at least three years, and will cover all the major roads in and out of Gulu and Kitgum towns. Banners are not as long lasting, and will be used during key dates (such as World AIDS Day) and to promote specific events and youth workshops. They will be in both Acholi and English.

Posters- These will be placed in all the VCT Centers, the four referral hospitals, and all the Level 2, 3 and 4 Health Centres & Clinics in the two districts. One of the popular posters seen recently in Gulu and Kitgum shows a happy couple with the words "We were tested together. Knowing our status improves our lives." Another shows a lone carpenter working, and states "I am HIV+. I am working and caring for my family. I am healthy, thanks to treatment." Posters similar to these will be designed and distributed in areas that have not had much exposure to these messages, especially the IDP camps.

Newsletters- The newsletters will be published twice a year, and will be distributed through the local junior and senior secondary schools. These will feature basic facts on HIV/AIDS, and living positively with HIV, facts on Sexually Transmitted Infection(STIs) and Opportunistic Infections(OIs), questions to and answers from the editor about HIV, a comic strip of a model Acholi couple who abstain from sex, and creative campaigns involving youth in local high schools contributing to the newsletter.

Brochures and Video/DVDs Brochures will be available at the VCT Centers, and will be given to all the communities visited. VCT Centers will have informational brochures available, and a video/DVD player that will be able to show informational videos while the clients are waiting to be tested or waiting for their results.

Abstinence and Faithfulness Workshops

Family Life Network (FLN) will conduct an abstinence workshop for 60 youth, an average of once per week, reaching some 3000 youth a year. (4500 in the next 18 months) A majority of these workshops will occur in the IDP camps and small rural communities that have not yet received these messages. FLN has developed two standard workshops, one aimed at older primary school students and younger high school students, stressing abstinence (the "A" workshop), and one aimed at older high school and college-age youth, emphasizing faithfulness to one partner (the "B" workshop). Both workshops will be utilized, depending on the audience.

The A workshop (Abstinence) covers:

- The benefits of abstaining from sex until marriage
- The possible consequences of pre-marital sex- pregnancy, expulsion from school,
- STIs (herpes, syphilis, gonorrhea, HIV, Human Pappiloma Virus (HPV)
- How abstaining from sex can actually enhance and deepen a relationship

The B workshop (Be Faithful) covers:

- The importance of being faithful to one partner
- How faithfulness strengthens trust in a relationship
- Transmission of HIV and STIs between partners
- Discordant couples
- How to reduce likelihood of transmission of STIs between couples
- Affects of unfaithfulness on the family and children

FLN will work out of the VIA offices and will train Acholi-speaking workshop leaders, who will form their Northern Uganda team.

Sustainability

Family Life Network is the sub-partner for the AB Activity. FLN will receive training and support from VIA throughout the program, so that they will be able to carry on their work in AB after this program is completed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17253, 17260, 17463

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------|---------------|
| 17253 | 17253.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17260 | 17260.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17463 | 17463.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 100,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 50,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 72 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amuru
Gulu
Kitgum

Table 3.3.02: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 5033.08 | Mechanism: Contraceptive and Reproductive Health Technologies and Utilization (CRTU) |
| Prime Partner: Family Health International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Abstinence and Be Faithful Programs |
| Budget Code: HVAB | Program Area Code: 02 |
| Activity ID: 19069.08 | Planned Funds: \$247,815 |
| Activity System ID: 19069 | |
| Activity Narrative: Understanding the Contribution of Concurrent Sexual Relationships to the HVI Epidemic | |
| <p>Rationale: The 2006 UDHS found that 36% of married women were in polygamous marriages an indicator for concurrent relationships. In the same survey, 28% of men reported having had sex with two or more partners in the preceding 12 months. The spread of sexually transmitted infections (STIs), including HIV, is much more rapid under conditions of concurrent partnerships. The pattern of concurrency, the duration of overlap, and the frequency of sexual relations with each partner, also have significant implications for the spread of the epidemic. The high rates of concurrent relations suggested by the DHS needs to be addressed as part of the prevention strategy for HIV in the country.</p> <p>Objectives: This formative assessment will generate strategic information on factors that contribute to the extent and pattern of concurrency in sexual partnerships. In addition, a formative assessment will examine the ways in which legal, religious, or other institutional factors facilitate or inhibit the formation, maintenance, and the ending of sexual relationships, and the prevalence of concurrency.</p> <p>Design: A randomized, cross sectional population based survey is planned. Both quantitative and qualitative methods including in-depth interviews and/or some focus groups will be used in this assessment. Setting: (location: community, facility, etc.)</p> <p>This will be a community based survey. The communities to be included in the survey will be selected using results from the UDHS to ensure that there is representation of communities where concurrent relationships are likely to be encountered. Participants: (In/exclusion criteria, sample size)</p> <p>At the community level women and men 15-49 will be interviewed about their sexual relationships and factors influencing the formation and sustenance of the relationships. The sample size will be determined to allow for comparison of responses by age, sex, and socio economic status.</p> <p>Methods: Study variables will include explanatory factors including individual-level variables (biological, psychological, demographic, and socioeconomic); partnership-specific characteristics; and social, cultural, and economic characteristics. The latter may include such factors as family influences, social networks, characteristics of "sexual market places," community norms, cultural expectations such as bride wealth or dowry, job and housing markets, and public policies.</p> <p>Outcomes: The strategic information generated through this formative assessment will contribute to the development of enhance STI and HIV-prevention interventions, particularly among most-at-risk populations (MARPS). Lessons learned will inform ongoing activities through the Regional Outreach Addressing AIDS through Development Strategies (ROADS) project and HIV prevention programming with MARPS along high prevalence transport corridors in Uganda.</p> <p>Timeline: (Total time of data collection) 1 year</p> | |
| HQ Technical Area: | |
| New/Continuing Activity: New Activity | |
| Continuing Activity: | |
| Related Activity: 14191 | |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------------------|---------------|
| 14191 | 9097.08 | 6735 | 5033.08 | Contraceptive and Reproductive Health Technologies and Utilization (CRTU) | Family Health International | \$300,000 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | N/A | True |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | N/A | True |

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3834.08

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement

USG Agency: Department of State / Population, Refugees, and Migration

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4799.08

Planned Funds: \$29,949

Activity System ID: 16079

Activity Narrative: HIV prevalence, according to the 2004/2005 National HIV/AIDS Sero Behavioral survey, is 6% among adults aged 15-49 years of age. Prevalence among women is higher (8%) than that of men (5%). The same survey reports that 76% of new infections are attributable to sexual transmission, of this amount, 42% where within marriage (largely due to extra marital sex but also entering marriage relationships without testing and mutual disclosure of results). In Kyaka II, prevalence is slightly higher than national figures (6.8%). This higher rates is mainly attributed to youth not embracing messages of abstinence. Secondly, marital infidelity is legitimized especially for men in the community. There is also a big number of youth especially girls who drop out of school and engage in prostitution (IMC Baseline survey, 2006). Alcoholism is also another predisposing factor to the spread of HIV in the camps.

In FY 2006 and 2007, IMC has stepped up HIV awareness in Kyaka II through door to door visits, impromptu discussions, community meetings, video and film shows, drama, and public information campaigns. Schools were specifically targeted through training peer counselors, organizing debates and seminars, an essay writing competition on abstinence and through inter school drama competitions. 6 schools were targeted with a population of 4000 students. The last annual review conducted in July 2007 reported that 99% of the refugee population had basic knowledge about HIV and considered it to be a big threat to their lives/health. This knowledge, however has not translated into the required behavioral change.

In FY 2008, the proposed project will take place in Kyaka II settlement of Kyenjonjo district where 27,609 people reside (10,540 are host population and 17,069 are refugees). IMC will shift to translating existing HIV knowledge into the desired behavioral change using the health belief model within the context of HIV/AIDS. The model involves providing comprehensive HIV knowledge, assessing risk for HIV and consequences, identifying alternatives to risky behavior and drawing action plans to reach desired behavior. Life skills training for the youth (in and out of school) is also a key component of this model. This model will be tailored to promote abstinence and marital fidelity. IMC will continue promoting the use of the PIASCY (Presidential Initiative For AIDS Strategy on Communication to Youth) in order to provide comprehensive HIV/AIDS knowledge for the youth. In each school, life skills clubs will be supported to set up an HIV/AIDS garage which provides information on an ongoing basis to students as well as provide an environment where students can be allowed to share experiences or ask any questions and seek answers. This will be done by putting an HIV question/suggestion box in the HIV garage where children can drop questions at their convenience and the club can provide answers as and when they meet or during a school assembly. In addition, door to door visits will be conducted by community educators targeting families to improve communication between parents and children hence motivating positive and responsible behaviors. Behavioral change campaigns will be conducted around World AIDS Day, Day of the African Child and World refugee day. These campaigns will also provide avenues to provide public information about HCT, OVC care and ART. HIV counseling and testing will be conducted at the celebration sites. IMC will also support establishment of one group of PHA, and train them to carry out HIV/AIDS awareness. IMC will also work with faith based institutions to create awareness on abstinence and promote marital fidelity. The existing GBV program implemented by IMC will provide an opportunity to promote girl child education and also create awareness on gender and gender based violence to facilitate the creation of more stable homes. The community centers will be furnished with games to reduce idleness of the out of school youth. IMC will recruit and train 8 new community educators to work among the host populations. HIV/AIDS talks will be organized in schools, using guest speakers from the church, other health centers, district and, NGO staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8299

Related Activity: 16078, 16080, 16081, 16082,
16083, 16084, 18895

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 25176 | 4799.25176.09 | Department of State / Population, Refugees, and Migration | International Medical Corps | 10706 | 3834.09 | Refugee HIV/AIDS services in Kyaka II Settlement | \$29,949 |
| 8299 | 4799.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$29,949 |
| 4799 | 4799.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$34,135 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 22,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 6,000 | False |

Indirect Targets

N/A

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Kyenjojo

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7306.08

Mechanism: UNITY

Prime Partner: Creative Associates International Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15983.08

Planned Funds: \$3,614,357

Activity System ID: 15983

Activity Narrative: The Uganda Initiative for Teacher Development and Management System (TDMS) and Presidential Initiative on AIDS and Strategy for Communication to Youth (PIASCY) – (UNITY) Project is managed by Creative Associates International Inc. This contract was signed in November 2006 with three education and one HIV/AIDS objectives:

- These are Professional development for enhancing the quality of primary teachers and Primary Teachers' College (PTC) tutors.
- Increase parental and community participation in education by providing information to parents and communities to enable them effectively contribute to school management; through a sustained multi-media advocacy and communication campaign and using incentive grants to strengthen successful school-community initiatives.
- Support the formulation and implementation of education policies with an aim of enhancing the capacity of the MoES/Education Planning Department (EPD) Monitoring and Evaluation Unit for effective data collection and analysis
- Expand the implementation the Presidential Initiative on AIDS Strategy and Communication to Youth (PIASCY) for primary and post primary schools throughout the country.

PPET PIASCY and G&C: the PPET PIASCY and G&C activities will include consensus building meetings with the Ministry of Education and Sports (MoES) Working Group on HIV/AIDS in collaboration with national HIV task force headed by Uganda Aids Commission (UAC). This is important to ensure strong collaboration and partnership with the client. It allows the activities to be client driven. It encourages full involvement of the MoES personnel in providing the necessary leadership and ensures collective accountability and ownership of the intervention. PPET PIASCY and G&C are complementary programs which will be implemented jointly in order to raise the level of awareness while equipping the students and teachers with appropriate life skills and information for abstinence. The modified implementation model is student focused and driven with books in the hands of students. The PPET PIASCY and G&C activities also include materials development and pre-testing while ensuring that the materials meet the MoES standards and are fully endorsed by MoES Top Management. For effective delivery of the intervention, there will be training of teachers using a cascade approach. This will include national training of facilitators and regional training of teachers. The training will target 4,530 teachers from 906 Post Primary Institutions (secondary schools (SE), Business, Technical, Vocational Education and Training (BTVET) and National Teacher Colleges (NTCs)). This will be followed by school based implementation to be consolidated through joint support supervision and monitoring by MoES user Departments, District officials, selected Master Trainers, staff from NTCs and the UNITY Project Team. A total of 79,911 adolescent students are targeted to be reached through materials provision. Regular reviews of progress will be facilitated so as to ensure timely responsiveness to field realities. The PPET PIASCY and G&C intervention fits within the Education Sector Strategic Plan (ESSP 2). The national and district structures will be supported to share information and coordinate planning through the decentralized TDMS arrangements and in liaison with the Teacher Education Department of the MoES and in collaboration with the user departments: SE, BTVET and Special Needs Education, Guidance and Counseling (SNE-G&C). The District HIV/AIDS focal point officers will also be engaged in training and documentation strategy. Within the MoES arrangements, the GoU systems will be supported through the priority areas as and when identified by the HIV/AIDS Working Group and endorsed by MoES Top management. The Abstinence programming will be consolidated through development and distribution of pre-tested materials and providing necessary capacity building to teachers for effective and sustainable school based implementation. The materials which have been developed will be distributed to all target institutions and are expected to increase the risk perception of the students for HIV and Sexually Transmitted Infections (STIs). The students' handbooks also address issues of abuse of alcohol and other drugs as a cofactor for HIV/STI transmission. The materials are integrated with information which strengthens sexual prevention within Orphans and Vulnerable Children (OVC) and also strengthens services for prevention of young positives. The OVC issues are addressed by MoES through the Working Group modality and in collaboration with the Uganda AIDS Commission and other partners involved in HIV/AIDS work. The UNITY Project activities respond to ESSP2 and will be reported in the MoES six monthly report. The UNITY Project PEPFAR activities will be reported and reviewed during the joint Annual Education Sector Review (ESR) scheduled for October 2007 to ensure that they are in sync with other major donor's efforts. In order to ensure capacity building at all levels and the involvement of government counterparts, training and implementation will be done in collaboration with MoES, other sister institutions and the district local governments.

Education Sector HIV/AIDS Workplace Policy: the process of developing the policy is accomplished. The policy is now published. The major activity to be supported is mass production and targeted dissemination of the policy. This will be done in collaboration with the MoES.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15978

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---------------------------------------|---------------|
| 15978 | 15978.08 | 7306 | 7306.08 | UNITY | Creative Associates International Inc | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 69,420 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 3,624 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 6181.08

Prime Partner: Deloitte Touche Tohmatsu

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15991.08

Activity System ID: 15991

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$1,026,681

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism.

USG/PEPFAR prevention resources previously channeled through the MGLSD will now be channeled through this mechanism. Through open and competitive solicitations, grants will be provided to local NGOs to support the National Strategic Plan. AB resources in particular will be used to ensure that Uganda's youth have access to age and risk appropriate abstinence, faithfulness and behaviour change information and services. AB resources will also assist the national response in appropriately addressing the shifting nature of the epidemic, and expand attention to faithfulness and partner reduction initiatives among newly married young couples. In addition, resources will specifically address the vulnerability factors of specific categories of youth such as young people involved in transactional or cross-generational sexual relationships, young people living with HIV, and addressing the underlying causes of the vulnerabilities faced by Uganda's youth that increase their risk of exposure to HIV. Cultural norms and practices, sexual coercion, poverty and economic security vulnerabilities, and gender discrimination issues that make youth, and in particular young girls at increased risk of exposure will be highlighted.

National level indigenous organization previously supported through UPHOLD, including Straight Talk, AIC and TASO, will now be supported through the Civil Society Fund, with earmarked funding, in support of overall coordination and harmonization of donor support to civil society. These resources will complement comprehensive prevention activities supported through the CSF with contributing donor resources. Routine monitoring and evaluation activities of grantees will also be supported with these resources.

Technical service organizations, building on what has already been established for OVC activities (see Core Initiative write-up for OVC), will be contracted through the Financial Management Agent to provide technical support to HIV grant recipients. Technical support will include organizational as well as content specific needs such as prevention. The FMA will provide the financial capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15993, 15996, 14189, 15484,
15491, 16001, 15859

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 380,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 800 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7156.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8775.08

Activity System ID: 15468

Mechanism: NUMAT

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$550,000

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations. In FY07 NUMAT trained 30 master trainers for youth prevention and established a youth and a parent group in each of the five districts. NUMAT also supported the development of effective life skills and the increase risk perception among the youth through activities that involved community, religious and political leaders. NUMAT also trained various leaders in issues related to HIV prevention through promoting positive social norms and healthy sexual behaviours such as abstaining from sex till marriage and being faithful to one faithful partner, for married couples.

The activities of FY08 are a continuation of the activities started in FY 07. NUMAT will in FY 08 support activities that build on those achieved from FY 07 and they will include;

- Facilitating community dialogues about issues affecting young people such as improving parent-child communication on HIV and sexuality.
- Using proven effective approaches like PIASCY, Channels of Hope, to train teachers, youth leaders, peer educators and mentors identified through the community schools and youth groups. These activities will equip youth with “value-based life skills” to enable them make informed choices and avoid risky behavior. NUMAT will continue supporting youth-led community programs to help youth, their parents, and the broader community to personalize the risks associated with early sexual activity, sex outside of marriage, multiple partnerships, and cross-generational and transactional sex.
- Supporting media campaigns that reinforce and make abstinence, fidelity, partner reduction, HIV counseling and testing, and other safer behaviors legitimate options and standards of behavior for both youth and adults;
- Carrying out campaigns to sensitize the community about HIV prevention, sexual violence and gender based violence
- With the mobilization of FBOs for prevention (primarily abstinence/faithfulness) activities using Channels of Hope strategy, NUMAT will support activities that emphasis abstinence, fidelity, partner reduction, HIV counseling and testing, and other positive social norms for both youth and adults
- NUMAT will also continue supporting the review, revision and adaptation of other curricula, interactive materials, radio programs 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8775

Related Activity: 15467, 15473, 15480, 15481, 15486, 15197, 15488, 15490, 15494, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21724 | 8775.21724.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$500,000 |
| 8775 | 8775.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$550,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 400,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 50,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 425 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Apac
Gulu
Kitgum
Lira
Pader
Amolatar
Amuru
Dokolo
Oyam

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1222.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3999.08

Planned Funds: \$221,600

Activity System ID: 15231

Activity Narrative: According to the 2004/05 Uganda National HIV Sero-behavioral Survey (UHSBS), the HIV prevalence rate in Uganda stands at 6.4% among the adult population and there were 135,000 new infections in 2006. These figures have fueled concern within the Government of Uganda (GOU) that successes achieved to date could be threatened. The main mode of HIV transmission in Uganda remains sexual, and the key driver is higher risk sex, defined as multiple concurrent partners and unprotected sex. Peace Corps Volunteers and partner organization counterparts will work to scale up AB prevention activities mainly targeting the youth with abstinence messages and being faithful messages among married couples. Prevention priorities identified in response to the drivers include behavior change for risk reduction and risk avoidance, counseling and testing, PMTCT and condoms. Peace Corps Volunteers will design activities aimed at promoting comprehensive prevention among the general prevention including promotion of voluntary counseling and testing.

Under AB, Volunteers are among the major partners in terms of numbers served in community outreach programs. In the FY07 SAPR, a total of 24,765 individuals were reached with AB messages including 8,207 individuals who were reached with "A" only messages. In addition, 571 service providers were trained. In FY08, Peace Corps plans to reach a total of 35,000 individuals with AB messages and to train 5,000 service providers.

A large part of this program will support abstinence and being faithful activities targeting in-school youth, especially upper primary school children (school children and those below 15 years of age) and younger out-of-school youth along with highly targeted "being faithful" messages for married individuals designed in collaboration with FBO partners in particular. Peace Corps Volunteers will work with other USG partners to continue the roll-out of the PIASCY program to secondary schools. Volunteers will disseminate age appropriate information and activities for this target population – 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 provide in-service teacher training, promote school clubs, support educational materials development and advance linkages with other community organizations

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8398

Related Activity: 15232, 15233, 15234, 15235

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-------------|----------------|---------------------|--------------|-------------|---------------|
| 21609 | 3999.21609.09 | Peace Corps | US Peace Corps | 9376 | 1222.09 | Peace Corps | \$321,600 |
| 8398 | 3999.07 | Peace Corps | US Peace Corps | 4823 | 1222.07 | Peace Corps | \$84,300 |
| 3999 | 3999.06 | Peace Corps | US Peace Corps | 3162 | 1222.06 | Peace Corps | \$114,900 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------|---------------|
| 15232 | 3993.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$413,200 |
| 15233 | 3991.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$557,820 |
| 15234 | 3992.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$592,600 |
| 15235 | 4747.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$310,800 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 35,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 5,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Bugiri
Bushenyi
Hoima
Iganga
Kabarole
Kamuli
Kamwenge
Kibale
Kumi
Luwero
Masaka
Masindi
Mbarara
Mpigi
Mubende
Mukono
Nakasongola
Pallisa
Rukungiri
Tororo
Wakiso
Ibanda
Ntungamo

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1245.08

Prime Partner: Walter Reed

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8544.08

Activity System ID: 15709

Mechanism: Makerere University Walter Reed Project (MUWRP)

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$138,000

Activity Narrative: This activity is a continuation from FY2007 with the following updates:
 During 2008, MUWRP prevention program will focus on training and supporting District lay workers, treatment club members, youth volunteers and PHA groups to carry out AB prevention activities. In addition to AB messages, these groups will concentrate on issues concerning: male norms and behaviors, the counseling component of male circumcision, increasing gender equity, cross generational sex, increasing women's legal rights and access to income and productive resources including life skills. Another primary concentration will include reducing violence and coercion in the communities. A MUWRP prevention coordinator will partner with these groups to ensure quality trainings and consistent, effective messages are disseminated to the District communities through a variety of fixed and mobile venues. The Coordinator will also implement a District-wide messaging program which will include radio, marketplace loud speakers, roadside billboards and dissemination of state-of-the-art IEC materials. MUWRP's mobile prevention program will also expand AB programs during 2008, targeting out of school youth, youth in schools, and also high-risk fishing village youth populations along the Nile and at the inlet to Lake Kioga. Finally, the program will continue to support the infrastructural integrity of the vibrant Kayunga District Youth Recreation Center's activities. This Center is currently directed by a MUWRP sponsored Peace Corps Volunteer. In FY2008 funding will support AB prevention activities including the costs of training, mentoring, prevention materials, a messaging program, community sensitizations, mobile resources, staffing including community mobilizers, and small scale renovations at the Kayunga District Youth Recreation Center.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8544

Related Activity: 15769, 15710, 15711, 15712, 15713, 15714, 15715, 16075, 15716, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|--|---------------|
| 20031 | 8544.20031.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$138,000 |
| 8544 | 8544.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$138,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 15,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 4,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 55 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kayunga

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7274.08

Mechanism: SPRING (Stability, Peace and Reconciliation In Northern Uganda)

Prime Partner: Emerging Markets

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15979.08

Planned Funds: \$350,000

Activity System ID: 15979

Activity Narrative: The U.S. Government (USG) and Uganda government are working together to ensure peace and security, good governance, access to social services, economic growth, and humanitarian assistance in northern Uganda. The United States Agency for International Development (USAID) Mission in Uganda intends to support an integrated program to promote peace and stability in northern Uganda. The program will be entitled Stability, Peace and Reconciliation In Northern Uganda (SPRING). In light of recent developments in northern Uganda, including the ongoing peace talks between the Government of Uganda (GoU) and the Lord's Resistance Army (LRA), improved security and the return home of large numbers of internally displaced populations, the new program will contribute to the transition from relief to recovery and development. SPRING will support a core set of activities in three component areas: (1) Peace-building and reconciliation, (2) Economic security and social inclusion, and (3) Access to justice. The PEPFAR AB activity in FY08 promotes the third component – access to justice. This activity leverages USAID/Uganda's Democracy and Governance activities expected to be awarded in October 2007.

As people return to their homes after years of displacement in northern Uganda, vulnerable populations (including women, youth, children and child-headed households) will be most impacted; access to land and resources are key to ensuring economic security. When vulnerable groups have no access to land and other resources, there is an increased likelihood of HIV infection as they become reliant on males for survival and are therefore more vulnerable to high-risk activity such as transactional sex, and sexual violence.

According to recent studies, 56% of Uganda's population is under the age of 15. By 2050 the population is expected to quadruple to 93 million. Northern Uganda's children (age 0-17) and youth (age 18-24) constitute a significant group which is in need of education, economic opportunities and social services to prevent their having to resort to high-risk sex or other risky coping mechanisms. Without these support systems in place and other positive motivation, restless and war-affected young people will become a major source of instability and vulnerability to HIV/AIDS in Uganda. Conversely, this youth cohort can become a powerful force for stability and peace if they are supported and their energies are channeled constructively. It is critical that young people living in and returning from IDP camps are integrated socially and economically into their host communities and are given opportunities to become productive members of society with a stake in the future.

SPRING will support activities that promote non-violent decision-making and constructive social and economic participation. SPRING will work with young people most at-risk for marginalization, HIV/AIDS or recruitment into destructive activities and through proactive outreach, will engage people constructively. This project will link with and complement the SPRING OVC and Policy activities. SPRING will include HIV/AIDS components (prevention, education, OVC, and advocacy support for HIV/AIDS-affected families and individuals) as part of its overall strategy to promote equity and economic growth for HIV vulnerable women and youth.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15852, 15855

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 15852 | 15852.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$150,000 |
| 15855 | 15855.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$100,000 |

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 500 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | N/A | True |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Coverage Areas

Amolatar

Amuru

Apac

Dokolo

Gulu

Kitgum

Lira

Oyam

Pader

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4887.08

Prime Partner: Children's AIDS Fund

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 8583.08

Activity System ID: 15980

Mechanism: Preserving the African Family in the face of HIV/AIDS (CAF ABY Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$224,870

Activity Narrative: In FY 2007, the Children's AIDS Fund (CAF) Uganda and Uganda Youth Forum (UYF), its principal partner in the five-year USAID-supported project, Preserving the African Family in the Face of HIV/AIDS through Prevention, focused all efforts on initiating HIV/AIDS prevention outreach sites in seventeen sub-counties in Kampala, Kayunga, Mpigi, Mukono, Wakiso and Luweero. By June 30, 2007, CAF Uganda and UYF had jointly reached 25,000 youth and adults with HIV/AIDS prevention messages. In FY 2008, CAF will seek to further consolidate the gains made to date in establishing program presence and outreach, while strengthening depth and breadth of programming, and ensuring project sustainability.

Throughout FY 2007, several technical refinements were considered, with significant positive potential for the project. Adjustments made based on these inputs will be fully executed in FY 2008. CAF Uganda and UYF will more vigorously pursue integration with the national HIV/AIDS response, through the Uganda AIDS Commission (UAC), National HIV/AIDS Prevention Committee (NHPC), the Ministry of Gender, Labor and Social Development (MOGLSD), and district structures (DDHS, HIV/AIDS focal persons, and Youth Councils). Coordination meetings will be held with key contacts in these entities prior to program initiation, and project semi-annual reports will be shared. In addition, UYF will more closely follow CAF's community model, through which Local Councils (LCs) will be highly involved in program planning and coordination, and outreach is locally coordinated.

To retain the strategic approach of building sustainable local capacity to implement HIV prevention activities, the project will devolve management activities to the CAF Uganda office. Additionally, the project will invest in deepening existing community involvement. Efforts to mobilize key community constituents and leadership groups will focus on maintenance of established relationships in the 17 sub-counties with established operations.

CAF Uganda and UYF will pursue a more highly integrated project model, and joint implementation strategy. The No Apologies curriculum originally utilized by UYF will be replaced with the Choose Life curriculum, currently in use by CAF Uganda, in support of the peer education and adult outreach strategy.

The Peer Education strategy will focus on engaging 20,000 male and 30,000 female youth, aged 10 – 24, with key HIV prevention messages. In the first quarter of FY 2008, CAF and UYF will train 33 additional peer facilitators selected from the various communities of operation, bringing the total number to 80 peer facilitators operating under the project aegis. Anchored by the Choose Life curriculum, Peer Education activities will focus on providing comprehensive knowledge on HIV/AIDS and STIs (including HSV-2) transmission and prevention, pertinent life skills, and heightening youth perception.

The project will collaborate with the YEAH National Campaign on IEC materials, training opportunities, and other technical resources to ensure that youth reached by the project will be targeted with gender-based messaging that focuses on male responsibility, female refusal skills and knowledge, and the risks and dangers of coercive sex. YEAH Campaign messages related to alcohol and drug abuse will be incorporated to complement messages in the selected Choose Life curricula.

As they are developed, CAF Uganda and UYF will fully integrate referral support into all activities. The project will aim to equip all trained facilitators with basic counseling skills, information and linkages with experienced local health support services for counseling, testing and condom provision.

As a corollary to the youth-centered activities, parent-child communication activities will be enhanced to focus on imparting information and knowledge about youth HIV vulnerability to parents, while simultaneously increasing their communication skills. Parents, caregivers, and influential adults will be targeted with curriculum-based key messages. Community dialogue methodology will be utilized to bring together youth and adults reached by the program to build critical consensus and bridge communication gaps on key cross-cutting themes such as general perceptions of HIV/AIDS vulnerability, substance abuse linkage to HIV transmission, and community attitudes and support.

The vulnerability profiles of the communities in which Preserving the African Family in the Face of HIV/AIDS Through Prevention operates suggests that the youth in these communities may be considered to be higher risk youth, as compared with the national status. While the median age of first sex for females and males aged 20 – 24 is comparable to the national average, at 17 years and 18 years respectively, the percentage of young men and women aged 15 – 19 and 20 – 24 residing in the areas of operation, who reported sexual debut before the age of 15 is slightly higher for all gender/age categories sampled in a baseline assessment. For this reason, the project will focus its efforts on maximizing youth exposure to project activities and the key messages, through multiple contacts. In addition, a mid-term review (MTR) exercise will be conducted in the second half of FY 2008, to assess the project's progress towards achieving its goals. Based on the MTR finding, mid-course corrections on project strategy will be implemented as necessary.

During the first half of FY 2008, the program will strengthen quality control mechanisms and structures to ensure fidelity of program implementation. Monthly program coordination sessions, semi-annual program review meetings, and semi-annual refresher trainings will ensure maximum interface of trained facilitators with CAF program staff.

The technical assistance and capacity building aspect of the project will be restructured to more directly equip UYF. All project staff will participate in USAID and PEPFAR initiated capacity building activities. In addition, CAF will promote staff and partner participation in training opportunities provided by local capacity-building organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8583

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|----------------------|---------------------|--------------|--|---------------|
| 22540 | 8583.22540.09 | U.S. Agency for International Development | Children's AIDS Fund | 9713 | 9713.09 | Preserving the African Family in the face of HIV/AIDS (CAF ABY Track 1) | \$1,724,870 |
| 8583 | 8583.07 | U.S. Agency for International Development | Children's AIDS Fund | 4887 | 4887.07 | Preserving the African Family in the face of HIV/AIDS Through Prevention | \$131,666 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 50,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 80 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Gulu

Kampala

Kayunga

Luwero

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7308.08

Prime Partner: Straight Talk Foundation,
Uganda

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15981.08

Activity System ID: 15981

Mechanism: Straight Talk Foundation

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$350,000

Activity Narrative: As people return to their homes and re-build their lives in a post-conflict era and setting, natural resources, especially access and rights to land and wildlife species, play a key role in maintaining the hard fought peace, and contributes directly to improved health status. The new USAID/Uganda activity in northern Uganda will support a core set of activities in the areas of biodiversity conservation and environment; property rights and resource governance; environmental education and communication; and natural resource management/economic opportunities. The project will include a component on environmental education in the schools and communities of three specific biodiverse regions. The objective of this component is to improve environmental awareness among individuals, communities, CBOs and Government officials in northern Uganda by addressing the major threats to biodiversity in the area, primarily resource extraction (timber and bushmeat) and habitat fragmentation.

Schools are also centers of social capital. The Straight Talk Foundation (STF) currently works through school structures to improve knowledge of HIV acquisition, transmission and prevention by distributing youth newspapers, sensitizing teachers and supporting school HIV/AIDS clubs. STF is also an environmentally conscious organization, with its Tree Talk program. Through the Tree Talk program, woodlots are grown, teachers, students and communities are educated about the environment and conservation. Wildlife Clubs of Uganda also works through schools and currently has clubs established in over 1000 schools in Uganda. The USAID biodiversity project anticipates working with Tree Talk and Wildlife Clubs of Uganda to implement the environmental education component. USG Uganda will contribute HIV PEPFAR funds to wrap around this educational component and include HIV education and prevention.

Northern Uganda has the country's highest HIV prevalence. As people leave the camps and scatter across the landscapes, many will occupy areas of high biodiversity assets. As many as 500,000 families will be deforesting areas to build their homes and to hunt bushmeat for their families. New approaches to HIV are urgently needed. While there is some fatigue with HIV messages, environmental education is new and exciting. Tree Talk's experience is that schools mobilize more around trees than they do around HIV. The USG team sees an opportunity to create a win-win scenario to reinvigorate HIV education and prevention by using the channel of tree growing to conserve biodiversity.

The biodiversity project will support 600 educational institutions, including primary and secondary schools, across the districts of Adjumani, Gulu/Amuru, Kitgum and Pader to become self-sufficient in fuel and plant boundaries of indigenous trees. With tree growing as the entry-point, the biodiversity project will reach 120,000 parents a year, work with 74 Straight talk clubs for 37,500 older adolescents and youth, sensitization of 600 teachers, and develop health fairs for 75,000 out-of-school youth. This activity would work closely with the NUMAT project that offers other HIV/AIDS services to the internally displaced populations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 232,500 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 600 | False |

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

Adjumani

Amuru

Gulu

Kitgum

Pader

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1061.08

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4388.08

Activity System ID: 14238

Mechanism: Scouting for Solutions (PATH
ABY Track 1)

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$705,000

Activity Narrative: In 2007, 1,878 scout leaders participated in SfS Level II modular trainings that covered Counseling, Activity Packs 3 and 4, Management and Supervision, and Little Magnet Theatre. The trained scout leaders reached approximately 60,000 boys and girls aged 12-15 years with HIV prevention messages and life skills building using the skills and knowledge they had acquired. To scale up the SfS project, approximately 2,000 additional scout leaders were simultaneously trained in SfS Level I and II modular trainings. Level I training covered the following modules: (1) Gender, (2) Participatory Methods, (3) Scouting, (4) M&E, (5) Helping Young People Stay Healthy (BCC), (6) Activity Packs 1 and 2, (7) Utilization of the Scouts Voice, (8) HIV and AIDS, and (9) Communication Strategy. SfS held two partners' leadership group meetings, conducted one supervisory visit to approximately 20 schools, and facilitated gender training for 10 staff members. SfS developed two issues of the Scout Voice newsletter and printed and disseminated 80,000 copies. This year, scouts and scout leaders came together from all over the country to celebrate the Centenary Jamboree, an occasion which SfS capitalized on with activities and messages integrated into the celebratory scouting events. In August, SfS held an advocacy meeting with senior government officials, including District Education Officers and District Chief Administrative Officers from over 50 districts and five MPs (some of whom are still active scouts) who are part of the group of scout Members of Parliament.

Activities for FY2008 will continue to build on previous activities to contribute to the key strategic objectives. Development of activity packs will continue. Activity Packs 5 and 6 will address issues of adolescent sexual and reproductive health, building healthy relationships, and gender-based violence including sexual abuse and its implications. Activity Packs 7 and 8 will focus on abstinence, negotiations for safer sex, and life skills. Scouts will continue to implement Little Magnet Theatre activities to increase interaction between them, their peers, the school fraternity, and the wider community. Little Magnet Theatre (LMT) is an interactive participatory theatre methodology designed for children. It serves two main purposes - one is to move messages and skills learned in activity packs to a new dimension, by acting them out so as to relate the messages to real life situations. Secondly, theatre provides a forum for involvement of non-scouts (both students in schools and community members) in HIV-prevention education. It is a channel to disseminate what the scouts have learned and increase interaction between them and the rest of the school community. Scouts develop the partially-completed plots dramas with assistance from scout leaders. The scout leaders have already been trained to develop stories and generate discussions on topical issues. Through these performances, the scouts will be sharing HIV prevention messages with their peers and parents. Scouts who participate in three LMT performances will earn an LMT badge. Certificates will be awarded to patrols for outstanding performances. SfS will explore recording some of the best presentations as a motivation mechanism to the scouts. These videos will be used during training of scout leaders. SfS will develop, print, and distribute three issues of the Scouts Voice newsletter with its partners STF and USA. These will include two regular editions and the Camporee edition that is normally done during the national competitions. HIV prevention themes for the newsletters will be generated by the scouts during the editorial workshops.

The scouts who completed Activity Packs 1 and 2 will be awarded their Red Ribbon badges in 2008. SfS carried out a gender sensitivity survey using an adaptation of the Gender Equitable Male (GEM) and Gender Equitable Scale (GES) tool developed by Instituto Promudo. The analysis of this data will inform gender training for scout leaders in 2008, in addition to the on-going advocacy activities through the tools that have been created to promote gender equity in scouting. SfS will redesign, develop, and introduce four proficiency badges that promote gender equity by addressing gender stereotypes. These badges will focus on cookery, housekeeping, baby care, and handiwork, which will expose boys and girls to activities that are traditionally reserved for the other gender.

Using the cameras awarded in 2006, competitions and additional disposable cameras that will be provided, the scouts will pilot an amateur photography program. The nine provincial teams in Kenya and five regional teams in Uganda that won cameras will be trained on photography and provided with film and notebooks to record interesting activities for scouts and communities. The photographs will be used to trigger discussions on HIV prevention, gender issues, and care for the environment among other scouting activities. Through an amateur photography by young people referred to as Shootback, the scouts will record and share their stories on HIV prevention using skills they learned from newsletter editorial trainings. The patrols that take exceptionally good photos will earn a photography badge. A comic book modeled on PATH's highly popular Nuru will be developed with STF and USA, based on the scouts' "Tommy the Tenderfoot" series. The comic book will be used to promote HIV prevention messages and gender equity and will discuss issues generated by the scouts. SfS will distribute copies to all participating schools.

In FY08, SfS will continue to strengthen the capacity of existing USA scout leaders to provide HIV prevention information to the scouts by training scout leaders and trainers. A Splash for Scout Trainers or Training of trainers (ToT) will be held. It will involve training national scout trainers for ten days with a curriculum that pulls together all the modules that have been used for training so far as part of the effort to build sustainability for the project within the scout system. To help the trainers comprehend the training materials and the methodology, one component of the splash training will be a practicum in the field where they will conduct training under supervision of the SfS trainers. The trainers will apply in the field what they learn during the training sessions and then discuss their field experiences and challenges to help improve their facilitation skills.

One of SfS mandates is to reach out to disadvantaged young people. As part of the efforts to reach out-of-school youth, Rover Scouts will be trained on facilitation skills to equip them to work with out-of-school youth. A majority of scout leaders are teachers who are working with a captive scout audience, but out-of-school youth are difficult to reach as they are not in formally organized groups. The out-of-school youth constitute one of the most vulnerable sub-sets of young people due to the ever-increasing number of AIDS orphans. Despite the recent drop in HIV prevalence, the numbers of AIDS-related deaths are still rising, contributing to the ever-increasing pool of AIDS orphans. Others are victims of broken families, abandonment, or those who have run away from their homes due to poverty or abuse. In FY08, SfS will seek to partner with other stakeholders, such as government authorities, NGOs and other partners who are working with out-of-school youth, to explore the contribution that scouting can make to improve the lives of this group.

The project will also seek to involve parents as part of the efforts to improve parent-child communication as well as conduct advocacy to create a supportive environment for youth to adopt a positive behavior. Sensitisation workshops will be organized for parents and guardians, head teachers and education officers.

Activity Narrative: Advocacy activities will involve lobbying the Members of Parliament (MP), district leaders such as Chiefs, Administrative Officers, District Commissioners, District Education Officers, chairpersons of local authorities, head teachers, and other policy makers. The project will continue to lobby MPs, especially through those MPs who are scouts, to repeal the Boys Scout Act to Scouts Act so that it accommodates both boys and girls. Gender issues, in addition to ABY topics will be kept high on the scouts' agenda in FY08 through recruitment of more girl scouts, training female scout leaders on wood badge to bring women higher on the leadership ladder and disseminate the Sexual Harassment and Abuse policy and the gender advocacy toolkit to all stakeholders to support protection of the girl-child. Sharing of information and lessons learned with other ABY partners will be done through joint meetings to be held bi-annually. The Project Leadership Group comprising of SfS project director, National Executive Commissioners of KSA and USA and the Chief Commissioners of Kenya and Uganda will meet twice in the year to ensure adherence to project goals and objectives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8448

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--|---------------------|--------------|---|---------------|
| 22552 | 4388.22552.09 | U.S. Agency for International Development | Program for Appropriate Technology in Health | 9721 | 1061.09 | Scouting for Solutions (PATH ABY Track 1) | \$653,613 |
| 8448 | 4388.07 | U.S. Agency for International Development | Program for Appropriate Technology in Health | 4845 | 1061.07 | AB Track 1/ Round 2 | \$1,071,918 |
| 4388 | 4388.06 | U.S. Agency for International Development | Program for Appropriate Technology in Health | 3336 | 1061.06 | AB Track 1/ Round 2 | \$900,806 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 45,168 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 2,500 | False |

Indirect Targets

One of SFS mandates is to reach out to disadvantaged young people. As part of the efforts to reach out-of-school youth, Rover Scouts will be trained on facilitation skills to equip them to work with out-of-school youth. A majority of scout leaders are teachers who are working with a captive scout audience, but out-of-school youth are difficult to reach as they are not in formally organised groups. The out-of-school youth constitute one of the most vulnerable sub-sets of young people due to the ever-increasing number of AIDS orphans. The project will also seek to involve parents as part of the efforts to improve parent-child communication as well conduct advocacy to create a supportive environment for youth to adopt a positive behavior. Sensitisation workshops will be organized for parents and guardians, head teachers and education officers. Advocacy activities will involve lobbying the Members of Parliament (MP), district leaders such as Chiefs, Administrative Officers, District Commissioners, District Education Officers, chairpersons of local authorities, head teachers, and other policy makers. The project will continue to lobby MPs, especially through those MPs who are scouts, to repeal the Boys Scout Act to Scouts Act so that it accommodates both boys and girls. Gender issues will be kept high on the scouts' agenda in Year 4 through recruitment of more girl scouts, training female scout leaders on wood badge to bring women higher on the leadership ladder and disseminate the Sexual Harassment and Abuse policy and the gender advocacy toolkit to all stakeholders to support protection of the girl-child.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

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

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1062.08

Prime Partner: Samaritan's Purse

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4813.08

Activity System ID: 14241

Mechanism: Mobilizing, Equipping and Training (MET) (SP ABY Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$824,107

Activity Narrative: Samaritan's Purse (SP) implements an on-going ABY program called MET (Mobilizing, Equipping and Training) in Kamwenge district that trains community leaders to influence youth to make healthy life choices that prevent the spread of HIV, with a focus on abstaining from sex outside marriage and faithfulness in marriage. Religious leaders, youth leaders, school teachers, women's leaders and older youth participate in the MET cycle of training and one on one mobilization and mentor, care for and/or educate youth and or parents within their villages. The training involves two workshops and intense follow-up that develops the leaders as they implement abstinence and behavior change-focused educational programs for youth, and other interpersonal outreaches that promote positive behavior change.

The first workshop focuses on basic HIV/AIDS awareness and homecare skills. Participants commit to reaching youth with 2 lessons each on basic facts about HIV/AIDS, Prevention, Stigma, and Testing and to include 2 youth in compassionate care visits for families affected with HIV/AIDS. Participants have 3 months to carry out these interventions. The second workshop prepares participants to teach an intensive character and skill building curriculum to youth and to mentor (either formally or informally) youth who are involved in or at risk of sexual abuse/exploitation. Following this training, participants commit to teaching the curriculum to youth and to mentoring youth at risk/involved in sexual abuse /exploitation. In FY 2008 MET Uganda (MET-U) will introduce a Be faithful curriculum to offer specific messages and skills-based lessons and strategies on mutual fidelity and partner reduction for married youth.

In response to ongoing monitoring and evaluation of program outcome indicators, in FY08 Samaritan's Purse MET program will focus on increasing unmarried male and female accepting attitudes towards people living with HIV and AIDS (PLWHAs) and reducing multiple sexual partnerships especially among married youth. Another area of focus is promoting secondary abstinence among the youth and encouraging voluntary counseling and testing (VCT) by networking to improve VCT access. Below are the Standard MET cycle of program activities and the adjustments to be made in FY08 to address the areas of focus mentioned above:

Activity 1: Community mobilization

- In FY 2008 MET program staff will further decentralize stakeholders' meetings to reduce the distances that community leaders have to travel. This in turn will increase community buy-in and reduce the demand for transport refund.
- To achieve greater program ownership by the communities, MET-U program staff will hold 17 stakeholders meetings and 36 community level sensitization events.
- MET staff will select youth educators to outreach married youth (15-24). These youth educators will have frequent interaction with married youth.

Activity 2: Staff development

- This activity is a continuation from FY 2007 and has not been updated
- MET staff will receive training in the Be faithful curriculum and the Be a man campaign curriculum.

Activity 2.2: Media Promotion

- This activity is a continuation from FY 2007 and has not been updated.
- Samaritan's Purse will air 3,285 spots and host MET program volunteers to four talk shows. Also 36 communities will receive video shows that promote abstinence and faithfulness.

Activity 3: Monitoring and Evaluation

- This activity is a continuation from FY 2007 and has not been updated.
- MET-U staff will hold two surveys to measure program impact using the Lot quality assurance sampling techniques.

Activity 4: Initial 5-day workshops

- This activity is a continuation from FY 2007 and has not been updated.
- MET program trainers will hold 36 workshops targeting 1,512 youth educators.

Activity 5: Commitment from the Initial 5-day workshops.

- This activity is a continuation from FY 2007 and has not been updated.
- Of the 1,512 trained educators, at least 1360 educators are expected to establish outreach programs. These established programs will outreach 32,180 individuals.

Activity 6.1: Advanced 5-day workshop.

- In FY 08 MET-U will introduce a 'Be faithful' curriculum to offer specific messages, skill-based lessons and strategies on mutual fidelity and partner reduction for married youth. MET staff will train youth educators who will have specifically outreached married youth with the initial curriculum. These youth educators will therefore again outreach the same youth with the 'Be faithful' curriculum. MET-U will carry out 36 be faithful 5 day workshops targeting 144 participants.
- 1208 educators will receive training in 'It takes courage' curriculum for outreaching youth with life and character building skills.

Activity 6.2: Community meetings

- Samaritan's Purse will host 1,440 to 12 conversations on faithfulness. Samaritan's Purse will use the 'Be a man campaign' curriculum developed by Young Empowered and Healthy (YEAH) to dispel cultural norms that undermine faithfulness in Kamwenge district.
- Also Samaritan's Purse will initiate Community conversations on child abuse and exploitation in 36 communities targeting 1807 community leaders.
- Also 36 parents' day ceremonies will attract 4,320 parents to discuss parents-child communication for behavior change.

Activity 7: Establishment of community based volunteer teams

- This activity is a continuation from FY 2007 and has not been updated.
- Samaritan's Purse will help youth educators in 36 outreached communities form community based volunteer teams for program sustainability.
- These CBOs will hold 36 youth conferences and 9 sports competitions.

Activity 8: Commitment to the advanced 5-day workshops

- This activity is a continuation from FY 2007 and has not been updated.
- Participants in the advanced workshop will teach a total of 24,656 youth in Kamwenge district with the 16 character and life-skill lessons from It Takes Courage!

Activity 9: Networking meeting

- This activity is a continuation from FY 2007 and has not been updated.
- CBVT leaders (with assistance from the SP training teams) will host 36 meeting in the village of their trainee peers, bringing together 1,089 participants including district level leaders to recognize their volunteerism.

Activity 10: Final Meeting with Participants, CBVTs, and District Level Leaders

Activity Narrative: •This activity is a continuation from FY 2007 and has not been updated.
 •Approximately nine months after the advanced workshop, a second meeting between the CBVTs, participants, district level church, and government leaders will be held. 27 of these meetings will be held in FY 2008 and 912 participants will be hosted.

Samaritan's Purse will continue to furnish the DDHS and district planner with reports on progress of the MET program. Also new materials developed/adapted will be submitted. Samaritan's Purse continues to lobby other service providers of VCT, OVC and HIV/AIDS Treatment to extend their services to Kamwenge district. In support of the NSP, Samaritan's Purse will focus on the recommendations given for effective prevention programming.

The MET program will also continue to train and support community volunteers to form CBOs that will be responsible for AB programming in Kamwenge district after the MET program phases out. Through radio messages and dramas held by community based volunteer teams, SP will respectfully challenge cultural practices and beliefs that lead to multiple sexual partnerships in the district. Radio messages will also be used to increase risk perception among the youth.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8450

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------|---------------------|--------------|---|---------------|
| 21741 | 4813.21741.09 | U.S. Agency for International Development | Samaritan's Purse | 9421 | 1062.09 | Mobilizing, Equipping and Training (MET) (SP ABY Track 1) | \$1,182,748 |
| 8450 | 4813.07 | U.S. Agency for International Development | Samaritan's Purse | 4847 | 1062.07 | Track 1, Round 2 AB | \$588,833 |
| 4813 | 4813.06 | U.S. Agency for International Development | Samaritan's Purse | 3480 | 1062.06 | Track 1, Round 2 AB | \$527,037 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 32,180 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 1,512 | False |

Indirect Targets

The CBOs established by community volunteers will ensure continuity of ABY programming in their communities. These CBOs will outreach a total of 14,400 new youth in FY 2008 through different activities such as music dance and drama, sports activities, youth conferences and youth camps among others. These CBOs will collect data of their outreaches using standard reporting formats. The MET program monitoring and evaluation coordinator will review these formats to ensure excellent data quality.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Kamwenge

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1060.08

Mechanism: Empowering Africa's Young People Initiative (EAYPI) (IYF ABY Track 1)

Prime Partner: International Youth Foundation

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4384.08

Planned Funds: \$837,500

Activity System ID: 14205

Activity Narrative: This activity is a continuation from FY2007 and has been updated for targets and budgets only. 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 24 years in Uganda. Activities comprise training of trainers, and peer educators to promote abstinence, fidelity and address issues such as partner reduction, stigma, and discrimination while simultaneously engaging parents, communities and trusted adults in supporting individual behavior change among the youth. The project is implemented through five youth-serving sub-grantee organizations namely: The Uganda Red Cross Society; Uganda Scouts Association; Uganda Girl Guides Association; Young Women's Christian Association, and the Source of the Nile Award. In FY2007, 2,668 unique individuals were trained and 58,835 people reached with AB messages. During the FY2008 period, 2,606 unique individuals will be trained to promote AB and 57,190 people (45,105 young people and 12,085 adults) will be reached with AB messages through four integrated and reinforcing strategic objectives in the 10 districts of Kampala, Iganga, Kabale, Hoima, Lira, Kayunga, Kamuli, Budaka, Tororo, and Wakiso.

i) Scaling up skills based HIV prevention education, especially for younger youth and girls: At least 2,510 peer educators will be trained using the cascade peer training model and workshop training setting. The purpose of the training is to equip peer educators with facilitation and communication skills for disseminating accurate and correct AB messages, and to provide life skills necessary for practicing AB. The training will also equip peer educators with skills to pass on to the peers on how to deal with peer pressure, and to refer young people that need other services like VCT, STI management, and social services that address issues of sexual violence. The trained peer educators will reach a total of 45,105 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 abstinence and behavior change for the youth (ABY) topics. Other topics to be covered will include VCT, vulnerability of girls to sexual exploitation and coercion as well as male norms and behavior. 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. Resource materials will be provided to the peer educators to help them carry out their work satisfactorily. These will include activity kits containing games, reference materials and real life stories.

ii) Stimulating broad based community discourse on health norms and risky behavior: In FY2008, a total of 6,360 adults and other community members will be reached through community outreaches. These will include 40 district level 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 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 use the information to 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 other volunteer groups. The target audience will be reached through forums such as, the YWCA adult clubs that comprise parents, influential leaders, and community members; Red Cross community blood donor clubs; Scouts and girl guides open troops in the communities. These will be provided with accurate information and AB BCC materials to dispel misinformation, and they will draw up action plans to address the 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.

iii) Re-enforcing the role of parents and other influential adults: A core team of 60 new community facilitators will be trained in parent to child communication (PTC), who will in turn reach 5,725 parents and other influential adults through some of the existing forums described above. They will mainly focus on PTC, and the role of the family. The training of trainers and facilitators in PTC and interpersonal communication skills will be done using the materials adopted from Safe from Harm curriculum developed by Population Services International's (PSI) AIDSMark program. Other PSI reference materials will also be used. The 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. The existing sub-grantees structures such as teacher guiders, scout rangers, YWCA adult clubs, youth mentor, role models and other parent-elder programs will be utilized as forums to strengthen communication skills, mentoring and role modeling. Furthermore, the adults and the influential people will be provided with knowledge and skills that will increase their self-esteem and capacity to talk about youth sexuality, abstinence, fidelity and monogamy, and define parental responsibilities to help young people practice AB behaviors.

iv) Reducing the incidence of sexual coercion and exploitation for younger people: A total of 6,360 adults and other community members targeted to be reached with outreaches in ii) above will also be reached with interventions under this objective by the trained community facilitators and older peer educators. This will build on activities already implemented in FY2007 that included identification of key influential leaders within the communities, and 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, multiple sexual partners and transactional sex, which are among the drivers of the epidemic in Uganda. These interactions will be a deliberate effort to impart positive gender sensitive 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. 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. In partnership with the young, empowered, and healthy (YEAH) project, 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 be established at community levels for referral services to augment on the existing ones. All the four strategies and the activities identified under each one of them are carefully designed to contribute to the overall goal of behavior change among the youth through abstinence and being faithful.

EAYPI has produced a synergistic alliance of organizations that possess a combined HIV/AIDS prevention expertise, life skills and peer-to-peer education programming as well as expertise in youth development, and capacity building. This combination of expertise has enabled EAYPI to scale –up culturally appropriate

Activity Narrative: and technically sound behavior change programs that are contributing to a reduction in HIV prevalence among the youth in Uganda. The added value of the alliance lies in its ability to support the scale-up of program activities, to generate program results through the provision and coordination of technical assistance, leveraging resources and ensuring quality of A and B approaches and messages in the communities where the affiliates work. EAYPI supports USAID/Uganda strategic objective (SO) #8: Improved human capacity, the Uganda HIV/AIDS National Strategic Plan 2007/08- 2011/2012, and the Health Sector Strategic Plan 2005/6-2009/10, through prevention of HIV infection among the youth by influencing sexual behavior to postpone first sex among young people who have not yet initiated sexual activity, promoting partner reduction strategies and fidelity in youth who are sexually active and to encourage secondary abstinence. EAYPI plans to reach 198,800 youth with AB messages by the end of the five year period, thus contributing significantly to the PEPFAR's five year target.

EAYPI will continue to collaborate with the other track 1 ABY partners, the YEAH campaign, Students Partnership Worldwide (SPW), Walter Reed project, sectoral ministries especially the Ministry of Gender, Labor and Social Development, and the Uganda Aids Commission. These linkages together with district and community linkages with the district health office and the health services outlets will ensure that young people reached by the ABY program can be referred for specialized services like VCT, OVC, family planning, adolescent friendly health services, and other clinical services. Data from the field will be shared with the communities and the districts through the regular monthly meetings at those levels.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8421

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------------------|---------------------|--------------|---|---------------|
| 22551 | 4384.22551.09 | U.S. Agency for International Development | International Youth Foundation | 9720 | 1060.09 | Empowering Africa's Young People Initiative (EAYPI) (IYF ABY Track 1) | \$622,444 |
| 8421 | 4384.07 | U.S. Agency for International Development | International Youth Foundation | 4835 | 1060.07 | AB Track 1/ Round 2 | \$939,803 |
| 4384 | 4384.06 | U.S. Agency for International Development | International Youth Foundation | 3333 | 1060.06 | AB Track 1/ Round 2 | \$759,792 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 57,190 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 36,084 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 2,606 | False |

Indirect Targets

Coverage Areas

- Kampala
- Lira
- Hoima
- Iganga
- Kabale
- Kayunga
- Pallisa
- Tororo
- Kamuli
- Wakiso

Table 3.3.02: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 3327.08 | Mechanism: IRCU |
| Prime Partner: Inter-Religious Council of Uganda | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Abstinence and Be Faithful Programs |
| Budget Code: HVAB | Program Area Code: 02 |
| Activity ID: 4685.08 | Planned Funds: \$500,000 |
| Activity System ID: 14206 | |

Activity Narrative: Currently, Uganda is experiencing a mature and generalized HIV/AIDS epidemic with a high prevalence rate of 6.4%. Despite high levels of knowledge on HIV/AIDS, high risk sex is still the main driver of the epidemic in Uganda. The main factor that influences the continuation of high risk sex is attributed to lack of personalization and internalization of HIV risk. Extra marital sex, mother to child transmission have also continued to drive the epidemic. Data from the Rakai Health Sciences Program also shows that HIV sero discordance among couples is high. Most of these couples are not aware of their HIV Status and therefore not motivated to take action towards prevention. Other factors such as poverty that influences people and especially girls to engage in commercial sex and other social cultural factors such as the position of women in society have also continued to increase the transmission of HIV in our country. In November, 2006 IRCU joined other major HIV/AIDS partners in launching of the Road map towards Universal Access to HIV prevention in Uganda. The road map sets out key actions that need to be taken to arrest the spread of new infections and turn the tide against HIV/AIDS. They include bridging the HIV prevention gap, building of synergies between HIV prevention and care and ensuring the sustainability of HIV treatment scale up.

In FY 2006 IRCU initiated a robust prevention program to promote the country's vision on prevention as outlined in the Road map. Several initiatives in the area of primary HIV prevention were undertaken, particularly activities that promoted abstinence and mutual fidelity among married couples using both mass media and our religious structures. Working through the heads of the main religious institutions in Uganda, HIV/AIDS prevention messages were integrated into sermons and other religious teachings across the country. In addition, IRCU implemented a mass media campaign where religious leaders spearheaded HIV/AIDS advocacy, particularly appealing for abstinence and mutual fidelity. IRCU also rented billboards in strategic sites across the country to disseminate HIV/AIDS prevention messages. IRCU has also developed a comprehensive curriculum to train religious leaders, pastoral agents and volunteers in HIV/AIDS. The curriculum aims to build the capacity of religious leaders and equip them with easy facts and skills in HIV/AIDS prevention. Using FY 2007 funds, an initial 25 senior religious leaders were trained as trainers and these will in turn train other high quality trainers in our communities. This will create a source of knowledge in our communities as we continue to roll out our HIV prevention program.

In the same year, we expanded our HIV prevention approaches to ensure that as many people as possible benefit from our prevention activities. Using our faith based tenets; we emphasized primary prevention approaches as a corner stone of our program. This was undertaken through public dialogues on radio and TV that we organized during the world AIDS day campaigns. We also emphasized primary prevention to all our partners by organizing workshops on the importance of prevention as the most effective means against contracting HIV/AIDS. We emphasized abstinence for the youth and other unmarried persons and mutual faithfulness among those who are married by printing flyers, posters and by encouraging the partners whom we fund to focus on these areas. By doing what? During this year, IRCU PEPFAR supported activities were crucial in expanding the scale and coverage of our prevention programs. We enrolled 16 faith based organizations across the country to implement HIV prevention. To date at least 600 couples and more than 10,000 youth have benefited from our prevention activities.

Using FY 08 funds, we shall put emphasis on couple counselling and testing. By knowing their sero status, couples will be able to make informed choices those who test negative will be encouraged to stay negative and those that test positive will be enrolled in our other HIV/AIDS services or referred to seek other preventive measures. This program will entail supporting religious leaders with more HIV/AIDS skills to offer HIV prevention knowledge during pre-marital counselling. We shall also expand our community and facility based testing This will ensure that people access services and in particular pregnant mothers in PMTCT. We shall strengthen linkages between our HIV/AIDS services within facilities so that clients who come for HIV/AIDS services will be able to receive information on prevention And other available services either in our facilities or beyond.

Through the program, we will use information, education and communication materials to promote prevention activities. We shall use radio and drama in our communities to pass on information in local languages concerning HIV prevention. In this way even the uneducated will benefit. Based on the current studies that indicates that HIV prevalence has shifted from the young people (15-24) to adults (30-34), we shall particularly try as much as possible to concentrate on reducing HIV infection among couples. We shall use abstinence seminars for youth, conduct parental workshops for parents and guardians towards helping them to acquire skills for responsible behaviour. We shall also use person to person interaction by encouraging peer to peer dialogues, distribution of pledge cards towards abstinence and holding of public rallies on HIV/AIDS in tertiary institutions.

Using our Curriculum, we shall strengthen the role of volunteers and religious by equipping them with skills in referral so that they are able to be a source of HIV prevention knowledge within communities. Finally we shall support health facilities supported will continue to carry out their routine infection measures such as blood safety and STI treatment.

During the year we shall support institutional and community AIDS clubs to deliver HIV information. The institutional based clubs such as those in schools will be supported to deliver prevention activities for children in upper primary while community clubs will be supported to give information to youth out of school. Twenty (20) organisations will implement these activities reaching up to 400,000 couples, 800,000 youths in school and out of school. We shall support 500 religious leaders including lay readers to deliver our prevention activities during the year.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8426

Related Activity: 15889, 14207, 14208, 14209, 14210, 14211, 14212, 14213

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26780 | 4685.26780.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8426 | 4685.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$500,000 |
| 4685 | 4685.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$500,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 2,000,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 800,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 1,270 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3340.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9188.08

Activity System ID: 14217

Mechanism: Health Comm Partnership;
AFFORD

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$800,000

Activity Narrative: This narrative has been updated and expanded and contains activities that are continued under AFFORD, the Health Marketing Initiative. AFFORD is a Cooperative Agreement awarded to Johns Hopkins University in October 2005 and has the following objectives: 1. Increase accessibility and affordability of HIV/AIDS, reproductive health, child survival, and malaria products and services for Ugandans 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; 3. Strengthen/establish indigenous organization(s) for 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. All six partners are contributing to build an indigenous organization, the Uganda Health Marketing Group (UHMG), which will possess the technical, managerial, and financial capacity to continue in the footsteps of AFFORD at the end of the project. UHMG is currently categorized as a Not-For Profit Company, staffed and working alongside the consortium partners. Key highlights of the program over the past year include distribution of 18 million condoms through 29,000 retail outlets, the communication of key health and HIV prevention to over 200,000 people through community outreach and several interpersonal program approaches targeting mainly most at risk populations (MARPS) including the military, migrant worker, commercial sex workers, trucker, and fisherman folk at landing sites.

In FY07, AFFORD addressed various MARPs and the general audience with faithfulness/partner reduction messages and activities to address gender stereotypes related to increasing HIV infection risks. AFFORD used five approaches:

a) Peer educators (PE) program: During FY07, a total of 800 PE among Commercial Sex Workers (CSW), their clients, the military (UPDF), the Uganda police and fishermen, were trained in collaboration with four partner organizations working with MARPs. Embedded into the training were modules addressing gender norms related to HIV risk behaviors. All support materials also pointed out existing gender and social norms that increase men's risk of HIV infection. Through these program activities, 280,000 people were reached using peer-to-peer interactions and community outreach. In FY08, AFFORD will continue to work with MARPs, specifically the UPDF, police, truck drivers, fishermen associations, and organizations of CSWs, to mainstream gender in their ongoing programs. For example, scale-up, reach more people, and establish CSW drop-in centers where they can access a number of HIV/STI-related services.

AFFORD will increase the number of MARPs organizations it's working with from 6 to 8 and expand this program to 6 new districts. Additionally refresher training for peer educators on gender and sexual violence will be organized using films, interactive drama and support materials. AFFORD will continue to specifically target men with gender positive messages from a male perspective (men-to-men).

AFFORD will also scale-up the ongoing experiential communication programs with Pulse (another AFFORD partner) for security forces, military, and the police to also reach truckers and fishing communities. Our work with WAWI will continue to integrate gender issues that increase sex workers' risk of HIV infection. As most peer educators are exposed to gender violence on a regular basis, AFFORD will offer sexual violence training for CSW peer educators in FY08. AFFORD will also ensure that the programs with five new CSW organizations include the same gender mainstreaming as with WAWI and other MARPs organizations.

b) In FY07, 570 Popular Opinion Leaders (POLs) were trained in 13 districts. They have been trained by AFFORD partner, Communication for Development Foundation Uganda (CDFU). Many of these community POLs use messages about couple HIV testing, early treatment for STIs, as well as raise awareness about gender issues to disassociate masculinity with higher risk behaviors and links between alcohol intake and HIV; A total of 62,000 people were reached through this program.

AFFORD will continue working with CDFU to scale-up POL training from 13 districts in FY07 to 23 in FY08. 400 new POLs will be trained in interpersonal communications and community mobilization to address socially constructed gender norms and behaviors that increase the risk of HIV transmission. These newly trained POLs will reach 31,000 people resulting in a 50% increase in the number of people reached in FY08. In FY08, AFFORD will also focus on strengthening this intervention through introduction of the HCP African Transformation program model, which is a more in-depth skill-building model used to analyze gender stereotypes and apply it within the POL strategy. Videos will be dubbed in 4 more local languages and support materials translated. These video vignettes produced under the HCP "Be a Man Campaign" will be used by POLs to initiate discussions about gender stereotypes/ masculinity stereotypes among communities they are serving and also act as guidelines for community discussions under the Mango Tree. In FY08, these video vignettes and materials developed through the "Be a Man" campaign will be integrated in the POL training for the new 10 districts.

c) HIV Counseling and Testing (HCT) for Couples: AFFORD continues to strengthen the linkages to HCT within the private sector where the health practitioners are expected to provide quality healthcare services and products. The AFFORD gender strategy focuses on promoting HCT linkages for couples to increase access to information about sexuality, disease, and reproduction through post-test clubs and other psychosocial support groups. In FY08, AFFORD will continue to target couples as a unit of our gender strategy to access an additional 100 clinics and continue to link these couples to other services like family planning and palliative care.

d) The partnerships created with Uganda Breweries and Nile Breweries to raise awareness of links between alcohol intake and STI/HIV/AIDS-related risk behaviors will be strengthened and the program expanded by 50%. The campaign called "The Responsible Living Campaign" creatively intersects brewery clients, bar owners, as well as direct consumer activations and promotional materials with activities and messages emphasizing the risks of alcohol abuse with regard to STI/HIV transmission. This is a demonstration of public-private partnership as the breweries will be contributing some money to this effort.

e) AFFORD created the Good Life Campaign in FY07 which breaks down preventive health behaviors into "simple, everyday activities" that can keep individuals, couples and households "healthy and save some money" as a way to a "Good Life." Addressing all of AFFORD's health areas, living the Good Life with focus on HIV risk perception, condom use, faithfulness, and partner reduction. The Good Life campaign was launched through a highly popular TV, radio and experiential game show format with a strong couple communication segment, encouraging couples to know more about each others opinions and knowledge of the health topics in order to be a winning team. In FY07, The Good Life Show toured the country appearing at over 200 locations in 20 districts and aired 24 TV episodes on 2 stations nationwide, while 120 radio

Activity Narrative: shows in 5 languages were aired on 11 local language stations. Various mini-campaigns on malaria, HIV prevention, and health maintenance added to the mutually supporting media channels with community radio shows, low literacy newsletters, and other print support materials. In FY08, AFFORD will continue to use the Good Life campaign to address critical issues that drive the HIV epidemic in Uganda. Mass media will be used to link to and reinforce the community interventions by highlighting activities, positive behaviors, and using frequently asked questions from the field to create meaningful messages addressing risk perception, self-efficacy, and gender issues driving people's behaviors.

In FY08, AFFORD will work in partnership with Raising Voices and the Young Empowered And Healthy (YEAH) programs to scale-up communication activities through a mass media campaign to address HIV prevention, gender and social norms within sexual relations. Through radio spots and print media, AFFORD will continue to raise awareness on importance of reducing number of sexual partners, promote couple communication, and encourage mutually respectful relationships. In FY08, AFFORD will also work with religious leaders to send out strong messages, promoting mutual faithfulness/reduction of multiple sex partners among couples and other women of reproductive health age; this will include orientation workshops for religious leaders and development of materials targeting both couples. Religious leaders will speak in a series of TV and radio spots promoting mutual fidelity, compassion towards HIV-positive partners among discordant couples and the need to reduce stigma and gender violence around HIV prevention.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9188

Related Activity: 14218, 14219, 14220, 14221, 14222, 14224

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 9188 | 9188.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$450,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 399,480 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 1,240 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Business Community

People Living with HIV / AIDS

Religious Leaders

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3340.08

Mechanism: Health Comm Partnership;
AFFORD

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4385.08

Planned Funds: \$1,100,000

Activity System ID: 14218

Activity Narrative: Health Communication Partnership (HCP) is a three-year USAID Associate Award for health communication support in Uganda managed by the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs, which was awarded in July 2007. HCP has been working in Uganda since July 2004, assisting the Uganda AIDS Commission to establish a national multi-channel communication initiative for young people 15 – 24 years old called Young Empowered and Healthy (Y.E.A.H.). Y.E.A.H. is managed by a partnership of Ugandan organizations led by Communication for Development Foundation Uganda (CDFU), and has launched two multi-channel communication campaigns for young people. One - the Something for Something Love campaign - discourages transactional and cross-generational sex, and the other—the Be a Man campaign –promotes more gender equitable attitudes and behavior among men. Both campaigns promote HIV/AIDS prevention through abstinence, partner reduction, faithfulness, and HIV counseling and testing.

In FY 2006, Y.E.A.H. launched a weekly half-hour radio serial drama called "Rock Point 256", which won an international award for excellence in HIV/AIDS communication in 2007, and has an estimated listenership of 30% among young 15 – 24 year olds, according to a survey conducted in three districts in 2006. During FY 2007, Y.E.A.H. reached more than 5 million young people through mass media and 46,000 through community outreach promoting gender equitable relationships, faithfulness and partner reduction, open and non-violent communication between intimate partners, and couple counseling and testing for HIV.

FY 2008 activities are a continuation of FY 2007 work and will have four components.

The first component is a further expansion of the Be a Man/Something for Something Love information, education, and communication activities implemented in FY 2007. This includes a continuation of the award-winning Rock Point 256 radio serial drama and comic books in five languages, radio spots, print materials, as well as community outreach activities. Activities and media materials will include heightened attention on alcohol consumption, responsible drinking and gender-based violence (GBV) as underlying factors in HIV risk for young men. Additionally, the activities will integrate the strategies and approaches used in the previous transactional sex campaign into the Be a Man campaign. The emphasis will be on social and individual change to create an environment where alcohol, GBV, multiple sexual partners, and transactional sex are no longer associated with manhood; where young people, especially men, recognize the association between alcohol, violence and HIV; and where community resource persons, such as health workers and peer educators are trained in alcohol counseling and abuse prevention and detection. HCP will also work with the media and influential leaders at both national and community level to ensure that leaders recognize GBV and alcohol abuse as underlying factors to HIV infection and speak out against it. Additionally, HCP will work with the media to encourage portrayals of the underlying causes of HIV (GBV, alcohol abuse, multiple sexual partners, and transactional sex) in a more serious and constructive manner. HCP will reach an estimated five million young men and women through its radio programming.

The second component involves a continuation of training facilitators among men's groups at community level, tertiary institutions and at work sites to facilitate interactive discussions using materials and tools produced by the project. In doing so, HCP will adapt successful tools and approaches, including African Transformation, a film-based documentary and community discussion facilitation guide for participatory discussions, for use with young people. The adapted African Transformation will profile ordinary young men, women, and couples who have broken gender stereotypes in their relationships, e.g. couples who have tested together and shared their results with one another, young men who do not drink alcohol, and young men who treat women as their equal. HCP will provide short courses and worksite seminars about the relationship between GBV, alcohol and HIV for men at their work places and for nurses, midwives and clinical officers as part of their clinical training. Men targeted through work places will include men in the military, security guards, plantation and factory workers, and boda boda drivers. Additionally, HCP will work with service delivery organizations that work with alcohol abuse prevention and treatment and GBV prevention to develop and nurture a service provider working group to link Y.E.A.H. activities with HIV counseling and testing, legal and social welfare, substance abuse treatment, and counseling services. HCP will assist Y.E.A.H. to train 1,000 peer educators and community resource persons, and 20 health workers in alcohol counseling. These peer educators and community resource persons will each counsel 30 young people, for a total of 20,000 young men and women reached through community outreach with alcohol and HIV prevention information.

Through the third component, HCP will continue to provide technical assistance to the two prime indigenous organizations, CDFU and Straight Talk Foundation (STF) to design, manage and evaluate multi-channel communication for and by young people. HCP will also assist Y.E.A.H. to diversify funds and institutionalize the strategies and programmatic concepts among key government and civil society partners. HCP will also establish a distribution system and center through which health communication materials will be efficiently marketed and distributed on behalf of Y.E.A.H.

The fourth component is monitoring and evaluating the effects of Y.E.A.H. information, education, communication, and community mobilization activities. HCP will assist CDFU and STF to design and conduct an assessment among young people aged 15-24 to determine whether or not there has been a change in male gender norms, particularly in relation to GBV and alcohol abuse; whether the young men have been exposed to the tools, materials and activities; and which ones specifically led to the greatest change in their attitudes and behavior.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9229

Related Activity: 14217, 14219, 14220, 14221, 14222, 14224, 14225, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--|---------------------|--------------|----------------------------------|---------------|
| 21735 | 4385.21735.09 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 9417 | 3340.09 | AFFORD | \$2,713,900 |
| 9229 | 4385.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$1,100,000 |
| 4385 | 4385.06 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 3334 | 1032.06 | Health Communication Partnership | \$1,000,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 40,800 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 1,020 | False |

Indirect Targets

Young women aged 15-24 will be reached through community mobilization and media activities. Young women especially the intimate partners of the targeted males are critical to the reinforcement of changing gender norms and attitudes among young men.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3340.08

Mechanism: Health Comm Partnership;
AFFORD

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12434.08

Planned Funds: \$300,000

Activity System ID: 14219

Activity Narrative: During FY 2007, Health Communication Partnership (HCP) provided technical assistance to the newly formed Male Circumcision task force , a joint MOH and UAC technical group, to develop and operationalize a communication strategy for the distilling and dissemination of scientific and epidemiological data to the general public to address information needs and misconceptions, as well as the design and implementation of an information campaign for health professionals and leaders to provide basic information about male circumcision (MC) as it relates to HIV prevention. While the MOH leadership is supportive of adding male circumcision to the range of ABC+ tools for HIV prevention, others within the lay public and in political and policy circles are less certain about the need to roll out services. In FY08, and depending on the success of the campaign in increasing knowledge, understanding and acceptance of the effectiveness of MC, as well as depending on policy decisions made by the GOU, HCP will intensify the public information campaign (reach, exposure, content) and will provide assistance for the development of client education and counseling materials, as pre and post operative counseling has been identified as a critical component of a program to introduce medical male circumcision. If the government has decided to implement a full scale male circumcision program, HCP will also assist the MOH and its male circumcision partners to develop job aides for providers and other relevant client counseling materials. In addition, HCP will assist Young Empowered and Healthy (Y.E.A.H.) programs to incorporate male circumcision information into its activities, radio programming, and print materials.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12434

Related Activity: 14217, 14218, 14220, 14221,
14222, 14224, 14225, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 12434 | 12434.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1059.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4029.08

Activity System ID: 14186

Mechanism: Affirming Life, Avoiding Risk
(CRS ABY Track 1)

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$299,000

Activity Narrative: Catholic Relief Services/Uganda implements the Affirming Life, Avoiding risk program with the overall goal of reducing HIV/AIDS prevalence among youth (15-24 years) and adults (25-49 years) in Uganda. The program is implemented in 6 out of 19 catholic dioceses, namely Masaka, Mbarara, Kampala, Kasana luwero, Gulu and Fort portal within a total of 31 church parishes. The strategic objectives include: reduction in risk of HIV infection by the targeted audience through the promotion of abstinence, secondary abstinence and fidelity behaviors; reduction in unhealthy sexual behaviors which expose the targeted audience to high risk of HIV infections such as sexual exploitation and cross-generational sex; and build capacities of individuals and indigenous community based organizations to effectively lead communities in AB activities.

During FY 2007 as per the semi-annual report, a total of 164 community outreach prevention programs were organized reaching out to 23,374 individuals directly. These individuals were estimated to have shared what they learned with a total of 62,436 individuals indirectly through either casual conversations or organized group meetings. A second accomplishment was a total of 590 individuals trained in life skills promotion using Education for life curriculum, Faithful House and the Participatory AIDS prevention and support methodology.

Activities for FY 2008 will be a continuation from FY 2007 and thus have not been updated. Activities will follow a three-fold approach of: 1) building individual life skills for behavior change; 2) increasing community participation in AB activities; and 3) scaling up promising practices learned from the 6 participating dioceses of the AB program.

Building individual life skills

Life skills are a very important aspect towards influencing behavior change among youth and adults; it has been discovered that a very big percentage of individuals have the basic knowledge about HIV/AIDS as well as its prevention but are failing to apply the knowledge they have learned to avoid contracting HIV. So the gap between knowledge levels and practice calls in for life skills building as one of the strategies. The program will organize and conduct a training for Facilitator Trainers (24 people) using the Faithful House methodology; these trained Facilitator Trainers will in turn conduct a facilitators training for the clergy, religious leaders, and catechists; these trainings are expected to reach a total of 150 religious leaders by the end of FY 2008. These trained religious leaders will be responsible to conduct Faithful House workshops for married and relating couples with a goal of building strong family structures and networks to promote faithful behaviors and will reach a total of 1200 people directly (6000 indirect) through a series of 24 workshops.

During FY 2007, the program trained a total of 24 Education for Life facilitators; during FY 2008 it will continue to organize and conduct life skill workshops for both youth in and out of school plus adult singles using the Education for Life methodology. A total of 720 youth in and out of school will be reached directly (3600 indirect) through a series of 24 workshops. The adult singles workshops will reach 576 individuals directly (1728 indirect) through a series of 24 workshops.

Both the Faithful House program and Education for Life methodology are deep learning methodologies that cannot be rushed. Time is required for participants to grasp the content, reflect on their own lives before making a decision on what behaviors to adopt. The Faithful House program requires 5 days to complete the 3 modules while Education for life requires 3 days to complete the 3 stages; however, given different situations the workshop might be broken down into phases and spread out for a month to have each module or stage handled over a weekend say Saturday or Sunday afternoon. It is also expected that these life skill gained during the workshop will benefit an individual holistically not only in terms of HIV prevention but also through the support networks created after the training, participants learn from what the others are doing to boost their family income through farming, poultry, piggery; while others form groups to get loans from the bank for economic development.

Increasing Community Participation.

The aim of this activity is to promote increased community dialogue and participation in behavior change activities following Abstinence and Be faithful. The program will continue to engage the community in sensitization and awareness promotion activities such as music, dance, and drama shows. These are targeted to reach 6000 youth and adults (60,000 indirect). The plan is for each of the six dioceses to hold one show either during World AIDS day or any other day of their choice. Dissemination of information, education and communication (IEC) materials, such as brochures, newsletters, t-shirts, and balls, with AB messages will be distributed to a total of 60,000 youth and adults during the AB major events. Some of these materials like t-shirts will be produced by the program while others will be obtained from other NGOs dealing in IEC production and dissemination such as the YEAH campaign, Straight Talk Foundation and the Ministry of Health.

Clubs are one of our major assets of the program; we will continue to support a total of 15 anti-AIDS clubs with a total target of reaching to 2000 members. The support will be in form of material purchase as well as life skills capacity building. Club members will also be engaged in retreats to share experiences as well as learn from each other on various coping mechanisms to issues like peer pressure, abstinence, career and how to live your dream, they will also be given health talks from professional guest speakers like doctors, have spiritual reflections. Each of the 6 dioceses will organize a retreat for its club members and in total these will benefit 1200 members directly. They will in turn be expected to share all that they learned with their colleagues who didn't attend (6000 indirect). In addition to retreats, a total of 18 club leaders will undergo a training organized centrally at CRS office in the use of existing IEC materials such as those from the YEAH campaign.

Community group discussions for community leaders, religious leaders and youth leaders will be organized using PAPAS methodology as a gateway into the discussions. These are targeted to reach 1200 people directly (6000 indirect) through a total of 24 discussions organized.

Lastly the program will continue to encourage, promote and refer youth for VCT services by providing them with information on VCT sites in their localities as well as offer counseling services to those that might appear so afraid to access the service. This is more particular with one of our sub partners Gulu Archdiocese which has a counseling center with a team of well trained counselors. VCT promotion and referral will be a part and parcel of every AB activity to the community.

Scaling up what works

Activity Narrative: As part of the strategy for sustainability, the program will assess and scale-up what works out of the various interventions that have been under taken plus what other organizations are doing. First there will be occasional meetings with diocesan parish priests, pastoral co-coordinators, Bishops and other influential members of the church to sensitize them about the value of the Faithful House program and the Education for life program with a view of integrating the program into ongoing church activities such as those related to premarital and marital counseling. By the end of 2008, we aim to have conducted a total of 12 meetings reaching out to 600 people directly. CRS believes that these 600 will be able to pass on the information gained to over 3000 others indirectly. Secondly, since there already exists organizations producing very good materials with messages of AB such as YEAH campaign, the plan is to reproduce more of these materials (12,000 copies) and have them distributed to the 6 dioceses in addition to what YEAH already provides us with.

CRS also plan to join the Uganda Catholic Secretariat HIV focal point office in their annual general meetings to share what has been learned during the implementation of AB program with the rest of the dioceses that aren't funded by the program. Dissemination workshops will also be organized during the month of December 2007 to January 2008 in respective dioceses for key stakeholders with the aim of sharing the results of the Faithful House process evaluation that is currently being conducted in the six dioceses.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8411

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------------|---------------------|--------------|---|---------------|
| 21751 | 4029.21751.09 | U.S. Agency for International Development | Catholic Relief Services | 9427 | 1059.09 | Affirming Life, Avoiding Risk (CRS ABY Track 1) | \$295,406 |
| 8411 | 4029.07 | U.S. Agency for International Development | Catholic Relief Services | 4828 | 1059.07 | AB Track 1/ Round 2 | \$220,740 |
| 4029 | 4029.06 | U.S. Agency for International Development | Catholic Relief Services | 3180 | 1059.06 | AB Track 1/ Round 2 | \$245,599 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 72,966 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 342 | False |

Indirect Targets

All the activities mentioned above with the exception of the training activities have indirect counts. These have been estimated basing on the mini survey we conducted to identify a multiplier number to use when estimating secondary counts. This was conducted in FY2007 where a questionnaire was handed out to a selected sample of peer educators and other individuals who had ever participated in any of the AB activities organized by the diocese AB program. The following were some of the questions posed , " what activity had the respondent participated in? Was the respondent able to share the information received with some one who didn't attend? If so how many people did he/she share and how long did it take you to reach out to these people? , how was the information passed on? Was it one to one casual conversation or organized group meeting?" basing on the results got after tabulation we excluded all those that passed on the information using organized group meetings and concentrated on the one to one casual conversation because they had more realistic numbers and the program also encourages the one to one sharing because it provides opportunities for deeper understanding and sharing. Its these results that we have used to calculate the indirect targets.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gulu

Kabarole

Kampala

Masaka

Mbarara

Luwero

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1258.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9169.08

Activity System ID: 14192

Mechanism: ROADS - SafeTstop Project

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$300,000

Activity Narrative: This activity is a continuation from FY2007 and has not been updated.

This activity relates specifically to activities funded under Other Prevention (OP), Counseling and Testing (C&T), Palliative Care and Orphans and Vulnerable Children (OVC). 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 multisectoral 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 Burundi, Democratic Republic of the Congo, Djibouti, Kenya, Rwanda, South Sudan, Tanzania and Uganda. With FY 2008 funds, ROADS will extend and strengthen ongoing activities in Busia, Malaba and Katuna. In FY 2008, ROADS will expand services to a fourth site in the interior of the country to scale up the program. The ROADS strategy is to develop comprehensive, integrated programming designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability.

Busia, Malaba and Katuna, ranging from 10,000-30,000 people??not including the mobile populations that spend time there??are sizable and characterized by high HIV prevalence relative to the national estimate. 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, in partnership with faith-based organizations it can still be scaled up to reach more truck drivers, community men and women, and out-of-school youth. Programming through ROADS is addressing critical drivers of the HIV epidemic in these communities, including idleness and the absence of recreation beyond drinking. Yet there is still 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 60,000 people with AB messages, including 23,000 youth with abstinence-focused messages, through June 2007. This has been accomplished in partnership with more than 90 community- and faith-based organizations, which were organized into "clusters" for joint program planning, training/capacity building and implementation. With FY 2008 funding, ROADS will strengthen ongoing work to reach 80,000 out-of-school youth, secondary school students, truck drivers, other men and women, PHA and OVC with AB messages, and an additional 15,000 primary school students with abstinence-focused messages, during September 1, 2008 and September 1, 2009. This includes the public-private partnership with the Energy Institute of Uganda to reach mobile and community populations in multiple sites. 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, partner reduction, communication and relationships and build the skills young people need to delay sexual debut and make healthy 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, the project intends to train 700 people (new and expanded) during September 1, 2008 and September 1, 2009. 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), ART and PMTCT. ROADS will link and strengthen these services through the SafeTStop model, which mobilizes the community around HIV prevention, care, treatment and mitigation services. ROADS will continue to utilize the SafeTStop resource centers established 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/partner reduction. The resource centers will also offer internet services to help truckers stay in touch with family during time on the road. 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 extend its similar community outreach model in Katuna, mobilizing local CBOs and FBOs to expand AB programming, and potentially expand to a fourth site in the interior of the country. As in Malaba, Busia and Katuna, the resource center in the fourth site will provide an alcohol-free recreational site for transient populations and the host community. Working with community and religious leaders, ROADS will support community action to address stigma, denial and discrimination as a key HIV prevention strategy. In FY 2008 ROADS will implement a range of new activities. The project will expand work in primary schools, focusing on creating positive gender norms through extra-curricular programming such as creating positive self images through art and other forms of self-expression. ROADS will introduce an innovative MP4 device with AB content for use by drivers on the road and discussion groups where they stop. SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding. As a result project activities are highly sustainable. The majority of indigenous volunteer groups partnering with the project, including faith-based organizations and schools, were established without external assistance and will continue functioning over the long term. Local businesses, traders, market sellers, etc. are also part of the fabric of community life and will be present over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, implementing activities with people in their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9169

Related Activity: 14193, 14194, 14195, 14196

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 21759 | 9169.21759.09 | U.S. Agency for International Development | Family Health International | 9429 | 1258.09 | Roads to a Healthy Future/ROADS II-SafeTStop Project | \$300,000 |
| 9169 | 9169.07 | U.S. Agency for International Development | Family Health International | 4833 | 1258.07 | Northern Corridor Program/Uganda Section | \$250,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------|-----------------------------|---------------|
| 14193 | 4508.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$750,000 |
| 14194 | 4510.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$550,000 |
| 14195 | 9176.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$200,000 |
| 14196 | 4509.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$375,000 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 100,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 15,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 700 | False |

Indirect Targets

Friends and family members of direct targets, i.e., children, adolescents, adults (general population), discordant couples, PHA, OVC, religious leaders, teachers (other) and truckers, people who abuse alcohol and street youth (MARPs).

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Busia

Kabale

Tororo

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5028.08

Prime Partner: Emerging Markets

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9086.08

Activity System ID: 14169

Mechanism: HIPS (Health Initiatives in the Private Sector)

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$200,000

Activity Narrative: This activity relates to Palliative care - home-based, Counseling and testing, ARV services, Systems strengthening, condoms and other prevention, and orphans and vulnerable children.

Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

The Uganda HIV Sero Behavioral Survey (UHSBS) secondary data analysis shows that 88% of men are not lifetime faithful, compared to 56% of women, and only 10% couples are mutually lifetime faithful. The private sector initiative shall continue implementing activities in line with the Uganda National Road Map for Accelerated HIV Prevention that emphasizes the prevention of sexual transmission of HIV as key priority area. Much as knowledge of HIV/AIDS is relatively high across all recent survey respondents, there is need for more mature behavior change communication BCC interventions provided to company employees, dependants and surrounding community.

In FY08, the activities that will be implemented include but not limited to the following:

- Promotion of the USG mass media campaigns promoting faithfulness in the work place setting and surrounding communities
- Addressing issues related to gender roles and norms in the work place setting and surrounding community
- Training peer educators to promote faithfulness messages in the work place settings and surrounding communities through outreaches during the private company sponsored counseling and testing sessions

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9086

Related Activity: 14170, 14171, 14172, 14173, 14174, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21752 | 9086.21752.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$200,000 |
| 9086 | 9086.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$35,000

Estimated local PPP contribution in dollars \$15,000

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 10,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 500 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1030.08

Mechanism: The Core Initiative

Prime Partner: CARE International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3198.08

Planned Funds: \$495,000

Activity System ID: 14183

Activity Narrative: This activity has two main components: 1) Strengthening MGLSD's role in HIV prevention and 2) technical resource development and assistance for Civil Society Fund implementing partners in HIV Prevention.

Strengthening Ministry of Gender, Labour, and Social Development (MGLSD)'s role in HIV prevention. CORE Initiative will continue providing support to MGLSD's National Implementation Unit, strengthening MGLSD's efforts to reach youth with HIV prevention initiatives. In particular, support to the National Implementation Unit (NIU) will focus on improving the integration of HIV prevention initiatives and OVC service delivery programs. Improved integration will ensure not only comprehensive HIV prevention initiatives are included within a comprehensive response to OVC, but also that OVC reached through HIV Prevention programs for youth are effectively linked into existing OVC service delivery structures. CORE Initiative will also continue to support MGLSD involvement in an interministerial plan for providing HIV prevention services to youth, and MGLSD involvement with the National HIV Prevention Committee. Within the HIV Prevention component of the National Strategic Plan for HIV/AIDS, CORE Initiative will have used FY07 funding to assist MGLSD and Uganda AIDS Commission (UAC) with the development of ABC Policy Guidelines, and, within those, will have supported MGLSD in the formulation of an interministerial plan delineating line ministry and key stakeholder roles in the provision of comprehensive HIV prevention services among Uganda's youth. Building on this initiative, CORE Initiative will assist MGLSD with the development of a ministry wide plan supported through the NIU for fulfilling MGLSD's role in the national plan for HIV Prevention. With FY08 funding, CORE Initiative will continue to provide technical support to the NIU in the implementation of this plan. AB resources in particular will be used to ensure that Uganda's youth have access to age and risk appropriate abstinence, faithfulness, behaviour change and condom information and services. AB resources will also assist MGLSD in appropriately addressing the shifting nature of the epidemic, and expand attention to faithfulness and partner reduction initiatives among newly married young couples. In addition, CORE Initiative will support MGLSD's mandate in the social services sector to specifically address the vulnerability factors of specific categories of youth such as young people involved in transactional or cross-generational sexual relationships, young people living with HIV, and addressing the underlying causes of the vulnerabilities faced by Uganda's youth that increase their risk of exposure to HIV. In particular, CORE Initiative will assist MGLSD in addressing cultural norms and practices, sexual coercion, poverty and economic security vulnerabilities, and gender discrimination issues that make youth, and in particular young girls at increased risk of exposure.

Technical support and resource development for HIV prevention implementing partners: CORE Initiative will continue to identify, obtain, and adapt technical resources in HIV prevention with the aim of developing a comprehensive and standard package of resources for the use by MGLSD's HIV prevention partners, as well as the HIV prevention partners supported through the Civil Society Fund's multi-donor-funded HIV prevention support. AB resources will be used to promote the adaptation of materials needed to support integration of HIV prevention initiatives into existing social service programs, including MGLSD's orphans and vulnerable children VC program and its civil society partners funded through the Civil Society Fund (CSF). In addition, CORE Initiative will provide technical support to zonal Technical Services Organizations ensuring that they are strengthening district and civil society integration of HIV prevention initiatives within the national response to OVC.

Under the direction of the Uganda AIDS Commission, the CSF Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the CSF Steering Committee, which held its inaugural meeting March 2007. In FY08, funding under this component will support CORE Initiative's provision of technical support to the CSF Steering Committee through CARE Uganda as the Technical Management Agent. Technical support will include strengthening the CSF Secretariate at UAC, supporting the operational functions of the CSF Steering Committee, supporting the institutionalization of transparent and competitive granting mechanisms used by the CSF to solicit, review, and award civil society grants, and providing technical support to CSF grant recipients. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent.

In addition, through its role as the Technical Management Agent for the CSF, AB resources will be used to provide technical support to CSF implementing partners providing comprehensive and integrated HIV prevention services, including PEPFAR-supported grants. Technical support to HIV Prevention implementing partners will fall into four areas: 1) strengthening capacity of universities receiving grants from the CSF to ensure that HIV prevention efforts on their campuses are comprehensive and age and risk appropriate, offering as needed a complete range of prevention interventions, including abstinence, faithfulness, and condom use, and that separately supported prevention interventions do not undermine each other; 2) providing technical support to AB grantees working with out of school youth that frequently encounter high risk sexually active youth in need of condoms; 3) providing technical support to civil society implementing partners working to support engaged and newly married couples as well as married and cohabitating adult partners in being faithful to each other; 4) providing technical support to civil society fund implementing partners working extensively with high risk groups such as those engaged in transactional sex, and street youth, to provide economic strengthening support as a mechanism of addressing the vulnerabilities placing them in high risk status and to ensure adequate protection from HIV infection. Targets reached through the CSF will be reported by Deloitte and Touche, the Financial Management Agent.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8409

Related Activity: 14184, 14185

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------|---------------------|--------------|---------------------|---------------|
| 26761 | 3198.26761.09 | U.S. Agency for International Development | CARE International | 11121 | 11121.09 | The Core Initiative | \$0 |
| 8409 | 3198.07 | U.S. Agency for International Development | CARE International | 4827 | 1030.07 | The Core Initiative | \$170,000 |
| 3198 | 3198.06 | U.S. Agency for International Development | CARE International | 2760 | 1030.06 | The Core Initiative | \$2,020,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------|--------------------|---------------|
| 14184 | 6551.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$375,000 |
| 14185 | 3197.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$8,237,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | N/A | True |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | N/A | True |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | N/A | True |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Discordant Couples

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1255.08

Mechanism: Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals

Prime Partner: Research Triangle International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8540.08

Planned Funds: \$180,000

Activity System ID: 13312

Activity Narrative: 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. During FY 2007, RTI in partnership with AIDS Healthcare Foundation (AHF) supported the Uganda Ministry of Health (MOH) to provide Routine HIV Counseling and Testing (RCT) and basic care (BC) services to patients in district 16 hospitals and health center (HC) IV facilities in six districts of Kaberamaido, Kasese, Kabarole, Masindi, Mubende and Mpigi. With supplemental funding, two additional districts of Pallisa and Bugiri will be added to the program by the end of FY 2007.

During FY 2007 RTI initiated AB interventions aimed at stemming HIV infections among the target population groups of patients, youth (in-school and out of school) and adults in the supported districts, with AB needs assessments and preliminary implementation through community education outreaches and drama activities.

In FY 2008, RTI will scale-up AB activities in 16 facilities in four new districts as part of program scale-up. This activity proposes to reach 350,000 individuals with AB prevention messages. Activities will be conducted in partnership with health workers at supported facilities, local community based organizations (CBOs), and PHA networks who will receive small grants to implement project activities. Selection of the CBOs and PHA networks will be conducted in a competitive and transparent manner after evaluation and verification of the CBOs' competencies and experiences to accomplish the tasks in the target districts. We also will assess the readiness of the supported health facilities to roll out AB programs given their staffing levels. All selected health facilities, CBOs and PHA networks will be provided with a clear scope of work that describes the activities to be done, timeline for completion of the activities and the results/targets to be achieved under each activity. This will be done after training of health workers, CBO and PHA representatives on how to conduct and disseminate AB prevention messages to patients, PLWAs and community residents through health education and community outreaches. The training will also focus on behavior change practices that emphasize mutual fidelity among partnerships. Health workers will also be trained to disseminate AB prevention messages when counseling patients. RTI project staff will perform routine monitoring and support supervision of activities including sitting in a sample of outreach sessions conducted by the partners. Each health facility or sub-grantee will be expected to submit monthly financial and activity reports detailing the work done and the corresponding accountability of the funds used in conducting the work. Disbursement of funds will be by installments and subsequent releases will be tied to performance and timely submission of quality reports that pertain to the previous period. All reports will be done according to guidelines provided by RTI project staff. A partner with unsatisfactory performance and accountability will be disqualified for further support.

RTI will create mechanisms through which the dissemination of HIV prevention messages in the communities will be sustained after the project. Behavior change entails not just having knowledge about the risk factors related to HIV infection, but also understanding and overcoming the circumstances that lead to those risk factors at individual and societal levels. This requires recognizing the special vulnerability and needs of the various population groups, e.g., women versus men, youths versus adults, single versus married workers. As part of our efforts, we will seek to identify and address challenges arising from gender norms and expectations, including lack of sexual and social negotiating/decision-making skills among young adults, especially women, and how to handle social-cultural beliefs/views about having multiple partners being a sign of sexual prowess among men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8540

Related Activity: 13313, 13314, 13315, 13316

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20867 | 8540.20867.09 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 9147 | 1255.09 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | \$180,000 |
| 8540 | 8540.07 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 4872 | 1255.07 | Routine Counseling and Testing in Two District Hospitals | \$82,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13313 | 9636.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13314 | 4044.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$550,000 |
| 13315 | 8539.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13316 | 4045.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$850,000 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 350,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 100,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 60 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Kaberamaido

Kasese

Masindi

Mpigi

Bugiri

Iganga

Kabarole

Kyenjojo

Mityana

Mubende

Pallisa

Sembabule

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4401.08

Planned Funds: \$170,000

Activity System ID: 13294

Activity Narrative: In FY 2008 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

The national Information, Education and Communication/Behavior Change Communication (IEC/BCC) strategy has been critical in facilitation of the behavior 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.

In FY 2008 the IEC/BCC strategy of the Ministry of Health will support and relate to the broad activities of the expanded HIV/AIDS prevention, treatment and care initiatives consistent with the HSSP II and NSP. Owing to the cross-cutting nature of IEC/BCC strategy, it will address the needs of specific HIV sub-programmes and other relevant health sector programmes and appropriate abstinence and be faithful (AB) messages will be incorporated into PMTCT, HIV counseling and testing, and treatment programs. Specific activities will be the continued dissemination of AB messages through mass media; expansion of district-level advocacy; updated IEC materials and training for youth peer educations; and, integration of AB into appropriate prevention initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8340

Related Activity: 13293, 13295, 13296, 13297, 13298, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|----------------------------|---------------------|--------------|---|---------------|
| 8340 | 4401.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$98,394 |
| 4401 | 4401.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$81,995 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 1,037,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 100,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 20 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HVAB

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Activity ID: 8641.08

Planned Funds: \$280,000

Activity System ID: 13283

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PLHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at Mbuya RO.

TMC and RO are faith-based organisations that have been implementing the AB strategy through a number of activities. These include HCT, (which has been provided for over 5,756 people between April 06, and March 07 at TMC and 3,492 at Mbuya RO), AB sensitisation, and awareness plus support clubs like Our Generation Mildmay Adolescent Club (OGMAC). Training has been carried out in the AB approach with emphasis on specific groups like religious leaders, teachers, adolescents, and the youth. 39% of all ART recipients at TMC are children less than 18 years old and the growing number of adolescents in care continues to present a special challenge. Abstinence messages are especially emphasized for these young people. Family members of TMC clients, tested through the VCT programme, are also targeted for AB messages. Couple counselling is offered to all patients and 'B' messages are emphasized for these couples. These activities are also extended to the clients at the rural sites through patients' workshops at Naggalama, Kyantungo and Buwama.

In FY 2008, AB activities will be further strengthened targeting youth and adolescents in the communities and schools, couples, family members of index clients, and health care professionals through awareness campaigns, sensitisation, and training. There will be more emphasis on reaching these populations directly in their communities and through networking with other existing organisations and linking the activities with others such as providing Voluntary Counselling and Testing (VCT) to other people in the community. This will be according to the TMC AB strategy. Specific activities will include drama and life skills training. A forty-five minutes play has been developed to communicate these messages in both English and Luganda to make the messages attractive to the audience. The funding in this programme area will support the integration and strengthening of existing AB activities through community mobilisation and awareness, support training of personnel, production of information education and communication (IEC) materials, support couple clubs, and improve monitoring and evaluation. The number of individuals reached will be 27,500 (i.e. 15,500 for TMC and 12, 000 for RO) and 500 trained at TMC. At the rural clinics these activities will be integrated into the community outreach events and working together with World Vision, Mukono Multipurpose Youth Organisation (MUMYO), local schools, and the other CBOs in the catchment area. This is a continuing activity and involvement of rural partners and training will help the sustainability of the

Activity Narrative: activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8641

Related Activity: 13284, 13285, 13286, 13287,
13288, 13289, 13290, 13291,
13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20793 | 8641.20793.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$280,000 |
| 8641 | 8641.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$135,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 27,500 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 0 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 500 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Kampala

Mpigi

Mukono

Wakiso

Luwero

Mityana

Mechanism ID: 1107.08

Mechanism: Mulago-Mbarara Teaching Hospitals - MJAP

Prime Partner: Makerere University Faculty of Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8772.08

Planned Funds: \$330,000

Activity System ID: 13271

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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 (NTP), and leverages resources from the Global fund. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 (PLHIV) receive free clinical care including ART at the Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council - KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP has been providing HIV prevention counseling including Abstinence and Be faithful (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 concordant HIV negative couples. 'A' messages are encouraged for single youth below 20 years who are not yet sexually active, among other interventions. 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 counseling and testing, care and treatment programs. We have provided HIV testing to over 3,000 couples, 19% of who were sero-discordant and 60% concordant negative.

In FY08 (April 2008 to March 2009), MJAP will strengthen the integration of AB activities into the existing programs. Through HBHCT program, we will provide C&T to 2,000 households of index patients in care. We anticipate reaching 3,000 children and youth through integration with the OVC, RTC and HBHCT interventions. The AB activities will be integrated with other prevention to ensure a comprehensive HIV prevention package. The A activities will primarily target children and single youth below 20 years but those 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 information, education and communication 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8772

Related Activity: 13272, 13274, 13276, 13277, 13278, 13279, 13280, 13273, 13275

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--|---------------|
| 8772 | 8772.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$58,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 3,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 1,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 100 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4393.08

Activity System ID: 13262

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$744,881

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

AIDSRelief services in abstinence and being faithful in FY08 will be offered through 23 local partner treatment facilities (LPTF), 37 satellites and 3 community based programs. The program will support LPTF activities targeting HIV + clients, their families and communities who access care at these points. 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 community and adherence programs developed by LPTFs in the AIDSRelief program will continue to serve as the foundation for outreach to communities. In Year 5, the program will continue to ensure that all sites provide education to patients and community health volunteers on secondary prevention. Prevention activities focusing on primary prevention and prevention for positives will include distribution of patient education materials, community sensitizations, increased couple testing, encouraging LPTFs to support couple support groups, advocate for new preventive measures e.g. male circumcision. Fidelity in relationships will be promoted through community programs, drama groups and Information Education and communication (IEC) materials. Messages will also target to reduce high risk behaviors such as alcohol abuse and drug use. AIDSRelief will link to other CRS programs which address improved livelihood options in order to decrease the need for transactional and cross-generational sex. Training will be an integral part of this program and will be directed at facility and community level staff. A total of 240 facility staff, 480 community volunteers, 240 community and religious leaders will be trained and 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 to guide one another on the needs of the community. With the family centered approach, primary prevention messages will be provided to families of those affected by HIV/AIDS especially the children. These messages will focus on abstinence and avoidance of high risk behaviors. OVC support group meetings will emphasize prevention messages

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. It will also capture and report on individuals reached with abstinence and being faithful prevention messages using relevant data collection tools and the PMM system.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country

Activity Narrative: service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8291

Related Activity: 13261, 13263, 13264, 13265,
13266, 13267, 13268, 13269,
13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20738 | 4393.20738.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$700,000 |
| 8291 | 4393.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$744,881 |
| 4393 | 4393.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$744,881 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 548,133 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 361,768 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 960 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mukono

Pader

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8702.08

Planned Funds: \$200,000

Activity System ID: 13242

Activity Narrative: 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; tuberculosis (TB) diagnosis 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 FY08 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.

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. The program will participate in the development of the Uganda national Positive prevention curriculum and provide leadership in area of adolescent care, e.g. disclosure, sex and sexuality, adolescent counseling.

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. Regular abstinence being faithful (AB) messages will be provided for Adolescent and Youth peer support groups. Health education sessions including "Positive Prevention" (PP) messages will be provided both in-clinic and through home counseling. These messages will target children over 12 years of age and their family members especially parents. For older children 13 years and above and youth, AB will be supplemented by condom skills building during support group meetings with counselors. Condoms (for those that are sexually active) will be distributed to adolescents and their adult family members through in-clinic counselors, the home health team, and clinicians following age-appropriate counseling. Through community outreaches caretakers of children will be mobilized and provided with health education sessions with special focus on AB messages. Pediatric health professional trainings will include pediatric HIV counseling issues as part of its curriculum, whereby abstinence/being faithful messages are discussed. The counseling training will support health workers; however, the beneficiaries of the PP trainings will be health workers, community members, and the adolescents and youths themselves. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8702

Related Activity: 13243, 13244, 13245, 13246,
13247, 13248, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|--|---------------------|--------------|--|---------------|
| 8702 | 8702.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda ^a | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$38,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 4,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 1,500 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 360 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechanism**Mechanism ID:** 5738.08**Mechanism:** Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**Prime Partner:** Makerere University School of Public Health**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Abstinence and Be Faithful Programs**Budget Code:** HVAB**Program Area Code:** 02**Activity ID:** 4019.08**Planned Funds:** \$44,823**Activity System ID:** 13232

Activity Narrative: 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 HIV 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.

The program will use a multi-pronged approach to reach a minimum of 13,000 individuals with information and services to reduce HIV transmission through Abstinence and Be faithful. Modes of delivery of messages will include (but not limited to): community meetings, music and drama, sports and film shows, and use of information, education and communication (IEC) materials developed in collaboration with Ministry of Health (MOH). Communities will be reached through sensitization and village meetings, music and drama shows, and sports events. .

Brochures on ART and AB will be produced in Luganda (the local language) and reproduced to reach a target population of 13,000 people.

This program will be closely linked to VCT and emphasis will be made on the need for couples-counseling for married couples. Other activities will include consultation of the Community Advisory Board (CAB) and sensitization of key community leaders and community health workers on issues regarding Abstinence and Be faithful. Community leaders will help the program develop appropriate messages tailored to the socio-cultural context of the community and target groups including: Adults, Boys, Girls and discordant couples; as well as design appropriate modes of delivering these messages. Community leaders will include community mobilizers, local council leaders, teachers, religious leaders and health providers.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8324**Related Activity:** 13231, 13233, 13234, 13235, 13236, 13237, 13238, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21214 | 4019.21214.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$44,823 |
| 8324 | 4019.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$24,823 |
| 4019 | 4019.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$23,860 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 13,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 3,250 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 178 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

Rakai

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8670.08

Prime Partner: Kalangala District Health Office

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9456.08

Activity System ID: 13221

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$80,000

Activity Narrative: Kalangala District, located in Central Uganda is comprised of one large island and several smaller islands in Lake Victoria. Kalangala's unique geographical location has resulted in limited health and human services to this marginalized population of 36,661 (2002 Census). The district is served by only nine health units: two Health Centre (HC) IVs, four HC IIIs and three HC IIs. There is no hospital located within the district. Referrals for patients with complicated health problems are made to the mainland Masaka Regional Referral Hospital which is 50 kilometers from the main island.

Results from the 2005 Uganda National Health and Behavioral Survey (USHBS) demonstrate that the central region, in which Kalangala is located, has the highest HIV prevalence in the country, reported at 8.5%. The secondary analysis of the USHBS central region data indicate that Kalangala District, has a prevalence of 27% which is approximately five times the national average, thus this population of fishermen and their families have been identified as a very-high risk group. Because of their mobility, fishing communities are often among the highest risk groups with susceptibility to HIV stemming from the complex interactions of occupational mobility, large amounts of time spent away from home, easy access to cash income, and the easy availability of commercial sex in fishing ports. All of these factors are exacerbated by the fishermen subculture of risk-taking and hyper-masculinity. In addition, the fishing landing sites are perceived to be a greater source of economic potential than village environments. Because fish, the main source of income is a natural resource, it is believed that fishermen can spend their money unsparingly, knowing they will have access to more cash the next day. Finally, it is believed that life at the landing sites is 'anonymous' as many fisherman who have lost their spouses to HIV/AIDS seek refuge in these areas and frequently engage in high-risk sexual activities resulting in the continued spread of HIV and resulting in the high prevalence.

With FY 2007 funding, a program to support the initiation of door-to-door HIV Counseling and Testing (HCT) targeting all eligible family members will be initiated. In addition, messages promoting abstinence and be faithful (AB) interventions aimed at stemming HIV infections among individuals, couples, and families will be developed. Community volunteers will be trained to conduct prevention education sessions for the fisherman and their families with a focus on behavior change practices that emphasize mutual fidelity among partnerships. Field teams and volunteers will also be trained to disseminate AB prevention messages when counseling patients. In collaboration with the District Directorate of Health Services, local fishing groups and PHA networks, this program will use a variety of communication channels such as drama, community meetings, and where appropriate, radio programs at local FM stations to reach target groups such as women and adolescents to disseminate the appropriate AB HIV prevention messages in the communities.

In FY 2008, the project will continue to support the implementation of AB interventions among individuals, couples and families targeted with HCT in the district with a view to increasing the number of volunteers trained to conduct these activities. The activities will include the continued training of volunteers to conduct prevention education to patients, training of field teams and volunteers to disseminate AB prevention messages and the use of communication strategies to reach target groups to disseminate AB HIV prevention messages. This activity proposes to reach approximately 80,000 individuals with AB interventions and train 160 of volunteers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9456

Related Activity: 13222, 13223, 13224, 13225

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|---|---------------|
| 20750 | 9456.20750.09 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 9125 | 8670.09 | Provision of Full Access Home-based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities | \$80,000 |
| 9456 | 9456.07 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 8792 | 8792.07 | | \$40,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------------------------|---------------|
| 13222 | 9458.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$70,000 |
| 13223 | 9434.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$286,000 |
| 13224 | 9443.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13225 | 9429.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful | 80,000 | False |
| 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) | 80,000 | False |
| 2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful | 160 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kalangala

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9211.08

Prime Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 22503.08

Activity System ID: 22503

Mechanism: Traditional & Modern Health Practitioners

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$45,062

Activity Narrative: It is estimated that in Uganda about 1 million women get pregnant yearly and with an estimated HIV prevalence of 6.5%, about 65,000 HIV-infected women get pregnant yearly. Moreover, Uganda's population growth is among the highest in Africa with an annual growth rate of 3.4% while utilization of modern family planning methods remains below 25%. The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. The primary goal of this program is to improve the utilization of family planning services specifically for HIV infected women in Uganda through community led approaches. Family planning in the context of PMTCT is intended to prevent both re-infection and unintended pregnancies among women living with HIV. The program will address the family planning needs of sexually active HIV positive women. Pregnant women living with HIV in the communities will be counselled and supported to avoid subsequent pregnancies. Dual protection (Condoms + hormonal contraceptives) family planning services will be promoted for HIV positive women and their partners. Community support groups, including TBA, opinion leaders, community health workers and other organized community groups in Uganda will participate in the Education, Mobilization and Sensitization of communities for the utilization of family planning services for PMTCT. The program will forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities. Key strategies for this program will include, among others, promotional and motivational activities for PMTCT through mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels, referral and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. This program will also put special emphasis on improving the participation of male partners and family support for PMTCT activities by establishing appropriate strategies at both the health facility and community levels. The program will design effective follow-up activities and the provision of linkages to the health units where PMTCT is available; it will also develop and implement systems for support, supervision, and monitoring of program activities. This program will contribute to the increase in the proportion of HIV-positive mothers who use modern contraceptive methods on a voluntary basis to 50 percent. (The baseline for this indicator is currently not available.)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9320.08

Mechanism: TASO

Prime Partner: The AIDS Support Organization

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 24543.08

Planned Funds: \$171,660

Activity System ID: 24543

Activity Narrative: 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. TASO will 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$4,900,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The Blood Safety Program under the Uganda Blood Transfusion Service (UBTS) and Uganda Red Cross Society (URCS) helps prevent medical transmission of HIV by ensuring adequate quantities of safe blood and blood products for all Ugandans. This is also one of Uganda's Ministry of Health (MOH) main strategies in HIV/AIDS prevention and care. UBTS is a semi-autonomous institution of MOH, while URCS is an indigenous charitable not-for-profit organization. Currently, about 100,000 patients receive blood or blood products annually in roughly 160 major public and private hospitals and health facilities throughout the country. Nearly half of the recipients of blood or blood products in Uganda are pediatric, a quarter are obstetric, with the balance made up of medical (many HIV-related) followed by surgical patients.

USG supports a comprehensive approach to blood safety in line with national priorities to meet the needs of the Ugandan people. Key goals of the blood safety program include: 1) retention of low-risk, voluntary, non-remunerated repeat blood donors; 2) care referrals for HIV-positive donors; 3) collection, testing, storage and distribution of blood products; 4) staff training; 5) quality assurance; and 6) monitoring and evaluation. In addition, USG supports adequate and appropriate infrastructure, transport, supplies and equipment to ensure that program goals are met.

Blood transfusion needs are expected to grow by 20% annually to reach 400,000 units of blood in FY09, and with Uganda's population doubling time of roughly 20 years, blood transfusion needs can be expected to grow annually in the years that follow. Therefore, maintaining adequate quantities of safe blood and blood products will become an ever increasing challenge. Community mobilization and education for donor recruitment is jointly implemented by the UBTS and URCS. Together, these institutions have built a countrywide network to access communities, schools and workplaces. Access to and regular communication with individuals and communities has greatly improved with the recruitment of additional staff, and purchase of adequate transport for program field activities. In addition, recruitment and retention of voluntary, non-remunerated low-risk blood donors has been enhanced through increased use of electronic and print media, mobile phone text messages, and scheduled visits by counselors. Plans are also in place to increase the participation of corporate bodies, churches and Rotary Club Uganda in community sensitization and mobilization activities in FY08.

HIV sero-prevalence among voluntary blood donors has steadily declined from 1.7% in 2004 to 1.36% in 2006; continued efforts will be aimed at further reducing HIV sero-prevalence among donors. Success in recruiting donors with a declining HIV prevalence is attributed to improved methods of blood donor selection and counseling, an increase in voluntary, non-remunerated donors, and until recently, a steady decline in HIV prevalence in the general population. The program has worked collaboratively with URCS and the Sanquin Consulting Services (SCS) to improve blood donor selection and counseling, and this collaboration will continue in FY08. HIV rates among replacement donors have been found to be about twice that of volunteer donors. Therefore, efforts are in place to phase-out replacement donors as repeat donors are maintained. Compared to new donors, repeat donors have a lower HIV sero-prevalence. Repeat donors currently represent 55% of all donors, and in FY08, the proportion of repeat donors is targeted to increase by 10%. Retention of voluntary, non-remunerated HIV negative donors through URCS supported blood donor clubs is particularly vital for running a successful blood safety program. To encourage repeat donations in FY08, post donation counseling will be provided and appropriate referral of HIV-positive donors to HIV/AIDS care and treatment services will continue. Although not the main service of the program, thousands of potential donors benefit from the post donation counseling and referral to HIV prevention and care services.

Maintaining high standards for blood collection, testing, storage and distribution is also critical to the program's FY08 strategy. UBTS tests all transfusion bloods for HIV, hepatitis B and C, and syphilis using effective testing algorithms at the seven regional blood bank laboratories: Arua, Fort Portal, Gulu, Kitovu, Mbale, Mbarara and Nakasero. Development and expansion of laboratory infrastructure at Nakasero and Gulu in FY07, and similar plans for Mbarara and Mbale in FY08 enable increasing capacity for the collection of whole blood and the production of blood components. The reference laboratory at Nakasero continues to offer technical assistance for HIV counseling and testing programs, and laboratory equipment for this purpose has been purchased for these centers. In addition, improvements in the cold chain and distribution of blood have been made with purchase of refrigerators, freezers and cold boxes.

UBTS priorities for FY08 include the expansion of quality assurance activities, as well as the implementation of a newly developed quality assurance system covering all stages of the transfusion process. Quality assurance manuals have been completed, resulting in an introduction and refinement of processes, and training and supervision of staff. Quality indicators have also been finalized and will be utilized to secure a safe blood supply. CDC has provided technical assistance for strengthening the

Management Information System (MIS) for the program, and this will continue through FY 08. Data reporting forms have been revised to enable the program to generate MIS reports for all vital activities on daily, weekly and monthly basis. Computerization of laboratory equipment is now in progress.

Human capacity improvements have been made, and UBTS's staff structure has been approved by the Ministry of Public Service, and the MOH will continue to support salaries for these staff. Training remains a critical component of the program. In FY08, varying approaches will be used to train all cadres of program staff in country in line with the national blood safety training program. Other in-country trainings will focus on HIV/AIDS counseling to be conducted in collaboration with The AIDS Support Organization and the AIDS Information Center. In collaboration with SCS, a Masters Degree training program in Management of Transfusion Medicine for regional blood bank directors will continue to be offered in the Netherlands. Additionally, UBTS and SCS will work to finalize blood safety course modules for adoption in pre-service curricula of medical training institutions, with the aim to foster appropriate clinical use of blood and blood products in the long term. In the interim, the program will continue with regular seminars and interactions with clinical staff at major teaching hospitals along with support for formation of, and regular interactions with hospital transfusion committees.

In FY08, capacity building will remain a priority for the program, particularly in the area of enhancing infrastructure. Inadequate infrastructure and space at all the seven regional blood banks and the national referral laboratory at UBTS headquarters is still a major challenge to the expansion of the program operations and meeting the ever increasing demand for safe blood in the country. Most of the regional blood banks continue to operate in small, two room spaces, some of which are loaned to the program by the regional hospital laboratories. This constraint is being addressed by construction of buildings to house blood bank activities. By the end of 2007, two new regional blood bank buildings in eastern and southwestern Uganda (Mbale and Mbarara, respectively) will be occupied and made operational beyond their current capacities. Also by the close of FY07, construction of a regional blood bank in northern Uganda (Gulu), as well as a phased-in expansion of the national referral laboratory at Nakasero in Kampala will have been carried out. In FY 08, construction of a regional blood bank in western Uganda (Fort Portal), and a phased-in expansion of UBTS Headquarters in Kampala will be completed. The MOH has offered the land for the construction of these new buildings.

Availability of adequate transport is also crucial for running an effective blood safety program. Therefore, in FY08, ten new large and small vehicles will be purchased and vehicle maintenance costs will be assured. Transport is used largely to support sensitization, mobilization, blood collection, and monitoring and evaluation activities.

In FY08, 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, as well as addressing waste management. Although increases in total blood collections continue, occasional stock-outs of blood for transfusion are still reported in hospitals and smaller health facilities in some parts of the country. The Government of Uganda's recent creation of new districts comes with new health care facilities, further increasing the demand for safe blood and blood products. USG support for the Blood Safety program continues to play a significant role in the prevention of medical transmission of HIV, as well as contributing to the care and support of persons with HIV requiring blood transfusion.

Program Area Downstream Targets:

| | |
|--|-----|
| 3.1 Number of service outlets carrying out blood safety activities | 173 |
| 3.2 Number of individuals trained in blood safety | 180 |

Custom Targets:

Table 3.3.03: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 5457.08 | Mechanism: Track 1.0 |
| Prime Partner: Sanquin Consulting Services | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: Central GHCS (State) | Program Area: Medical Transmission/Blood Safety |
| Budget Code: HMBL | Program Area Code: 03 |
| Activity ID: 10334.08 | Planned Funds: \$500,000 |
| Activity System ID: 13317 | |

Activity Narrative: This activity relates to Uganda Blood Transfusion Services (UBTS) activities in Blood Safety, Counseling and Testing, and Regional Procurement Support Office's activities in Blood Safety.

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 three 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 FY08 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10334

Related Activity: 13320, 15908, 13321

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|----------------|--|-----------------------------|---------------------|--------------|-----------|---------------|
| 20873 | 10334.20873.09 | HHS/Centers for Disease Control & Prevention | Sanquin Consulting Services | 9148 | 5457.09 | Track 1.0 | \$500,000 |
| 10334 | 10334.07 | HHS/Centers for Disease Control & Prevention | Sanquin Consulting Services | 5457 | 5457.07 | Track 1.0 | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13320 | 4014.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$3,000,000 |
| 15908 | 11496.08 | 7289 | 5792.08 | Technical Support to Uganda Blood Transfusion Services Laboratories Construction and Renovations | Regional Procurement Support Office/Frankfurt | \$1,400,000 |
| 13321 | 8585.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$0 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 3.1 Number of service outlets carrying out blood safety activities | N/A | True |
| 3.2 Number of individuals trained in blood safety | 4 | False |

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1250.08

Prime Partner: Uganda Blood Transfusion Services

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 4014.08

Activity System ID: 13320

Mechanism: Rapid Strengthening of Blood Transfusion Services

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Medical Transmission/Blood Safety

Program Area Code: 03

Planned Funds: \$3,000,000

Activity Narrative: Blood safety is an essential component of Uganda's Health Sector Strategic Plan (2006-2011) and one of the main strategies of the country's HIV/AIDS prevention and care. PEPFAR support to the Uganda Blood Transfusion Service (UBTS) and sub-partner, the Uganda Red Cross Society (URCS) has increased the supply of safe blood to 166 hospitals in the country by 45.6% and reduction of HIV in the blood donor population from 1.7% in 2004 to 1.36% in 2006 (a reduction of 20%). An estimated 21,000 new HIV infections have been prevented; 75% of these infections would have occurred in children and pregnant women who receive most of the blood transfusion. In FY08, UBTS (in collaboration with RPSO) will construct 2 regional blood banks, purchase vehicles for blood collection (5) and for blood donor recruitment (5), buy more laboratory equipment and supplies for blood testing and processing, ensure that blood collected is from low-risk, voluntary non-remunerated blood donors with an HIV <1.2% and increase total blood collection by 10%. All blood will be tested for HIV, Hepatitis B and C, and syphilis. An extensive training programme will be implemented as well as an effective M&E programme and Quality Assurance. 80% (100,000) of blood donors will be counseled while 58% will be retained as safe repeat donors. Collaboration with key partners will continue to complement and supplement UBTS' efforts to be able to supply sufficient quantities of safe blood to all hospitals. 50% of hospitals will form transfusion committee to support the planned haemovigilance programme.

The current infrastructure for all regional blood banks is very inadequate because none of the regional blood banks has a purpose-built facility compliant with Good Manufacturing Principles (GMP). The headquarters at Nakasero is too small to handle the current workload of increased blood testing and processing. To address this problem, UBTS has proposed a five-year plan to build 7 regional blood banks. The new regional blood banks, at Mbale and Mbarara, will be occupied before the end of 2007. The facilities will be model blood banks, with improved services and higher targets for blood collection and processing. The first phase of the rehabilitation of the UBTS headquarters referral laboratory and the construction of Gulu Regional Blood Bank will be accomplished during FY07 with collaboration from RPSO. Two more regional blood bank buildings will be constructed at Arua and Fort Portal in FY08. Laboratory equipment for blood processing into components and TTI testing, and back-up power generators will be provided for these units as well as more vehicles.

UBTS blood donor clubs are the equivalent of "Club 25" elsewhere. Members of these clubs are regular repeat donors with lowest infection risk who are always ready to donate blood especially when the blood shortage is anticipated, e.g., school holidays. In FY08 existing clubs will increase their membership and also more clubs will be registered.

UBTS collaborates closely with the Uganda Red Cross Society (URCS) in the area of community mobilization and blood donor recruitment and counseling. All blood donors in Uganda are voluntary non-remunerated donors, with repeat donors being about 50% of all donors. Blood collection is largely (>80%) carried out by a network of 20 mobile teams. New initiatives in FY08 will include more efficient mobilization of blood donors using media, text messages on mobile phones by recall centers (being set up in at each regional blood bank in FY07) and better planning tool to increase numbers of blood units at sessions and frequency of visits to blood donor clubs.

This is expected to increase blood donation from 170,000 units projected for FY07 to 187,000 in FY08 and increase the proportion of repeat donors from <50% to 58%. Currently, 70% of all our donors receive post-donation counseling; this proportion will increase to 80% (100,000 donors) because of expected better planning, communication with donors and availability of better transport. More effective methods of donor education and selection and an increase in the proportion of repeat donors are expected to lower the HIV prevalence among blood donors from the current 1.36% to <1.2% in FY08.

All blood units will be tested for HIV, hepatitis B and C, and syphilis. Regional blood banks use the ELISA technique to test HIV hepatitis B and C, while the reference laboratory has automatic equipment for high throughput and uses the chemiluminescent-based technology. All test results are confirmed before they are used by counselors for donor notification. This arrangement is expected to continue in FY08.

Blood components are prepared on a limited scale because of lack of adequate facilities. Nakasero Blood Bank is able to prepare paediatric packed cells, platelets, cryoprecipitate and fresh plasma on a limited scale. Regional blood banks can only prepare paediatric packs. Availability of better facilities will enable all regional blood banks to prepare blood components regularly for better management of patients.

In the last 2 years, the UBTS in collaboration with the Sanquin Consulting Services (SCS) have developed a quality assurance programme, and recently finalized a quality manual. Implementation of the quality system has begun in FY07 with training of various cadres; these activities will be intensified in FY08. Marked improvement in standards for blood collection, testing and processing are expected. Better documentation of blood supplied to hospitals will improve traceability of the blood units. Seminars for transfusing clinicians will be conducted to promote appropriate clinical use of blood in hospitals as well as distribution of national clinical transfusion guidelines. Hospital transfusion committees, <10% of which are functional, will be revised to ensure that by the end of FY08, 50% are active. These activities will form the basis of a haemovigilance to be initiated in FY08.

CDC-Uganda has helped UBTS develop a Management Information System (MIS) programme, which will be rolled out in FY08. The monitoring and Evaluation programme being designed in FY07 is expected to utilize the MIS both of which will improve the quality of data, reporting and the supervision of the whole programme.

The Ministry of Health provides funds for blood bags, utilities and UBTS staff salaries and has supported the restructuring of UBTS. The latter has resulted in UBTS being self accounting (financial autonomy) having a full contingent of a dedicated staff structure and expects to be fully autonomous when the legal mechanisms have been put in place, thus ensuring future sustainability of the institution. Other valuable partners include corporate and church groups, the ROTARY Club of Uganda, who all offer help in blood donor mobilization. UBTS has developed and implements training courses for all professional cadres of staff. Short courses and seminars will be conducted for blood donor recruiters(20), counselors(40), hospital technicians(170) as well as clinicians (160) who prescribe blood. Two more regional blood bank directors will start the Masters Degree in Management of Transfusion Medicine (MMTM) course in FY08. The course is being taught at the University of Groningen Faculty of Medical Sciences as a collaborative initiative of the Dutch Sanquin Blood Foundation, the World Health Organization (WHO) and the University of Groningen. Staff will also continue to benefit from counselors courses conducted by the AIDS Support Organization (TASO) and the AIDS Information Centre (AIC). Plans by UBTS and Sanquin (SCS) to develop a blood safety course for integration in the National Medical School Curriculum will be finalized in FY08.

Currently, the Ministry of Health Injection Safety Programme collaborates with UBTS to put in place a programme for safe waste disposal; this will greatly help UBTS in safe disposal of the laboratory biological

Activity Narrative: waste.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8368

Related Activity: 14280, 13317, 15908, 13321

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------------------|---------------------|--------------|---|---------------|
| 20885 | 4014.20885.09 | HHS/Centers for Disease Control & Prevention | Uganda Blood Transfusion Services | 9151 | 1250.09 | Rapid Strengthening of Blood Transfusion Services | \$4,400,000 |
| 8368 | 4014.07 | HHS/Centers for Disease Control & Prevention | Uganda Blood Transfusion Services | 4817 | 1250.07 | | \$3,000,000 |
| 4014 | 4014.06 | HHS/Centers for Disease Control & Prevention | Uganda Blood Transfusion Services | 3175 | 1250.06 | | \$1,800,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13317 | 10334.08 | 6440 | 5457.08 | Track 1.0 | Sanquin Consulting Services | \$500,000 |
| 15908 | 11496.08 | 7289 | 5792.08 | Technical Support to Uganda Blood Transfusion Services Laboratories Construction and Renovations | Regional Procurement Support Office/Frankfurt | \$1,400,000 |
| 13321 | 8585.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$0 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 3.1 Number of service outlets carrying out blood safety activities | 173 | False |
| 3.2 Number of individuals trained in blood safety | 180 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5792.08

Prime Partner: Regional Procurement Support
Office/Frankfurt

Mechanism: Technical Support to Uganda
Blood Transfusion Services
Laboratories Construction and
Renovations

USG Agency: Department of State / African
Affairs

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 11496.08

Planned Funds: \$1,400,000

Activity System ID: 15908

Activity Narrative: This activity will contribute to the Uganda Blood Transfusion Services (UBTS) activities in Blood Safety and Counseling and Testing. In FY08 the Regional Procurement Support Office [RPSO] will contribute to strengthen UBTS blood bank services throughout Uganda.

Specific activities are to construct a regional blood bank in Fort Portal, western Uganda and expand capacity at the national referral laboratory at UBTS headquarters.

The regional blood bank in Fort Portal currently operates in an old dilapidated building provided by Fort Portal regional hospital. It supports over 30 health facilities in the region and has a current capacity of about 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11496

Related Activity: 13320, 13317, 13321

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|---|---------------------|--------------|-------------------|---------------|
| 11496 | 11496.07 | Department of State / African Affairs | Regional Procurement Support Office/Frankfurt | 5792 | 5792.07 | RPSO Blood Safety | \$1,350,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------------------------|---------------|
| 13320 | 4014.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$3,000,000 |
| 13317 | 10334.08 | 6440 | 5457.08 | Track 1.0 | Sanquin Consulting Services | \$500,000 |
| 13321 | 8585.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$0 |

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 3.1 Number of service outlets carrying out blood safety activities | 1 | False |
| 3.2 Number of individuals trained in blood safety | N/A | True |

Indirect Targets

Coverage Areas

Kabarole

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$3,025,084

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Country context: USG supports a comprehensive approach to injection safety, in line with national priorities and to meet the needs of the Ugandan people. Although medical transmission is not a primary driver of the HIV/AIDS epidemic in Uganda, medical transmission modes deserve continued attention because of their potential for spreading HIV infection, including to health care personnel. Additionally, a high rate of injections has been documented in Uganda (3 per person per year), which also raises the important issue of limiting unnecessary injections.

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. Given that the country has adopted the use of auto-disable syringes and needles, there is a need to build the capacity of health workers country-wide on injection safety practices, management of medical waste, and logistics. With Track 1.0, USG supports a Making Medical Injections Safer (MMIS) project to assist the Ministry of Health (MOH) in preventing medical transmission of HIV through rapid reduction of unsafe and unnecessary injections. The key strategies for the program are: improving service provider skills; behavior change communication aimed at reducing unnecessary injections; improving the logistics system to ensure full supply of injection commodities; and improving health care waste management.

Progress for FY07: In FY07, through the MMIS project, a total of 1,029,900 syringes, 12,975 safety boxes, 2,245 pedal operated waste bins, 443,000 bin liners, 1,000 pairs of gumboots, 2,300 heavy duty gloves, and 13,085 liters of kerosene for burning waste were distributed to the 20 districts of operation. In addition, a total of 2,160 health workers were trained; of these, 899 were male and 1,261 were female. Of the total trained, 1,420 health workers were trained in injection safety, logistics and communication for behavior change, and 740 people were trained in health care waste management. 247 of the health workers trained were students doing their pre-service training. To improve logistics management and reduce stock outs, health unit store managers were given on-the-job support supervision during which proper completion of logistics forms was emphasized. During this reporting period, medical waste pits were constructed in the six districts of Mbale, Kabale Kiruhura, Pallisa, Manafwa and Bududa. The MMIS project is also providing technical assistance to districts that are able to construct waste pits using their own funds. For community mobilization, the project supported the development of a flip chart to be used in community education by village health teams. Community leaders and community resource persons were educated in safe injection practices, enhanced by community video shows and monthly radio and television talk shows.

FY08 plan: In support of MOH plans to introduce syringes with re-use prevention features nationwide, in FY 2008, MMIS will use Track 1 funds to scale up interventions in five expansion districts while sustaining desired practices in the FY 2007 twenty districts, thus increasing the total number of benefiting districts to 25 and benefiting health units to 1,225.

Training: In FY 2008, a total of 2,400 health workers will be trained in injection safety practices and health care waste management. During the training, policy documents and norms and standards on injection safety and health care waste management will be widely distributed and standard precautions on infection prevention and control will be emphasized.

Logistical support: MMIS will provide the 25 districts with 7,877,900 needles and syringes with re-use prevention features, and 88,875 safety boxes.

Behavior change communication: The project will continue to educate communities to avoid unnecessary injections through public awareness campaigns using radio messages, house-to-house education of family members by village health teams, drama shows, and through film and radio talk shows. Local political and civic leaders will be involved in these awareness activities.

Health Care Waste Management: Recognizing that final disposal of health care waste is one of the biggest challenges in medical transmission of HIV, and in response to the Ministry of Health's policy of allocating at least 10% of commodity budgets towards Health Care Waste Management (HCWM), FY 2008 Field Support/Mission PEPFAR funds will be used to support the Ministry of Health to roll out the health care waste management policy in MMIS project areas of operation and to provide technical assistance to PEPFAR programs nationwide. This activity aims at establishing an environment where health workers, patients, and communities are better protected against transmission of blood borne pathogens, including HIV and Hepatitis B. The MMIS project will provide technical assistance for the management of medical waste to PEPFAR implementing partners generating potentially infectious waste materials. Such assistance will include the development of waste management plans, and training waste generators and waste handlers on appropriate ways of waste segregation, storage and selecting final disposal options. Waste handlers from PEPFAR programs will be trained to safely handle infectious waste including used needles and syringes, used blood transfusion sets, soiled swabs, lancets, and gloves, and other health care medical waste materials, and in proper maintenance of a medical waste pit. The various PEPFAR Implementing Partners will meet the actual cost of implementing their HCWM plans.

Monitoring and evaluation: The Injection Safety program has been in operation for four years. The ongoing USG supported Service Provision Assessment will be used to monitor the outcomes of the injection safety, especially the stock out levels of auto-destruct needles and syringes; availability of needle cutters, waste segregation bins, and waste disposal pits; availability of trained personnel for safe injection practices; and availability and use of injection safety policies, including Post Exposure Prophylaxis. The preliminary report of the Service Provision Assessment will be available mid December 2007 and the final report in May 2008.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety

3750

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 690.08 **Mechanism:** N/A
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Medical Transmission/Injection Safety
Budget Code: HMIN **Program Area Code:** 04
Activity ID: 8856.08 **Planned Funds:** \$50,000

Activity System ID: 16066

Activity Narrative: 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 throughout 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 07:\$250K for ARVs, \$250K for services).

Currently the UPDF is initiating new activities 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 is strengthening its infection control prevention strategies in the health units and hospitals to address risk factors and implement control measures. Safe injection practices and PEP are being 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.

For FY 08 we plan to continue strengthening the initiated injection safety mechanisms

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8856

Related Activity: 16065, 16067, 16068, 16069, 16070, 16071, 16072, 16073, 16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21595 | 8856.21595.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$50,000 |
| 8856 | 8856.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of people trained in universal precautions | N/A | True |
| Number of people trained in PEP | N/A | True |
| 4.1 Number of individuals trained in medical injection safety | 250 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Gulu

Kampala

Lira

Mbale

Mbarara

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 701.08

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 12446.08

Activity System ID: 19067

Mechanism: Injection Safety (Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$2,392,584

Activity Narrative: JSI-Making Medical Injections Safer (MMIS) is a USAID funded project aimed at reduction of medical transmission of HIV and other blood borne pathogens through the rapid reduction of unsafe and unnecessary injections. In FY08, project interventions which include; training, on job supportive supervision, provision of waste management commodities, and cross unit visits will cover a total of 25 districts, benefiting 1225 health units. A total of 2500 health workers will be trained. During the training, policy documents and norms and standards on injection safety and health care waste management will be widely distributed and standard precautions on infection prevention and control will be emphasized. The benefiting districts will receive a total of 7,877,900 needles and syringes with re-use prevention features and 88,875 safety boxes. Waste segregation bins, bin liners, and protective gear for waste handlers will be provided. The project will continue to create public awareness through radio messages, house to house education of family members by village health teams, drama shows, and through film, and radio talk shows. Local political and civic leaders will be involved in most of the awareness activities. Supervision data collected so far shows that there is improved knowledge and skills of health workers, reduced exposure to needle stick injuries and a significant reduction in unnecessary use of injections.

Contributions to overall program: According to the figures for distribution of commodities, the average number of injections per person per year has dropped from three injections per person per year in 2005 to 1.5 – 2 injections per person per year in 2007. PEPFAR implementing sites have a cleaner working environment with over 80% of the health units within the project area having medical waste/safe injection programs in place. Findings of observations made during supervision show that 100 % of injection devices used on clients come from new sterile packs. In consistency with the Ministry Of Health (MOH) plans of introducing syringes with re-use prevention features nation wide, in FY 2008, the project will scale up interventions in five expansion districts while sustaining desired practices in the FY 2007 twenty five districts. An additional 450 health units with 2500 health workers will benefit from this expansion. All information collected will be shared with the district health teams and individual feedback will be given to each facility supervised by the project staff.

Intervention areas: Interventions used for the MMIS program include improving skills of injection providers, ensuring full supply of injection commodities therefore eliminating the need to re-use, conducting behavior change campaigns; promoting use of oral formulation, (this enforces compliance with oral treatment regimes including ARVs and anti- TB drugs), and enhancing health care waste management. All interventions are conducted by working within existing structures, improving program efficiency by looking for cheaper alternatives, and using strong advocates. All health workers regardless of specialty are targeted for behavior change.

Training:

It is estimated that there are 2500 health workers in the expansion areas targeted for 2008. The project will work closely with the Ministry of Health to train 85% 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 will 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 which was adapted in the country 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.

Provision of technical assistance to districts to ensure injection device security:

Using a ratio of 1.5 injections per person per year; MMIS will assist the districts to order for adequate needles, and syringes with re-use prevention features using their credit line funds. The project will improve the districts' logistics capacity with the aim of ensuring that 80% 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 28 days. This will be achieved by training the health unit store managers on timely forecasting and proper management of stores, and by liaising with Uganda national medical stores (NMS) to streamline the distribution of commodities. This will give the project an opportunity to strengthen the existing logistics system. Client exit interviews will be done from time to time to check whether the last needle and syringe used on them came from a sealed pack.

Other planned activities:

All efforts will be put in place to establish an environment where health workers, patients and communities are better protected against transmission of blood borne pathogens. Such activities will include, promotion of health worker safety related policies like immunization of health workers, establishing exposure management systems and provision of waste management commodities. Behavior change campaigns will be launched targeting communities and prescribers with the major aim of reducing unnecessary injections. All activities will be implemented in a manner that will offer men and women equal opportunity to access information and services.

Provision of technical assistance to PEPFAR implementing partners in the area of health care waste management funded through the country budget will complement these activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12446

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-----------------|---------------------|--------------|---|---------------|
| 12446 | 12446.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$300,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of people trained in universal precautions | N/A | True |
| Number of people trained in PEP | N/A | True |
| 4.1 Number of individuals trained in medical injection safety | N/A | True |

Indirect Targets

2,000 will be reached through communication and sensitization using mass media, meetings and video shows.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Budaka
Bududa
Hoima
Ibanda
Isingiro
Kabale
Kabarole
Kampala
Kayunga
Kiruhura
Luwero
Manafwa
Masindi
Mbale
Mbarara
Mityana
Mpigi
Mukono
Nebbi
Pallisa
Sironko
Soroti
Wakiso
Yumbe

Table 3.3.04: Activities by Funding Mechanism

| | |
|---------------------------------------|---|
| Mechanism ID: 8348.08 | Mechanism: John Snow, Inc./Injection Safety/country funded |
| Prime Partner: John Snow, Inc. | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Medical Transmission/Injection Safety |
| Budget Code: HMIN | Program Area Code: 04 |
| Activity ID: 4383.08 | Planned Funds: \$382,500 |
| Activity System ID: 14216 | |

Activity Narrative: JSI-Making Medical Injections Safer (MMIS) is a USAID funded project aimed at reduction of medical transmission of HIV and other blood borne pathogens through the rapid reduction of unsafe and unnecessary injections. In FY08, project interventions which include; training, on job supportive supervision, provision of waste management commodities, and cross unit visits will cover a total of 25 districts, benefiting 1225 health units. A total of 2500 health workers will be trained. During the training, policy documents and norms and standards on injection safety and health care waste management will be widely distributed and standard precautions on infection prevention and control will be emphasized. The benefiting districts will receive a total of 7,877,900 needles and syringes with re-use prevention features and 88,875 safety boxes. Waste segregation bins, bin liners, and protective gear for waste handlers will be provided. The project will continue to create public awareness through radio messages, house to house education of family members by village health teams, drama shows, and through film, and radio talk shows. Local political and civic leaders will be involved in most of the awareness activities. Supervision data collected so far shows that there is improved knowledge and skills of health workers, reduced exposure to needle stick injuries and a significant reduction in unnecessary use of injections.

Contributions to overall program: According to the figures for distribution of commodities, the average number of injections per person per year has dropped from three injections per person per year in 2005 to 1.5 – 2 injections per person per year in 2007. PEPFAR implementing sites have a cleaner working environment with over 80% of the health units within the project area having medical waste/safe injection programs in place. Findings of observations made during supervision show that 100 % of injection devices used on clients come from new sterile packs. In consistency with the Ministry Of Health (MOH) plans of introducing syringes with re-use prevention features nation wide, in FY 2008, the project will scale up interventions in five expansion districts while sustaining desired practices in the FY 2007 twenty five districts. An additional 450 health units with 2500 health workers will benefit from this expansion. All information collected will be shared with the district health teams and individual feedback will be given to each facility supervised by the project staff.

Intervention areas: Interventions used for the MMIS program include improving skills of injection providers, ensuring full supply of injection commodities therefore eliminating the need to re-use, conducting behavior change campaigns; promoting use of oral formulation, (this enforces compliance with oral treatment regimes including ARVs and anti- TB drugs), and enhancing health care waste management. All interventions are conducted by working within existing structures, improving program efficiency by looking for cheaper alternatives, and using strong advocates. All health workers regardless of specialty are targeted for behavior change.

Training:

It is estimated that there are 2500 health workers in the expansion areas targeted for 2008. The project will work closely with the Ministry of Health to train 85% 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 will 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 which was adapted in the country 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.

Provision of technical assistance to districts to ensure injection device security:

Using a ratio of 1.5 injections per person per year; MMIS will assist the districts to order for adequate needles, and syringes with re-use prevention features using their credit line funds. The project will improve the districts' logistics capacity with the aim of ensuring that 80% 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 28 days. This will be achieved by training the health unit store managers on timely forecasting and proper management of stores, and by liaising with Uganda national medical stores (NMS) to streamline the distribution of commodities. This will give the project an opportunity to strengthen the existing logistics system. Client exit interviews will be done from time to time to check whether the last needle and syringe used on them came from a sealed pack.

Provision of technical assistance to PEPFAR implementing partners in the area of health care waste management:

This is a new activity that is scheduled to start in FY07 with plus up funds. Recognizing that final disposal of health care waste is one of the biggest challenges in medical transmission of HIV/AIDS, and in response to the Ministry of Health policy of allocating at least 10% of the commodity budget to Health Care Waste Management (HCWM), FY08 PEPFAR funds will be used to support the Ministry of Health to roll out the health care waste management policy in our areas of operation. This activity aims at establishing an environment where health workers, patients, and communities are better protected against transmission of blood borne pathogens, including HIV/AIDS and Hepatitis B. MMIS project will provide technical assistance for management of medical waste to PEPFAR implementing partners generating potentially infectious waste materials. These include CT, Blood transfusion, injection safety, laboratory services, and male circumcision. Such assistance will include development of waste management plans, training of waste generators and waste handlers on appropriate ways of waste segregation, storage and selecting final disposal options. Waste handlers from the PEPFAR programs will be trained to safely handle infectious waste including used needles and syringes, used blood transfusion sets, soiled swabs, lancets, and gloves, and other health care medical waste materials, and in proper maintenance of a medical waste pit. PEPFAR programs will be expected to program funds to support the actual cost of their HCWM plans. In addition, the MMIS project will support construction of 60 medical waste pits in six of the MMIS project districts (10 each).

Other planned activities:

All efforts will be put in place to establish an environment where health workers, patients and communities are better protected against transmission of blood borne pathogens. Such activities will include, promotion of health worker safety related policies like immunization of health workers, establishing exposure management systems and provision of waste management commodities. Behavior change campaigns will be launched targeting communities and prescribers with the major aim of reducing unnecessary injections. All activities will be implemented in a manner that will offer men and women equal opportunity to access

Activity Narrative: information and services.

Please see targets under the Track 1.0 narrative

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8430

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21722 | 4383.21722.09 | U.S. Agency for International Development | John Snow, Inc. | 9415 | 8348.09 | John Snow, Inc./Injection Safety/country funded | \$382,500 |
| 8430 | 4383.07 | U.S. Agency for International Development | John Snow, Inc. | 4838 | 701.07 | Track 1 | \$318,336 |
| 4383 | 4383.06 | U.S. Agency for International Development | John Snow, Inc. | 3332 | 701.06 | Track 1 | \$2,392,584 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of people trained in universal precautions | N/A | True |
| Number of people trained in PEP | N/A | True |
| 4.1 Number of individuals trained in medical injection safety | 2,400 | False |

Indirect Targets

2000 through communication sensitization using mass media, meetings, and video shows

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Hoima
Kabale
Mbale
Mbarara
Mpigi
Nebbi
Pallisa
Wakiso
Yumbe
Kabarole
Kampala
Kayunga
Luwero
Budaka
Bududa
Ibanda
Isingiro
Kiruhura
Manafwa
Masindi
Mityana
Mukono
Sironko
Soroti

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 4405.08

Planned Funds: \$200,000

Activity System ID: 13295

Activity Narrative: In FY08 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

The main role of the Infection Control Unit of the MOH is to prevent medical transmission of HIV/AIDS of which injection safety is a key component. The infection control program targets all health care settings; however, medical transmission of HIV in the community has recently aroused interest with the increased provision of home-based care for AIDS patients. To address this, MOH will continue in FY 2008 to build the capacity of districts to initiate and implement Infection Prevention Programmes. The main focus of these activities will be to promote standard precautions against blood borne pathogens and training for district health management teams and health center staff to provide technical guidance to home-based care programs. In addition, policies and guidelines on injection safety practices and post exposure prophylaxis will be updated and disseminated to the district health teams.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8344

Related Activity: 13293, 13294, 13296, 13297, 13298, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21230 | 4405.21230.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$200,000 |
| 8344 | 4405.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$200,000 |
| 4405 | 4405.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$65,466 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of people trained in universal precautions | 1,100 | False |
| Number of people trained in PEP | 1,100 | False |
| 4.1 Number of individuals trained in medical injection safety | 1,100 | False |

Indirect Targets

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$13,349,865

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$130,000

Estimated local PPP contribution in dollars \$110,000

Program Area Context:

Context: The Government of Uganda (GOU) has finalized its new, 2007-2012 National Strategic Plan (NSP) for HIV/AIDS, an effort grounded in epidemiological data from over 20,000 participants in the 2004/5 Ugandan HIV/AIDS Sero Behavioral Survey (UHSBS), cross-sectional and longitudinal studies identifying drivers of the epidemic, and surveillance trends. Based on these data, and intensive consultations with stakeholders, GOU, WHO, UNAIDS, and USG have concluded that the steady decline in HIV prevalence (from 20% to 6.4% during the first 20 years of the epidemic) attributed to early prevention efforts has reached a plateau, and that HIV incidence is back on the rise (an estimated 126,100 new infections and 70,300 deaths in 2007). Therefore, the NSP re-emphasizes HIV prevention as a cornerstone of HIV/AIDS programming to alter the course of Uganda's mature epidemic. UHSBS and other studies suggest that sexual transmission accounts for over three-fourths of all new infections (marital

sex 42%, commercial sex work 21%, and casual sex 14%). Mother-to-child HIV transmission (MTCT) is the second largest source accounting for over one-fifth (22%) on new infections. Based on these findings, the MOH has developed Policy Recommendations that complement the NSP to guide implementation of prevention priorities. This narrative will focus on sexual transmission prevention activities; efforts targeting the Prevention of MTCT can be found in the PMTCT overview narrative. In FY 08, USG will provide financial and technical assistance for HIV prevention strategies that target the general population, discordant couples, conventional high-risk groups and at-risk youth, as well as ensure that the country has a secure supply of condoms. USG will also support prevention strategies that address social and gender norms that underlie risky sexual behavior, in addition to comprehensive ABC program approaches. High Risk Sex: The main driver of the Ugandan epidemic is high risk sex, defined as having multiple concurrent partners and unprotected sex. UHSBS suggests that the epidemic has shifted to the general population, for whom there has been little prevention programming in recent years. In addition, sex among discordant couples (one partner is infected and the other is not), and surprisingly, older discordant couples, accounts for the greatest number of new infections, with an estimated within couple annual incidence of 10%. USHBS found that among cohabitating (married or living together) couples, 91% of partners were both HIV negative; 3% were both HIV positive, and 5% were discordant. The fact that there were more cohabitating couples discordant for HIV than cohabitating couples that were both infected represents a critical unmet prevention need. The vast majority of cohabitating couples do not mutually know their HIV status, and are therefore, not empowered to take action to prevent transmission. Because it is unknown what proportion of infections that arise among discordant couples are due to transmission between couples (i.e., transmission may also arise from concurrent sexual networks outside the primary relationship), IEC prevention messages targeting discordant couples need to include knowing HIV status within couples, as well as the promotion of abstinence or being faithful with consistent and correct condom use within discordant relationships. At least two key factors contribute to low non-disclosure rates among discordant couples: stigma, and fear of violence, particularly by men against women. Therefore, USG will expand FY07 support for gender-based violence as a cross cutting theme. Herpes Simplex Virus Type 2 (HSV-2): UHSBS found that genital herpes is a strong driver of the HIV epidemic, with close to 50 percent of Ugandans being infected (49% of women; 38% of men aged 15-49). Among HIV-infected UHSBS participants, 85% were co-infected with HSV-2; among HIV-negative participants, 44% were infected with HSV-2. To better understand risk factors for recently acquired (within 150 days) HIV infection, USG conducted a secondary UHSBS analysis that included testing of all HIV positive participants using the serology-based HIV incidence (BED) assay. This analysis found that compared to those with one sex partner in the last 12 months prior to the survey (recent faithfulness), those with >2 sex partners had twice the risk of acquiring recent HIV infection. The BED analysis also found that compared to persons sero-negative for HSV-2 infection, persons seropositive for HSV-2 had four times the risk of acquiring recent HIV infection. Therefore, in FY08, USG will support MOH in developing and disseminating policy guidelines for HSV-2 management and control that focus on prevention messages for discordant couples and at-risk youth. In addition, these guidelines will address suppression of HSV-2 with acyclovir for persons with recurrent genital ulcer disease, as well as effective management of all STIs. These efforts, coupled with a public health prevention campaign emphasizing education, targeted prevention, promotion of HIV and HSV-2 testing prior to marriage, and promotion of condom use among HIV and HSV-2 discordant couples may help prevent new infections. Finally for FY08, USG is developing a public health evaluation (PHE) to determine the best practice for the roll-out of HSV-2 suppressive therapy, should ongoing NIH and Gates Foundation trials among discordant couples scheduled for completion in 2008 prove efficacious for the prevention of HIV transmission, HIV acquisition, or both. Risk Behavior and High Risk Groups: Analysis sexual behavior over the last decade shows some positive trends, including a one year delay in age at first sex among young women, and general support for abstinence among youth. However, the analysis also shows that among persons having sex since the late 1980s, risky behaviors are on the rise, including an increase in casual sex, sex with multiple partners, and a decrease in condom use. In addition to focusing on decreasing such risk behaviors vulnerable and mobile populations will be targeted with renewed interest, as they remain drivers within a generalized epidemic. These populations include commercial sex workers, internally displaced persons (IDPs), truck drivers and fishermen, as they have many sexual partners and use condoms inconsistently; consequently, they increase the risk of transmitting HIV to several partners, including their cohabiting spouses. USG will also be conducting HIV prevalence and risk behavior surveys to identify modifiable risk factors among most at-risk populations, including fishermen, prisoners, men who have sex with men, and commercial sex workers. Focus on High Prevalence Areas: In FY08, USG will target high prevalence Regions identified by UHSBS, including urban areas and Northern districts where armed conflict and insecurity have contributed to high risk sex, including forced sex. Support to IDPs in Northern Uganda will continue, as well as to members of the Uganda People's Defense Force (UPDF) who have an HIV prevalence of 24%. USG will strengthen prevention programs for servicemen and their families through behavioral change and communication interventions, counseling and post-test clubs. Support to UPDF and other Uniformed Services will be expanded to include insecure districts of the Northeast and Southwest bordering Congo, as well as private security companies, police and prison staff. Sex Work: USG will continue to support innovative work targeting low income women, who often supplement their income through commercial sex 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 risk behavior avoidance messages. Access to drop-in centers where peer education targeting HIV prevention and sexual violence mitigation, counseling and testing services, and income-generation activities will be supported. Substance Abuse: Alcohol consumption is associated with an increase in high-risk behavior. Excessive alcohol consumption and its link to HIV will be addressed by further strengthening projects and alliances with Ugandan breweries initiated in FY06. In addition, alcohol messages will be integrated into media programs targeting men, vulnerable youth such as street children, and housemaids who are at particular risk of sexual exploitation. USG will support outreach to at-risk youth with comprehensive ABC programming and promote closer HIV prevention programming links between prevention and OVC working groups and implementing partners. Prevention with Positives (PWP): PWP remains a key component of USG prevention efforts, as UHSBS and other surveys indicate that only <15% of Ugandans know their own HIV status. PWP interventions were first piloted in FY06, and are described under the Care and Treatment program narrative. The USG prevention working group is well represented on the National HIV Prevention Working Group, which provides a channel for prevention program coordination across GOU and other partners. Male Circumcision (MC): Medical MC is now championed by the MOH as an effective prevention intervention, and is included in the NSP. Results of a USG supported assessment employing WHO tools will be available in mid 2008 and will be used to further develop MC program services. In addition, traditional MC providers need to be engaged to become reliable allies in rolling out medical MC. USG will support efforts to provide accurate information and referral linkages between traditional circumcisers and medical facilities providing HIV counseling and testing and MC surgical training. USG will also support training of surgeons to provide safe and effective MC, and will complete a PHE comparing the safety and acceptability of the sleeve versus slit MC methods.

Program Area Downstream Targets:

| | |
|--|---------|
| 5.1 Number of targeted condom service outlets | 56226 |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 2688300 |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 28774 |

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 1298.08 | Mechanism: HIV/AIDS Project |
| Prime Partner: Mildmay International | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Condoms and Other Prevention Activities |
| Budget Code: HVOP | Program Area Code: 05 |
| Activity ID: 8643.08 | Planned Funds: \$220,000 |
| Activity System ID: 13284 | |

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at Mbuya RO.

TMC is a faith-based organization that has been implementing the ABC (Abstinence, Be Faithful, and Condom use) strategy and Other Prevention (OP) through a number of activities, which include HCT, sensitisation and education, condom distribution, and support clubs like the persons living in discordant relationships – RO, Mbuya, through 'Operation Gideon', targets men under the Friends for Life project. Family members of TMC clients, tested through the HCT programme, are targeted for ABC messages in line with the Government of Uganda and PEPFAR guidelines. Couple and partner Counselling and Testing (CT) is offered to all patients to identify persons in discordant relationships, and provide support to prevent HIV transmission to the negative partner. These and other patients in risky situations are targeted with prevention messages including condom use, STI prevention and treatment, and family planning. The training will cover PMTCT, family planning, management of Sexually Transmitted Infections (STI) and adolescent sexual and reproductive health.

In FY 2008, OP activities will continue targeting groups such as the young, couples in care, and family members of patients through positive prevention interventions. Training at TMC and RO will be offered to various cadres: village leaders (local councillors), police officers, uniformed officers from the armed forces, healthcare workers, and the media. Persons in the workplace will receive training to promote OP interventions such as post exposure prophylaxis (PEP), family planning, PMTCT, and sexually transmitted infections (STI) management. Individuals reached through community outreach are estimated to be 17,000 for TMC and 12,000 for RO. There will be three condom service outlets for TMC and 500 individuals trained in OP related issues to encourage the provision of the service. The funding in this programme area will support the integration and strengthening of existing AB and OP activities like training, community mobilisation and awareness, production of Information, Education and Communication (IEC) materials, support clubs, and monitoring and evaluation. All clients interfacing with TMC will be provided with AB and OP services and messages where appropriate. The AB component will mainly target the adolescents and youth who are not sexually active whereas OP will mainly target the sexually active groups including patients in discordant relationships.

Activity Narrative:

Other people in the community where TMC runs services will be provided with the services in a targeted manner to reduce the risk of transmission for those who are infected and acquiring the infection for those who are negative. The same services will also be linked to the provision of HCT. Condoms will be provided at all the sites where TMC is active in the consultation rooms; toilets and other designated dispensing points near the pharmacy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8643

Related Activity: 13283, 13285, 13286, 13287, 13288, 13289, 13290, 13291, 13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20794 | 8643.20794.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$200,000 |
| 8643 | 8643.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 7 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 29,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 500 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Luwero

Kampala

Mityana

Mpigi

Mukono

Wakiso

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8513.08

Activity System ID: 13272

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$560,000

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis (PEP), 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP has integrated HIV prevention services into all the existing HIV counseling and testing, care and treatment interventions. We have integrated prevention interventions at the following levels 1) prevention counseling and couples counseling and testing in the RTC and HBHCT programs, 2) prevention with positives counseling and support for all patients in the HIV/AIDS clinics, 3) Discordant couple clubs at two of the HIV/AIDS clinics (one in Mulago and one in Mbarara), 4) Post-exposure prophylaxis for health care providers, and 5) community prevention interventions in collaboration with the Mulago hospital sexually transmitted diseases (STD) clinic, targeting high-risk groups. 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. Since November 2004, the program has provided HIV testing to more than 3,000 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 information, education and communication materials, assessment and provision of post-exposure prophylaxis PEP for health care providers following exposure to infectious materials. To date, we have trained over 500 health care providers and provided PEP to more than 90 health care providers in Mulago and Mbarara teaching hospitals. The STD unit in Mulago serves a significant number of high risk groups. In collaboration with the STD unit, MJAP provides prevention services at the facility as well as the community level. At the facility (STD clinic) patients receive prevention counseling and HIV testing through the RTC program, screening and treatment of sexually transmitted infections. Within the community, the interventions include prevention education and counseling for high-risk groups including bar attendants, commercial sex workers (CSW) and their clients, condom distribution in 10 busiest entertainment centers in Kampala, and outreach voluntary HIV counseling and testing (VCT).

In FY08 the program will continue to provide training for health care providers and provision of PEP in all the HIV testing, care and treatment sites that are supported by MJAP (14 HIV clinics, Mulago, Mbarara and five regional referral hospitals). We will strengthen the prevention with positives and family planning activities in all clinics, and will involve People living with HIV/AIDS (PLHIV) in prevention education and counseling for patients. We will also strengthen the support for discordant couples identified through HIV testing programs. All HIV testing facilities and care and treatment sites will provide condoms to support discordant couples, in addition to the prevention counseling. Through collaboration with the Mulago STD clinic, we will also provide STI diagnosis and treatment and HIV testing for some individuals referred from the community. Within the community we will provide outreach voluntary HIV counseling and testing (VCT). High-risk and CSW communities have organized networks with peer leaders (queen mothers). We will use peer leaders to distribute coupons for facility based VCT for individuals who do not wish to test within the community. These coupons will be numbered and tracked to evaluate the response rate of these referrals. HIV infected individuals identified through community-based and facility-based HIV testing activities will be referred to MJAP supported clinics and others facilities within Kampala. Education within the community will address STI and HIV prevention, and will address the entire spectrum of prevention (AB and condom use) as appropriate. We will identify and train peer leaders to mobilize the high-risk communities, provide education and support for distribution of condoms. We will also work with bar owners and attendants to distribute condoms through 10 established outlets for high-risk groups. Through these activities we will reach over 3,500 individuals in high-risk communities. Overall, 40,000 individuals will be supported in FY 2008 (includes HIV positive patients in the clinics, discordant couples, and high-risk groups in selected communities in Kampala). The other prevention program will have 31 condom distribution outlets (all 14 HIV clinics, 10 community outlets for high-risk groups, Mulago and Mbarara, and five regional referral hospitals). The 'other prevention' budget will cover training, information, education, and communication materials, health education and support for the PLHIV 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 capacity of the STD laboratory will be reinforced through purchase of additional laboratory supplies. We will also procure some additional drugs for treatment of STIs in order to supplement the MOH drugs, and support additional

Activity Narrative: staff to improve the clinical management at the unit. The ARV drugs for PEP and supplies for HIV testing will be covered under the ART drugs and HIV counseling and testing budgets. Training in PEP for health care providers and service provision at the clinic sites will be continued.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8513

Related Activity: 13275, 13276, 13277, 13278, 13279, 13280, 13273, 13274, 13271

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20758 | 8513.20758.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$540,000 |
| 8513 | 8513.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$390,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 31 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 3,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 400 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8670.08

Mechanism: N/A

Prime Partner: Kalangala District Health Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9458.08

Planned Funds: \$70,000

Activity System ID: 13222

Activity Narrative: Kalangala District, located in Central Uganda is comprised of one large island and several smaller islands in Lake Victoria. Kalangala's unique geographical location has resulted in limited health and human services to this marginalized population of 36,661 (2002 Census). The district is served by only nine health units: two Health Centre (HC) IVs, four HC IIIs and three HC IIs. There is no hospital located within the district. Referrals for patients with complicated health problems are made to the mainland Masaka Regional Referral Hospital which is 50 kilometers from the main island.

Results from the 2005 Uganda National Health and Behavioral Survey (USHBS) demonstrate that the central region, in which Kalangala is located, has the highest HIV prevalence in the country, reported at 8.5%. The secondary analysis of the USHBS central region data indicate that Kalangala District, has a prevalence of 27% which is approximately five times the national average, thus this population of fishermen and their families have been identified as a very-high risk group. Because of their mobility, fishing communities are often among the highest risk groups with susceptibility to HIV stemming from the complex interactions of occupational mobility, large amounts of time spent away from home, easy access to cash income, and the easy availability of commercial sex in fishing ports. All of these factors are exacerbated by the fishermen subculture of risk-taking and hyper-masculinity. In addition, the fishing landing sites are perceived to be a greater source of economic potential than village environments. Because fish, the main source of income is a natural resource, it is believed that fishermen can spend their money unsparingly, knowing they will have access to more cash the next day. Finally, it is believed that life at the landing sites is 'anonymous' as many fisherman who have lost their spouses to HIV/AIDS seek refuge in these areas and frequently engage in high-risk sexual activities resulting in the continued spread of HIV and resulting in the high prevalence.

With FY 2007 funding, a program to support the initiation of door-to-door HIV Counseling and Testing (HCT) targeting all eligible family members will be initiated. In addition an HIV prevention initiative will be developed to develop HIV prevention approaches with an emphasis on prevention with positives (PWP) interventions that will 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 emphasize 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, the program will support the set-up and/or strengthening of community-based support groups and post-test clubs to assist in providing psychosocial support to persons who test positive 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 identified community outlets and other similar forums, the program hopes to foster a dialogue among residents, with a view towards reducing negative attitudes about PHAs.

In FY 2008, the project activities will continue to reach individuals with other prevention activities and continue to support other HIV prevention approaches including PWP interventions. Additional community-based support groups and/or post test clubs will be strengthened or established and information, education and communication activities to reduce stigma and negative attitudes regarding PHAs will also be implemented, including training volunteers to promote these activities. The number of condom distribution outlets will be expanded.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9458

Related Activity: 13221, 13223, 13224, 13225

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|---|---------------|
| 20751 | 9458.20751.09 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 9125 | 8670.09 | Provision of Full Access Home-based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities | \$70,000 |
| 9458 | 9458.07 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 8792 | 8792.07 | | \$55,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------------------------|---------------|
| 13221 | 9456.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13223 | 9434.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$286,000 |
| 13224 | 9443.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13225 | 9429.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 35 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 10,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 80 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kalangala

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12431.08

Planned Funds: \$20,000

Activity System ID: 13233

Activity Narrative: 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 HIV 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.

The Government of Uganda (GOU) has recently included medical male circumcision in its National Strategic Plan, which is near finalization. This 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.

The program will use a multi-pronged approach to reach over 6000 individuals with information and services to reduce HIV transmission through targeted condom distribution and other prevention services. The program will offer enhanced counseling discordant couples and promote targeted distribution of condoms to high risk groups such as commercial sex workers, truck drivers and people living with HIV/AIDS. Community volunteers will be trained to deliver other prevention messages and organize community education events. This program will closely link to the 'HCT know you status campaign'.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12431

Related Activity: 13231, 13232, 13234, 13235, 13236, 13237, 13238, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|---------------------------|--------------------|--|--|----------------------------|---------------------|---|----------------------|
| 21216 | 12431.2121 6.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$700,000 |
| 21215 | 12431.2121 5.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$20,000 |
| 12431 | 12431.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$54,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 16 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 13,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 178 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8719.08

Planned Funds: \$350,000

Activity System ID: 13243

Activity Narrative: 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 FY08 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. Programming for 'Other prevention' will be primarily supported through home-based HIV counseling and testing (HBHCT), health education and "Positive Prevention" messages provided by the health workers either in the home or the clinic. Health education, counseling and distribution of condoms are components of this prevention initiative which will focus on the families of HIV-infected children. Condom will be offered through all clinics and only made available to youth through a counselor or other health professional after a counseling session. Family Planning (FP) will be provided to women of reproductive age attending the clinics and any adolescent female identified as sexually active. HBHCT supports family HIV testing and HIV status disclosure, as well as behavior change and harm reduction counseling. Through Community Care Support Programs caretakers of children will be mobilized and provided with prevention messages. Measures will be taken to increase access and utilization of FP services among PIDC adolescents and caretakers. Sexually Transmitted Diseases (STD) diagnosis and treatment and cervical cancer screening services will be made available through this program.

The program will support health professional trainings for all cadres (nurses, doctors, counselors etc) to include pediatric HIV counseling issues as part of its curriculum, and other prevention messages will be included in the training. It is estimated that such training initiatives will reach no less than 360 health professionals in the coming year. To ensure equitable access to high-quality pediatric HIV services, satellite sites will be established in peri-urban and rural health care facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8719

Related Activity: 13242, 13244, 13246, 13247, 13248, 13249, 13258, 13245

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--|---------------|
| 8719 | 8719.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 8 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 3,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 360 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1255.08

Prime Partner: Research Triangle
International

Mechanism: Expansion of Routine
Counseling and Testing and
the Provision of Basic Care in
Clinics and Hospitals

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9636.08

Planned Funds: \$100,000

Activity System ID: 13313

Activity Narrative: 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. During FY 2007, RTI in partnership with AIDS Healthcare Foundation (AHF) supported the Uganda Ministry of Health (MOH) to provide Routine HIV Counseling and Testing (RCT) and basic care (BC) services to patients in district 16 hospitals and health center (HC) IV facilities in six districts of Kaberamaido, Kasese, Kabarole, Masindi, Mubende and Mpigi. With supplemental funding, two additional districts of Pallisa and Bugiri will be added to the program by the end of FY07.

During FY07, RTI initiated prevention with positives (PWP) interventions during post-test counseling and initiation of palliative care. By June 2007, achievements included, conducting of a needs assessment to identify gaps and identification of potential CBOs for partnership which can be incorporated into HIV-related counseling of patients, palliative care and treatment.

In FY08, RTI will expand OP services to 16 facilities in four new districts as part of program scale-up. This activity will reach 10,000 individuals with PWP messages in health facilities for HIV-positive individuals and their communities. Working with health workers at supported facilities, PHA networks and where appropriate local community groups, RTI will support several activities aimed at increasing risk perception for HIV transmission. Supported activities will include counseling of patients on disclosure of sero-status to sexual partners, partner testing, use of family planning methods that reduce vertical HIV transmission, and promotion of behavior change that emphasizes correct and consistent condom use among sero-discordant couples and populations that engage in high-risk behaviors. We will support the setting up of, or strengthening of clinic-based support groups and post-test clubs, including discordant couple clubs, to assist in providing post-test counseling and psychosocial support to HIV-positive individuals. Potential PHA leaders will be identified for training in leadership skills to support post-test activities. We also will support the sharing of information and education aimed at reducing negative perceptions and attitudes about HIV/AIDS that promote stigma and discrimination. This will be done through several mechanisms that include community meetings and education sessions at health facilities so as to foster a dialogue among members of the target population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9636

Related Activity: 13312, 13314, 13315, 13316

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20868 | 9636.20868.09 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 9147 | 1255.09 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | \$80,000 |
| 9636 | 9636.07 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 4872 | 1255.07 | Routine Counseling and Testing in Two District Hospitals | \$40,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13312 | 8540.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$180,000 |
| 13314 | 4044.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$550,000 |
| 13315 | 8539.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13316 | 4045.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$850,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 30 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 10,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 600 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kaberaido

Kasese

Masindi

Mpigi

Bugiri

Iganga

Kabale

Kyenjojo

Mityana

Mubende

Pallisa

Sembabule

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 699.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4410.08

Activity System ID: 13307

Mechanism: Basic Care Package
Procurement/Dissemination

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$300,000

Activity Narrative: Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people worldwide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. It aims at measurably improving the health of vulnerable Ugandans using evidence based social marketing and other proven techniques that promote sustained behavior change with added emphasis on rural populations. It is committed to effective collaboration in support of the Ministry of Health's (MOH) priority areas including, but not limited to, HIV/AIDS, malaria, child health and reproductive health.

Over 900,000 people die of HIV related illnesses each year in Uganda despite sufficient evidence to show that with simple yet comprehensive interventions, these illnesses can be avoided. Standardized, evidence-based and innovative recommendations on HIV prevention have been put together as the HIV basic preventive care package (BCP) to allow for provision of effective care to millions of people living with HIV (PHA) who currently have limited access to HIV related services and health products. The BCP is a 5 year program (September 2004 – March 2010) targeting 200,000 PHA in Uganda. The program goal is to help reduce morbidity and mortality caused by opportunistic infections (OIs) in PHA and to reduce HIV transmission. Currently, the BCP components include; identification of PHA through family based counseling and testing; prolonging and improving the quality of their lives by preventing OIs; and prevention with positives interventions (PWP). The PWP aim to avert HIV transmission to sexual partners and unborn children through: screening and management of sexually transmitted infections, family planning, partner testing and supported disclosure, partner discordance counseling, prevention of mother to child transmission of HIV (PMTCT), and safer sex practices including abstinence, and fidelity with correct and consistent use of condoms. The PWP are in harmony with the overall PEPFAR other prevention strategy. In addition, BCP combines key informational messages, training and provision of affordable health commodities. The health commodities include free distribution of a starter kit with two long lasting insecticide treated bed nets, household water treatment chlorine solution, a filter cloth, and water vessel, condoms and important health information to prevent HIV transmission.

The BCP program is implemented through HIV/AIDS prevention, care and support organizations across the country and serves to increase the production, access and utilization of BCP health products and services among PHA. Program implementation is supported by a multi-channeled communications campaign that educates PHAs on how to prevent OIs, live longer and healthier lives through cotrimoxazole prophylaxis, prevention of diarrheal diseases using household water treatment and safe storage, use of ITN for malaria prevention, family planning and the prevention of HIV transmission to sexual partners and unborn children. The campaign includes development and production of information, education and communication (IEC) materials for PHA, health care providers and counselors. These materials include posters, brochures, positive living client guides and stickers in eight local languages. In partnership with MOH and Straight Talk Foundation (STF), PSI is producing spots and 'parent talk' programs on radio. Service providers, peer educators and drama groups are trained and are implementing activities that reinforce these messages. PSI manages the procurement, packaging and distribution of all health commodities to ensure consistent supply of the kits and re-supply.

The output of the condom and other prevention activity is to ensure regular and constant availability of condoms to eligible PHA in Uganda. This will be achieved through the distribution of the complete starter kit and annual replenishment of 60 condom pieces per adult client. Free condoms for the program are sourced from the MOH stock. A buffer stock of 6,300,000 condom pieces has been procured using US \$250,000 allocated to PSI by PEPFAR in FY 2007. Supply from MOH has remained irregular as was the case in FY 2006 where supplies were erratic and fell short of the national requirements and resulted in disruption of the assembly and supply of starter kits. In FY 2008, US \$250,000 has been allocated to the procurement, shipping, handling, post shipment testing and packaging of a condom buffer stock to ensure continued access by PHA.

In FY 2007, PSI has partnered with 60 HIV/AIDS care and support organizations in 33 districts. Fifty-three of these distribute condoms to their adult clients. Between April and June 2007, PSI has distributed 2,730 starter kits, containing 163,800 pieces of condoms and 653,500 condoms re-supplied for adult PHA. 234 health service providers and 29 peer educators have been trained to promote HIV/AIDS prevention beyond abstinence and/or being faithful including correct and consistent use of condoms. PHA have been actively involved in interpersonal communication activities (IPC) at partner sites including health talks and community sensitization on HIV/AIDS prevention. They have conducted 3,182 peer education sessions reaching an estimated 164,456 people. 399,000 IEC materials including posters, client guides, brochures and stickers have been distributed. To support the IEC campaign, STF has developed and aired 2,574 radio messages in eight local languages on 18 radio stations countrywide and 60 parent talk programs in four local languages on eight radio stations in the east, west, central and northern regions of Uganda. The radio program is aimed at providing information to the general population and PHA in particular, on the benefits of the basic care components and PWP. 1,287 messages that focus on PWP have been aired. Since program inception, 97,308 adult PHAs have received starter kits containing 5,838,480 condom pieces. 2,666 health service providers and 1,043 peer educators have been trained on BCP with focus on HIV/AIDS prevention beyond abstinence and/or being faithful. Over 670,000 people have been reached with IPC activities.

Expansion of the BCP activities across USG partners has been initiated with the Plus-Up funding. This will include the addition of 20 new HIV/AIDS care and support organizations. PSI has partnered with EGPAF and NUMAT so as to scale up BCP implementation through the district health system. PSI is currently carrying out a mapping exercise to clearly understand the coverage of all the partner sites and therefore unmet need for BCP. Through this exercise efforts will be made to suggest strategies to avoid client overlap by the sites.

In FY 2008, PHA in rural and hard-to-reach areas for example islands and conflict areas served by USG partners across PEPFAR (EGPAF, IRCU, Hospice, Peace Corps, State IMC, State IRC, MUWRP, DOD/UPDF, Alliance, JCRC) who newly initiated BCP activities or do not have the full range of preventive care activities will be prioritized. 97,308 adult clients who have received starter kits containing condoms will each have a replenishment of 60 condom pieces. Other planned activities in FY 2008 include; 1) Continue to implement the BCP program at current sites. 40,000 new clients will receive BCP starter kits in FY 2008. 2) Continue to make available on the market all the elements of the BCP package to enhance their availability to all PHA. This will also help minimize stigma for the BCP commodities and services. 3) On going distribution of IEC materials to PHA and health service providers. 4) On going peer education to

Activity Narrative: support uptake and utilization of BCP components including condoms. 5) PSI will continue to coordinate implementation of palliative care activities as part of the BCP at HIV/AIDS support sites, and not as a parallel activity. 6) Refresher training and training for new health service providers and peer educators in preventive care and prevention with positives initiatives. 7) On going monitoring activities to track program implementation.

Additional activities that the program will cover in FY 2008 will include; 1) Support and strengthen PWP activities at partner sites through: regular support supervision of partner sites, partnership with SCOT to train and mentor health service providers and assist in establishment of linkages to PWP services among BCP partners and other service providers; 2) Improve demand for refill commodities and replenishment of insecticide treated bed nets; 3) Work with MOH, CDC, and stakeholders to expand components of BCP to address emerging needs of PHA e.g. TB, nutrition, HSV2; 4) Establish implementing partner regional network system and facilitate study trips across partner sites targeting unit heads and staff involved in BCP activities so as to learn from each others best practices as well as improve integration of BCP activities; 5) Meaningful involvement of PHA. PSI in partnership with Alliance, NUMAT and EGPAF in selected districts shall pilot building capacity of PHA networks in preventive care. These will be supported to follow up and support fellow PHA on BCP adherence; 6) Increase program staff to cope with program expansion. One person is required to oversee the implementation of PWP component of BCP and 4 assistants to support regional activities; 7) Procure vehicles to maintain standards of supervision and commodity supply at current and new sites; 8) Support sites to step up community component of their programs to improve on client follow up.

Plans for program sustainability include; PSI to continue working with local manufactures to produce BCP health commodities, partnership with MOH, and scaling up of BCP activities through district health structures.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8354

Related Activity: 13308, 13309, 17091

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------------------|---------------------|--------------|--|---------------|
| 20858 | 4410.20858.09 | HHS/Centers for Disease Control & Prevention | Population Services International | 9143 | 699.09 | Basic Care Package Procurement/Dissemination | \$300,000 |
| 8354 | 4410.07 | HHS/Centers for Disease Control & Prevention | Population Services International | 4812 | 699.07 | Basic Care Package Procurement/Dissemination | \$250,000 |
| 4410 | 4410.06 | HHS/Centers for Disease Control & Prevention | Population Services International | 3341 | 699.06 | Basic Care Package Procurement/Dissemination | \$250,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------------|---------------|
| 17091 | 17091.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$60,000 |
| 13308 | 4400.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$3,496,718 |
| 13309 | 4511.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$586,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 90 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 492,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 1,200 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1030.08

Prime Partner: CARE International

Mechanism: The Core Initiative

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6551.08

Planned Funds: \$375,000

Activity System ID: 14184

Activity Narrative: Through this component CORE Initiative will provide technical support to MGLSD's National Implementation Unit supporting MGLSD's plans and strategies for providing comprehensive HIV Prevention interventions for Uganda's older and at risk youth. OP resources will complement activities supported with AB resources to assist MGLSD in the coordination of an integrated and comprehensive age appropriate package of interventions aimed at helping Uganda's youth, and in particular, out of school youth, prevent HIV infection.

Strengthening MGLSD's role in HIV prevention. CORE Initiative will continue providing support to MGLSD's National Implementation Unit, strengthening MGLSD's efforts to reach youth with HIV Prevention initiatives. In particular, support to the NIU will focus on improving the integration of HIV Prevention initiatives and OVC service delivery programs. Improved integration will ensure not only that comprehensive HIV Prevention initiatives are included within a comprehensive response to OVC, but also that OVC reached through HIV Prevention programs for youth are effectively linked into existing OVC service delivery structures. CORE Initiative will also continue to support MGLSD involvement in an interministerial plan for providing HIV prevention services to youth, and MGLSD involvement with the National HIV Prevention Committee. Within the HIV Prevention component of the National Strategic Plan for HIV/AIDS, CORE Initiative will have used FY07 funding to assist MGLSD and UAC with the development of ABC Policy Guidelines, and, within those, will have supported MGLSD in the formulation of an interministerial plan delineating line ministry and key stakeholder roles in the provision of comprehensive HIV prevention services among Uganda's youth. Building on this initiative, CORE Initiative will assist MGLSD with the development of a ministry wide plan supported through the NIU for fulfilling MGLSD's role in the national plan for HIV Prevention. With FY08 funding, CORE Initiative will continue to provide technical support to the NIU in the implementation of this plan. OP resources in particular will be used to ensure that Uganda's youth have access to age and risk appropriate abstinence, faithfulness, behaviour change and condom information and services. OP resources will also assist MGLSD in appropriately addressing the shifting nature of the epidemic, and expand attention to faithfulness and partner reduction initiatives among newly married young couples. In addition, CORE Initiative will support MGLSD's mandate in the social services sector to specifically address the vulnerability factors of specific categories of youth such as young people involved in transactional or cross-generational sexual relationships, young people living with HIV, and addressing the underlying causes of the vulnerabilities faced by Uganda's youth that increase their risk of exposure to HIV. In particular, CORE Initiative will assist MGLSD in addressing cultural norms and practices, sexual coercion, poverty and economic security vulnerabilities, and gender discrimination issues that make youth, and in particular young girls at increased risk of exposure.

Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. In FY08, funding under this component will support CORE Initiative's provision of technical support to the CSF Steering Committee through CARE Uganda as the Technical Management Agent. Technical support will include strengthening the CSF Secretariat at UAC, supporting the operational functions of the CSF Steering Committee, supporting the institutionalization of transparent and competitive granting mechanisms used by the CSF to solicit, review and award civil society grants, and providing technical support to CSF grant recipients. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent.

In addition, through its role as the Technical Management Agent for the Civil Society Fund, Other Prevention resources will be used to provide technical support to Civil Society Fund implementing partners providing comprehensive and integrated HIV prevention services, including PEPFAR supported grants to universities. Technical support to HIV Prevention implementing partners will fall into four areas: 1) strengthening capacity of universities receiving grants from the Civil Society Fund to ensure that HIV prevention efforts on their campuses are comprehensive and age and risk appropriate, offering as needed a complete range of prevention interventions, including abstinence, faithfulness, and condom use, and that separately supported prevention interventions do not undermine each other. 2) Providing technical support to AB grantees working with out of school youth that frequently encounter high risk sexually active youth in need of condoms. 3) Providing technical support to civil society implementing partners working to support engaged and newly married couples in being faithful to each other. These implementing partners frequently are unable to meet the needs of discordant couples. Technical support will help ensure that outreach workers counseling and informing couples about being faithful to each other are, if the couple's status is unknown, referred for VCT, and, if they are known to be discordant, provided with condoms and trained in their use as one means through which they can remain faithful to each other and prevent HIV infection. 4) Providing technical support to civil society fund implementing partners working extensively with high risk groups such as those engaged in transactional sex, and street youth, to provide economic strengthening support as a mechanism of addressing the vulnerabilities placing them in high risk status and to ensure adequate protection from HIV infection. Targets reached through the CSF will be reported by Deloitte and Touche, the Financial Management Agent.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8410

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------|---------------------|--------------|---------------------|---------------|
| 26762 | 6551.26762.09 | U.S. Agency for International Development | CARE International | 11121 | 11121.09 | The Core Initiative | \$0 |
| 8410 | 6551.07 | U.S. Agency for International Development | CARE International | 4827 | 1030.07 | The Core Initiative | \$350,000 |
| 6551 | 6551.06 | U.S. Agency for International Development | CARE International | 2760 | 1030.06 | The Core Initiative | \$550,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------|--------------------|---------------|
| 14183 | 3198.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$495,000 |
| 14185 | 3197.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$8,237,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | N/A | True |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | N/A | True |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5028.08

Prime Partner: Emerging Markets

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9084.08

Activity System ID: 14170

Mechanism: HIPS (Health Initiatives in the Private Sector)

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$150,000

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

In FY08, the activities that will be implemented include but not limited to the following:

- Provision of relevant information to both stationed and highly mobile worker populations (migrant workers) e.g. seasonal workers from sugar and tea estates
- Train peer educators to provide information focusing on risks of having more than one sexual partner
- Promotion of consistent use of condoms to avoid the increasing risk of transmitting sexually transmitted diseases
- Support to private companies to provide prevention programs that benefit employees, dependants and surrounding community. The prevention programs will include focus on problems related to alcohol abuse/consumption, substance abuse, etc
- Promotion of responsible behaviors that reduce risks of transmission such as couple counseling and testing, mutual disclosure within established couples, correct and consistent condom use for both the work place setting populations and discordant couples
- Leveraging other USG and non-USG activities that promote linkages to the private sector companies with testing, STI diagnosis, treatment and prevention, family planning and PMTCT services

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9084

Related Activity: 14169, 14171, 14172, 14173, 14174, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21753 | 9084.21753.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$150,000 |
| 9084 | 9084.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)

Food Support

Public Private Partnership

| | |
|---|----------|
| Estimated PEPFAR contribution in dollars | \$30,000 |
| Estimated local PPP contribution in dollars | \$10,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 25,000 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 25,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 1,000 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1258.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4508.08

Activity System ID: 14193

Mechanism: ROADS - SafeTstop Project

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$750,000

Activity Narrative: This activity is a continuation from FY2007 and has not been updated.

This activity relates specifically to activities funded under Abstinence/Being Faithful (AB), Counseling and Testing (C&T), Palliative Care and Orphans and Vulnerable Children (OVC). 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 Burundi, Democratic Republic of the Congo, Djibouti, Kenya, Rwanda, South Sudan, Tanzania and Uganda. With FY 2008 funds, ROADS will extend and strengthen ongoing activities in Busia, Malaba and Katuna. In FY 2008, ROADS will expand services to a fourth site in the interior of the country to scale up the program. 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.

Busia, Malaba and Katuna, ranging from 10,000-30,000 people??not including the mobile populations that spend time there??are sizable and characterized by high HIV prevalence relative to the national estimate. 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 other prevention programming has had significant impact, it can still be scaled up to reach more truck drivers, community men and women, and out-of-school youth. Programming through ROADS is addressing critical drivers of the HIV epidemic in these communities, including joblessness and the absence of recreation beyond drinking. Yet there is still 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 50,000 people with other prevention programming (through June 2007). 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 2008 funding, ROADS will strengthen ongoing OP programming to reach more than 80,000 truck drivers, commercial sex workers, other community men and women, and sexually active youth during September 1, 2008 and September 1, 2009. There will be special emphasis on prevention for positives, including discordant couples. To accomplish OP goals, including correct and consistent condom use, the project will train 500 people (new and expanded) during the same period. ROADS will integrate with existing services, where possible, as a priority. This will include linking OP activities with such services as C&T (this service is particularly weak in Malaba and Katuna), ART, PMTCT and existing efforts to promote and distribute condoms. In Busia, Malaba and Katuna, ROADS will continue mobilizing 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 160 outlets. To enhance the community education effort, local pharmacists/drug shop providers will receive expanded training in managing STIs, condom promotion and referral for C&T. ROADS will continue to utilize the SafeTStop resource centers as a central focus for community outreach, offering C&T at regular times convenient for MARPs, HIV peer education, condom distribution, adult education on life and job skills, psychosocial and spiritual services, men's discussion groups on male social norms, and internet services to help truckers stay in contact with family members while away from home. The project will continue strengthening linkages with local health facilities, including pharmacy/drug shop providers to promote expanded C&T and other services for truck drivers, sex workers, other community men and women, and sexually active youth. With FY 2008 funds, ROADS will continue to address stigma, denial and discrimination, joblessness among women and youth (through the LifeWorks Partnership), alcohol abuse, and gender-based violence as key HIV prevention and care strategies. This will include addressing male norms that impact women's access to services, legal protection for women and youth, post-rape services, and legal and law enforcement services. Based on its community farming model in Malaba, Kenya, the project will also expand food/nutrition support to enhance HIV prevention, care and treatment. With FY 2008 funds, ROADS will introduce an innovative MP4 device with OP content for use by drivers on the road and discussion groups where they stop. SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding. As a result project activities are highly sustainable. Indigenous volunteer groups partnering with the project were established without outside assistance and will continue functioning over the long term. Local businesses, traders, market sellers, etc. are also part of the fabric of community life and will be present over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, implementing activities with people in their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8416

Related Activity: 14192, 14194, 14195, 14196

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 21760 | 4508.21760.09 | U.S. Agency for International Development | Family Health International | 9429 | 1258.09 | Roads to a Healthy Future/ROADS II-SafeTStop Project | \$750,000 |
| 8416 | 4508.07 | U.S. Agency for International Development | Family Health International | 4833 | 1258.07 | Northern Corridor Program/Uganda Section | \$750,000 |
| 4508 | 4508.06 | U.S. Agency for International Development | Family Health International | 3366 | 1258.06 | Northern Corridor Program/Uganda Section | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------|-----------------------------|---------------|
| 14192 | 9169.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$300,000 |
| 14194 | 4510.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$550,000 |
| 14195 | 9176.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$200,000 |
| 14196 | 4509.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$375,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

| | |
|---|-----------|
| Estimated PEPFAR contribution in dollars | \$100,000 |
| Estimated local PPP contribution in dollars | \$100,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 160 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 80,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 400 | False |

Indirect Targets

Friends and family members of direct targets, i.e., adolescents (15-24), adults (general population), business leaders, discordant couples, PHA, religious leaders, (other) and truckers, people who abuse alcohol, persons in commercial/transactional sex, and street youth (MARPs).

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Busia

Kabale

Tororo

Lyantonde

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 631.08

Mechanism: Commodity Security Logistics (CSL)

Prime Partner: Commodity Security Logistics

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3966.08

Planned Funds: \$2,000,000

Activity System ID: 14188

Activity Narrative: This activity also related to activities in Logistics. USAID procures condoms directly from the Central Contraceptive Procurement (CCP) project in GH/PHR/CSL division for distribution through targeted promotion activities, where indicators are reflected. In addition to the procurement of condoms at the lowest possible price, the project provides independent testing for quality assurance and pre-shipment testing for products compliance to the specifications in the contract. Forecasting of commodity needs is done by USAID/Uganda with assistance from the DELIVER logistics project.

It is estimated that condoms procured with these funds will reach 338,710 people at high risk of HIV infection. Condoms procured will 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8413

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------------------|---------------------|--------------|------------------------------------|---------------|
| 21742 | 3966.21742.09 | U.S. Agency for International Development | Commodity Security Logistics | 9422 | 631.09 | Commodity Security Logistics (CSL) | \$2,000,000 |
| 8413 | 3966.07 | U.S. Agency for International Development | Commodity Security Logistics | 4830 | 631.07 | Commodity Security Logistics | \$1,500,000 |
| 3966 | 3966.06 | U.S. Agency for International Development | Commodity Security Logistics | 3155 | 631.06 | | \$1,500,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 338,710 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | N/A | True |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5033.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9097.08

Activity System ID: 14191

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

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$300,000

Activity Narrative: The introduction of male circumcision (MC) as an HIV prevention measure requires that safety be paramount. Working with traditional practitioners to integrate them into a comprehensive MC rollout and scale up strategy leverages an established healthcare delivery system, particularly for rural Ugandans. Family Health International (FHI) will partner with the Traditional and Modern Health Practitioners Together Against AIDS (THETA), a local NGO which aims to improve the health of rural Ugandans by involving traditional health practitioners through training in health education, counseling, and in community support initiatives. FHI will work with THETA to develop and implement strategies for leveraging traditional MC practices as an opportunity to provide a more comprehensive package of HIV prevention interventions and reproductive health messages. It is anticipated that results of this pilot intervention will inform policy dialogue for male circumcision in Uganda.

Based on the results of three randomized trials in South Africa, Kenya and Uganda, the WHO and UNAIDS have issued a set of recommendations for the use of male circumcision in HIV prevention efforts. The document concludes that the evidence that male circumcision reduces the sexual transmission of HIV from women to men by 60% is compelling enough to recommend it as an efficacious intervention for HIV prevention (WHO/UNAIDS, 2007) The document also recommends that programs be implemented in populations where the prevalence of heterosexually transmitted HIV infection is high and male circumcision rates are low. The HIV and MC situation in Uganda is precisely as described in the WHO/UNAIDS recommendations.

In Uganda, traditional circumcisers play an important role as healers and opinion leaders. However, traditional circumcisers may lack formal, medicalized training, may perform circumcisions in an un-sterile environment, and may even increase the risk of blood-to-blood transmission of HIV by using the same instrument for more than one young man during MC ceremonies. Despite medicalized training, A 1999 study in Uganda found that 90% of study participants were circumcised by traditional or religious 'surgeons' and only 10% had the procedure in a hospital or clinic. Given the severe shortage of trained medical personnel and the apparent acceptance of traditional MC in Uganda, there are challenging ethical dilemmas in not integrating traditional practitioners into a coordinated and comprehensive response. Because of the insufficient health care services in rural communities, traditional circumcisers may need to be included in training opportunities to promote HIV prevention through appropriate risk reduction counseling, referrals and linkages to clinic-based MC procedures, mainly.

Despite the urgent need to provide safe, voluntary MC to those most at risk, significant challenges remain. First, there is no unified training curriculum or surgical guidelines for those providing traditional MC procedures. In the absence of a national standard, misunderstandings and mistrust may arise from Western-trained physicians. One thing is clear – there is no integration of clinic-based and traditional MC services in Uganda. Thus, the second challenge, little communication between the two healthcare delivery systems, must be understood to develop an effective referral and counter-referral system. Third, traditional practitioners may be the only provider in rural areas, and are often well respected members of society. Their role as opinion leaders is critical in ensuring correct information and proper counseling are available to their clients and communities. The critical issue of proper wound healing, for instance, is a major challenge that traditional circumcisers might be well placed to address and reinforce. Finally, policy makers must consider the safety and efficacy of traditional MC in determining their possible role in a national MC strategy.

Although little quantitative data on rates of complications from traditional circumcision in sub-Saharan Africa exist, both scientific literature and media accounts document cases of advanced infection, stenosis, necrosis, mutilation, and hemorrhage due to MC conducted by traditional practitioners. Working with traditional practitioners to improve their knowledge and skills could greatly contribute to improved MC outcomes as well as improving perceptions of MC as a safe procedure. FHI proposes to partner with the THETA, to implement an intervention aimed at enhancing the capacity of traditional practitioners to support safe circumcision, by providing information on safety, putting in place referrals links with clinical sites and providers.

The activities will address both strategic information and programmatic needs. The combined approach will provide decision makers with Uganda-specific data to inform a comprehensive MC strategy. The activities will also facilitate more immediate improvements in HIV risk reduction and counseling by traditional providers. Activities will be conducted in a phased approach with year one (Phase I) focusing on documenting what is known about the capacity, scope, and outcomes of traditional circumcisers in Uganda. Efforts in future years will build on the Phase I data and partnerships to operationalize and evaluate a referral system and a skills/cultural exchange between traditional and clinic-based circumcisers.

The proposed Phase I activities are as follows:

1. Conduct a census of traditional circumcisers to determine their numbers, activity level, and location.
2. Conduct an assessment to determine the training needs of traditional circumcisers with regard to safety, hygiene, and counseling.
3. Conduct a rapid assessment to explore the bi-directional assumptions and attitudes between traditional and clinic-based providers, which will be useful for recommending a referral system.
4. Provide technical assistance to THETA and partners to support information and training for traditional providers of MC, focusing on counseling, safety/hygiene, and risk reduction for men, both pre and post operatively. The aim is to utilize MC as a vehicle to reach more men with SRH and HIV prevention messages.
5. Develop and launch a pilot surveillance system to capture MC adverse events.
6. Compare rates of adverse outcomes between traditional and clinic-based circumcisers and synthesize findings for policy dialogue and programmatic uptake.

This PEPFAR funded activity will generate strategic information on the potential role of traditional providers in a wide scale male circumcision intervention. The knowledge generated will be translated into practical applications in planning, policy making, program administration, and the support for quality, accessible male circumcision services. Further, the activity will provide an important avenue for reaching more men and adolescent boys with other reproductive health messages and HIV prevention interventions e.g. sexuality counseling.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9097

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|---|---------------|
| 24382 | 9097.24382.09 | U.S. Agency for International Development | Family Health International | 10445 | 5033.09 | Contraceptive and Reproductive Health Technologies and Utilization (CRTU) | \$300,000 |
| 9097 | 9097.07 | U.S. Agency for International Development | Family Health International | 5033 | 5033.07 | Contraceptive and Reproductive Health Technologies and Utilization (CRTU) | \$300,000 |

Emphasis Areas

Male circumcision

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | N/A | True |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | N/A | True |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3340.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4399.08

Activity System ID: 14220

Mechanism: Health Comm Partnership;
AFFORD

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$2,713,900

Activity Narrative: AFFORD is a CA awarded to Johns Hopkins University in October 2005, with the following objectives: 1. Increase the accessibility and affordability of HIV/AIDS, RH, Child Survival and Malaria products and services for Ugandans 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. 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. All six partners are contributing to build 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 incorporated as a Not-For Profit Company, staffed and working alongside the consortium partners. Key highlights of the program over the past year include distribution of 18 million condoms through 29,000 retail outlets, communication of key health and HIV prevention to over 200,000 people through community outreach and several interpersonal program approaches targeting mainly Most At Risk Groups (MARPS) including the military, migrant workers, commercial sex workers, truckers, security forces, and fishermen. This activity described under FY08 has three main components 1. Condom Social Marketing, 2. Interpersonal behavior change communication, and 3. STI treatment.

1. AFFORD will continue direct condom promotion to MARPS (commercial sex workers, their clients, truckers, fishermen, security agencies, and the police). In FY07 this activity was carried out in 4 districts and will be scaled up by 50% in FY08 increasing the number of districts to 6. Target audiences will be encouraged to use condoms consistently and referred to appropriate health services. Retail outlets frequently used by these audience (e.g. bars and lodges) will be recruited to sell condoms and encourage use. In FY07 bar and lodge owners were recruited to sell condoms and were oriented to provide information on correct storage and use of condoms. In FY08, AFFORD wants to broaden the geographic reach of this intervention and double the number of outlets recruited to 300. The expansion will increase from 19 districts in FY07 to 39 in FY08. AFFORD will select interested bar and lodge owners to join a one-day training on HIV/AIDS workplace activities, adapting a curriculum and print materials developed together with UPHOLD during FY07, and complementing it with condom promotional materials. Incentives for attendance will include hospitality training, provided by selected partners. In FY08, AFFORD will continue the distribution of condoms, with plans to distribute 25 million condoms through 30,000 retail outlets. Its 150 Small Scale Entrepreneurs will assist in getting condoms to hard to reach areas. 2. Interpersonal behavior change communication (IPC) is will increase practical knowledge about HIV/STI prevention, to equip audiences with skills to maintain healthy lifestyles, and modify/sustain positive behaviors. AFFORD will continue to carry out IPC and plan to increase the number of the audience members reached directly from about 200,000 in FY07 to 250,000 in FY08. AFFORD uses four primary approaches: The first approach will rely on community mobilization and experiential marketing activities targeting MARPS including migrant workers, fishermen, and security forces. Using music, film and drama coupled with interactive Q&A sessions hosted by peers, the target audience will be challenged to look closely at high risk behavior. Key messages include the correct and consistent use of condoms in risky sexual encounters, faithfulness and/or partner reduction, the relationship of risky behaviors with gender stereotypes/masculinity, alcohol and drug use (including sexual violence with e.g. commercial sex workers), the promotion of VCT and the importance of seeking early treatment for STIs. AFFORD's partner PULSE Communications will lead this interpersonal community intervention. The second communication approach works through institutions to reach the Uganda People's Defense Forces (UPDF) and the Uganda Police (UP). Our programmes with them reached 240,000 people in FY07, which is planned to increase to 360,000 in FY08. AFFORD will continue to support UPDF and UP peer education re-training and super vision, VCT/STI service outreach embedded in drama and film shows, and material development among other activities. The emphasis will be on activities promoting condom use, faithfulness/partner reduction, early HIV testing and STI treatment and alerting about risk behaviors including alcohol abuse and sexual violence (e.g., with commercial sex workers). The partnership created with Uganda breweries and Nile Breweries in FY07 to raise awareness of links between alcohol in-take and HIV/other STIs will be strengthened and the program expanded by 50%. The 'Responsible Living Campaign' targets brewery clients (bar owners) and consumers. The program emphasizes the dangers of alcohol use in terms of impairment of judgment in relation to increased risky sexual behavior. They will be supplied with STI kits for syndromic treatment of STI. Further emphasis will be put on including families and members of the surrounding communities of UPDF and UP. The third approach will address CSW through peer education (PE) and drop-in centers. AFFORD will steadily continue to scale up its work with CSWs in partnership with Women at Work International (WAWI) to scale up to two new districts of Kaborole and Jinja in FY08. In addition, five more organizations (TBD) will be recruited as partners to expand the work from 4 districts to 9 (adding Gulu, Masaka Mukono, Iganga and Arua). These partners will address sex workers and partners with PE activities, addressing HIV prevention skills, and sexual violence. Programs will link CSW to STI/VCT services through outreach and to income generating activities such as condom and other product sales as small scale entrepreneurs. In FY07 the CSW program developed two drop-in centres for CSWs which provided safe havens off the street and opportunities to be exposed to PE, educational materials and videos, and health service outreach. We will increase the number of drop-in centres to 4 in FY08. Further support of the Uganda MARPS network, founded during AFFORD's FY07 Lessons Learned Workshop, will be crucial to identify more effective partners in HIV prevention with MARPS. Support will be used to host the second annual meeting, exchange visits of successful programming, and other activities developed by network members. The fourth communication approach will involve 570 Popular Opinion leaders (POL) at the grassroots to educate members of their communities about HIV/AIDS and serve as role models. They have been trained by AFFORD partner Communication for Development Foundation Uganda (CDFU). Many of these community volunteers stem from HIV post test clubs and are sensitively relaying messages about condom use among discordant couples, couple HIV testing, early treatment for STIs, as well as raise awareness about gender issues and links between alcohol intake and HIV. In FY08 AFFORD will carryout refresher training for the 570 POLs during which dialogue regarding gender issues and other drivers of the epidemic will be revisited to refine the approach, based on experiences on the ground. The POLs will reach an estimated target of 50,000 people through IPC through FY08. 3. AFFORD addressed STI treatment in FY07 through recruiting 100 clinics as centres of excellence. The essence of using existing clinics offering broad medical care to the general public was to reduce the stigma of people accessing STIs treatment and other HIV/AIDS related activities. The centres have been trained in STI diagnosis and treatment and offer HIV prevention IEC material as well as VCT to client. In FY08, AFFORD will increase the number of clinics by an additional 100 in 10 more districts and train an additional 500 service providers from pharmacies and drug shops in the syndromic treatment of STIs.

Further prevention activities include: A. Health Hotline: In 2007 AFFORD started to update its hotline

Activity Narrative: service for the general public from being an automated service where callers left recorded questions to a hotline service that has a person responding to questions and concerns. Due to its anonymous nature it quickly became a prime channel for HIV related questions. In 2008 AFFORD intends to upgrade this system to a full computer-based call center with trained counselors in 5 local languages, referral guidelines and call monitoring system. AFFORD intends to start with 4 – 6 hours of operation initially, which can be slowly expanded, and counselor numbers increased gradually throughout the year. B. AFFORD created the Good Life Campaign in FY07 which breaks down preventive health behaviors into “simple, everyday activities” that can keep individuals, couples and households “healthy and save some money” as a way to a “Good Life.” HIV messages focused on risk perception, condom use, faithfulness and partner reduction using a highly popular TV, radio and experiential Gameshow format with a strong couple communication segment. Various mini campaigns on malaria, HIV prevention and health maintenance added to the mutually supporting media channels with a community radio shows, low literacy newsletters and other print support materials. In FY08 AFFORD will continue to use the Good Life campaign to link to and reinforce its community interventions by highlighting activities, positive behaviors and using FAQ from the field to create meaningful messages addressing risk perception, self efficacy and gender issues driving people's behaviors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8439

Related Activity: 14217, 14218, 14219, 14221, 14222, 14224, 14225, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 8439 | 4399.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$2,450,000 |
| 4399 | 4399.06 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 3340 | 3340.06 | AFFORD | \$2,150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 30,000 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 500,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 1,300 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3340.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6552.08

Activity System ID: 14221

Mechanism: Health Comm Partnership;
AFFORD

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$250,000

Activity Narrative: Health Communication Partnership (HCP) is a three-year USAID Associate Award for health communication support in Uganda managed by the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs that was awarded in July, 2007. HCP has been working in Uganda since July, 2004, assisting the Uganda AIDS Commission to establish a national multi-channel communication initiative for young people 15 – 24 years old called Young Empowered and Healthy (Y.E.A.H.). Y.E.A.H. is managed by a partnership of Ugandan organizations led by Communication for Development Foundation Uganda (CDFU), and has launched two multi-channel communication campaigns for young people—one discouraging transactional and cross-generational sex, and the other—the Be a Man campaign—promoting more gender equitable attitudes and behaviour among men. Both campaigns promote HIV/AIDS prevention through abstinence, partner reduction, faithfulness, and HIV counseling and testing.

In 2005, Y.E.A.H. launched a weekly half-hour radio serial drama called “Rock Point 256”, which won an international award for excellence in HIV/AIDS communication in 2007, and has an estimated listenership of 30% among young 15 – 24 year olds, according to a survey conducted in three districts in 2006. During FY 2007, Y.E.A.H. reached more than 5 million young people through mass media and 46,000 through community outreach promoting gender equitable relationships, faithfulness and partner reduction, open and non-violent communication between intimate partners, couple counseling and testing for HIV.

In FY 2008, HCP will expand Y.E.A.H. activities as part of a new initiative targeting young people who are HIV positive. This new focus is consistent with Uganda's HIV/AIDS National Strategic Plan 2007/2008 – 2011/2012 (NSP), and responds to findings from the HIV Seroprevalence Survey finding that a large proportion of new infections occur among discordant partners and the need to strengthen programs promoting prevention of transmission among people who are HIV positive. Y.E.A.H. will partner with groups such as the Young Positives, the Pediatric Infectious Disease Center and the Mildmay Center Uganda to work with young people who are HIV positive to improve disclosure of status to potential sexual partners and consistent use of condoms among those who are already sexually active, as well as discouraging alcohol abuse and encouraging gender equitable relationships.

HCP will work with a group of HIV positive young people to design and test communication and counseling approaches that effectively increase disclosure of HIV status to sexual partners and consistent use of condoms among this group. In developing these approaches, HCP will draw from successful approaches used in Uganda or elsewhere in Africa. HCP will assist Y.E.A.H. to train counselors and peer educators to provide counseling and education concerning prevention of transmission, and to prepare audio visual materials for use by counselors, peer educators, and service providers with HIV-positive young people. HCP will reinforce these interpersonal communication activities with mass media by incorporating HIV positive role models and modeling positive prevention among HIV-positive young people in a realistic manner. Counseling and education activities will also be extended to the young people's families, schools and communities. HCP will explore the possibility of partnering with the Uganda Health Marketing Group to distribute condoms among young positives.

HCP will evaluate the effectiveness of the approaches and assist Y.E.A.H. to share promising approaches with stakeholders.

With Y.E.A.H., HCP plans to train 20 counselors and peer educators to promote prevention of transmission among HIV-positive young people. Each counselor/peer educator is expected to counsel at least 50 young people about positive prevention, for a total of 1,000 young people reached.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9231

Related Activity: 14217, 14218, 14219, 14220, 14222, 14224, 14225, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|----------------------------------|---------------|
| 9231 | 6552.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$200,000 |
| 6552 | 6552.06 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 3334 | 1032.06 | Health Communication Partnership | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 3,600 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 48 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1222.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3993.08

Planned Funds: \$413,200

Activity System ID: 15232

Activity Narrative: Activities in this area include capacity-building support for organizations including CBOs, NGOs, FBOs, and government health facilities aimed at strengthening HIV prevention programs. These activities will include information dissemination through various channels; education and 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, specific at-risk populations, and community members at large through activities implemented by Volunteers and their Counterparts. 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. In addition, Volunteers and Counterparts will be supported to develop various behavior change promotion materials to support this program area.

This program area supports Volunteer Activities Support & Training (VAST) 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 prevention materials in accordance with USG and in-country policy, and the development of HIV/AIDS resource centers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8397

Related Activity: 15231, 15233, 15234, 15235

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-------------|----------------|---------------------|--------------|-------------|---------------|
| 21610 | 3993.21610.09 | Peace Corps | US Peace Corps | 9376 | 1222.09 | Peace Corps | \$513,200 |
| 8397 | 3993.07 | Peace Corps | US Peace Corps | 4823 | 1222.07 | Peace Corps | \$313,000 |
| 3993 | 3993.06 | Peace Corps | US Peace Corps | 3162 | 1222.06 | Peace Corps | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------|---------------|
| 15231 | 3999.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$221,600 |
| 15233 | 3991.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$557,820 |
| 15234 | 3992.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$592,600 |
| 15235 | 4747.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$310,800 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 2,500 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 450 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bugiri
Bushenyi
Hoima
Iganga
Kabarole
Kamuli
Kamwenge
Kibale
Kumi
Luwero
Masaka
Masindi
Mbarara
Mpigi
Mubende
Mukono
Nakasongola
Pallisa
Rukungiri
Tororo
Wakiso
Ibanda
Ntungamo

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7156.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4698.08

Activity System ID: 15473

Mechanism: NUMAT

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$250,000

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations. In FY07 NUMAT developed a comprehensive approach to reducing Sexual & Gender-based Violence (SGBV). NUMAT trained community animators on SGBV and its link to HIV transmission. Community animators were placed in camps and underserved communities to create awareness on gender, sexual and reproductive health rights, to empower women to speak out and to promote dialogue between camp/community residents and the service providers and administrators to improve enforcement of national legislation and strengthen responsiveness of police and local courts. NUMAT closely coordinated with GOU structures and UNICEF, the agency responsible for social protection in the North that has spear headed the strategy for addressing SGBV.

Activities for FY 08 will build on FY 07 achievements and will include; supporting families and communities to build skills that promote sexual norms and behaviors, working on issues related to Gender Based Violence by promoting family life education and addressing other gender issues; engaging uniformed services and the police including community security guards in programs to reduce SGBV and to prevent HIV and empowering communities to promote societal norms that reduce the risk of HIV transmission and promote the use and access to HIV counseling and testing services. Supporting IEC/BCC activities that promote positive behaviors for the prevention of HIV infection, TB and malaria. Of particular interest will be messages focusing on effects of excessive alcohol consumption and corresponding risk taking behaviors.

NUMAT will work with NGOs and CSO, as well as the UPDF to increase demand for condoms. Targeted messages for most at risk groups 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.

NUMAT will also support other prevention efforts like syndromic management of STIs which will be integrated in all other areas. This will include integrated training of health workers in management of STI and HIV/AIDS, supporting logistics for STI drugs including procurement of STI drugs should situations of stock outs occur. Supporting integrated support supervision of STI with HIV/AIDS activities. Linking STI clients to HCT within their treatment areas and through referral from lower units.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8467

Related Activity: 15467, 15468, 15480, 15481, 15486, 15197, 15488, 15490, 15494, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21725 | 4698.21725.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$550,000 |
| 8467 | 4698.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$250,000 |
| 4698 | 4698.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$450,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 90 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 550,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 125 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16260.08

Activity System ID: 16260

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: This activity refers to the CDC component (\$166,000) of the three-country PEPFAR Gender Special Initiative on Gender-Based Violence and covers the funds allocated by OGAC to PEPFAR Uganda. This funding is not tied to any specific fiscal year and will be allocated to TBD existing partners.

This activity links to: The HQ-led component of the Initiative implemented by two USAID-funded Technical Assistance partners, the Population Council and Health Policy Initiative; Any additional activities that may build upon Special Initiative activities with FY08 funding.

The overall goal of the Special Initiative is to increase access for victims of sexual violence to comprehensive treatment services, including HIV post-exposure prophylaxis (PEP) in three selected countries: Rwanda, Uganda and South Africa. Lessons learned from these three countries will be used to inform program design and scale-up in countries throughout Africa.

Specific Initiative objectives are to:

1) Implement and evaluate comprehensive sexual violence services delivery models building upon existing services in the three selected PEPFAR focus countries. This includes to: Strengthen the capacity of local partners and institutions to deliver quality health care services to victims of sexual violence, e.g., medical management of sexual violence at the point of first contact with victims (including children), HIV PEP, and psychological counseling; Establish and strengthen linkages between health, law enforcement, legal, and community services (e.g., shelter, child care, economic opportunities, etc.) for delivery of a coordinated response to sexual violence victims; and Assess changes in the utilization and quality of services.

2) Measure the costs (and cost effectiveness) of implementing the service delivery models to inform model transfer and scale-up.

3) Foster South-South exchange of programmatic experience, protocols, and tools across the three countries and through linkages with a network of partners throughout Africa that are implementing similar service delivery models.

Funding for initiative activities in Uganda will be used to:

- Implement the services strengthening activities described above in selected pilot locations where the designated partners currently work -- in partnership with relevant government, local NGO, and other community organizations;
- Participate in training and technical assistance activities that will be provided by the two Technical Assistance partners for the Special Initiative and by other training partners funded through linked activities;
- Support collaboration across all Ugandan partners that are participating in the Initiative;
- Assist the Technical Assistance Partners in evaluating and measuring costs of the interventions through input into the design of these evaluations and data collection;
- Participate in discussions and forums with partners from the other Initiative countries and other organizations from throughout Africa to share tools, protocols and lessons.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16258, 16259, 16261, 16257,
17047

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7624.08

Prime Partner: Visions in Action

Funding Source: Central GHCS (State)

Budget Code: HVOP

Activity ID: 17253.08

Activity System ID: 17253

Mechanism: New Partners Initiative:Visions in Action

USG Agency: HHS/Health Resources Services Administration

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: Visions in Action is conducting a comprehensive three year Voluntary Counseling and Testing (VCT) program targeting youth in Gulu and Amuru districts of Northern Uganda under the New Partner Initiative of PEPFAR. The program includes an "Other Behavior Change" component, described below.

IEC Campaign: A large Information, Education and Communication (IEC) campaign will be launched to coincide with the opening of the ABC campaign, and will continue throughout the three year program. The IEC campaign will seek to promote youth awareness of the importance of abstinence & being faithful, the consistent use of condoms, and also provide logistical information on where and when to get tested for HIV. This will include radio spots, posters, billboards, banners, newsletters, colorful stickers and brochures targeted at youth to be distributed widely throughout the region, in both English and Acholi. The ABC approach will be emphasized, especially a women's right to say no to sex before marriage. For young men, the focus will be on not giving in to peer pressure from other men to have sex with their partners before marriage. The newsletter will be published twice a year, and will feature a comic strip portraying an exemplary unmarried Ugandan Acholi couple that is abstaining from sex, and their interactions with other friends who may not be so resolute. School and community theatre productions dramatizing the need to be tested, and actions taken afterward, will be performed by youth in the IDP camps. An annual VCT drama competition among secondary schools will be organized.

Billboards & Banners: They will be placed in strategic locations with high traffic on the main roads in Gulu and Kitgum, and near the testing centers. The billboards will be constructed so that they are solid enough to last at least three years, and will cover all the major roads in and out of Gulu and Kitgum towns. Banners are not as long lasting, and will be used during key dates (such as World AIDS Day) and to promote specific events and youth workshops. They will be in both Acholi and English.

Posters: These will be placed in all the VCT Centers, the four referral hospitals, and all the Level 2, 3 and 4 Health Centres & Clinics in the two districts. One of the popular posters seen recently in Gulu and Kitgum shows a happy couple with the words "We were tested together. Knowing our status improves our lives." Another shows a lone carpenter working, and states "I am HIV+. I am working and caring for my family. I am healthy, thanks to treatment." Posters similar to these will be designed and distributed in areas that have not had much exposure to these messages, especially the IDP camps.

Newsletters: The newsletters will be published twice a year, and distributed through the local junior and senior secondary schools. These will feature basic facts on HIV/AIDS, and living positively with HIV, facts on STIs and OIs, questions to and answers from the editor about HIV, a comic strip of a model Acholi couple who abstain from sex, and creative campaigns involving youth in local high schools contributing to the newsletter.

Brochures and Video/DVDs: Brochures will be available at the VCT Centers, and will be given to all the communities visited. VCT Centers will have informational brochures available, and a video/DVD player that will be able to show informational videos while the clients are waiting to be tested or waiting for their results.

Condom Distribution: Condoms will be distributed at all four of the Visions in Action VCT Centers, the two mobile clinics and the two stationery clinics. VCT clients will be made aware that there are free condoms available and will be encouraged to take some after the pre-test counseling session. Condoms will also be made available during workshops at the secondary school level and above, for those aged 15+ years.

Non-Discrimination Workshops:

Health Alert will conduct its HIV non-discrimination workshop for an average of 60 youth, once per week, reaching some 3000 youth a year (4500 in the next 18 months). The focus of the workshops is on accepting people who are HIV+, working, living and playing with them, and supporting them as friends, co-workers, and fellow students. A majority of these workshops will occur in the IDP camps and small rural communities that have not yet received these messages. The Non-discrimination workshops will often be combined with the AB workshops so that the same audience will attend both in a matter of two days.

They will also produce many of the radio messages, skits and dramas that will be played regularly on FM radio stations such as King FM and Mega FM. King FM covers a 100km radius, reaching most of five districts, including Gulu, Amuru, Kitgum, Pader and Apac. Mega FM covers a significant but slightly smaller radius. It is estimated that the radio campaign will reach over 300,000 people each week.

Living Positively with HIV workshops

Dyere Tek will conduct its "Living Positively with HIV" workshop for an average of 60 youth, once per week, reaching some 3000 youth a year (4500 in the next 18 months). A majority of these workshops will occur in the IDP camps and small rural communities that have not yet received these messages. This workshop covers basics such as the importance of good nutrition, clean water, preventing and treating opportunistic infections such as fungal infections and TB, ARV therapy basics, and relating to your spouse or partner.

Dyere Tek will also lead the follow up for the care and support of the HIV+ caseload, including family and community-level visits to rural communities and IDP camps.

Sustainability

Health Alert and Dyere-Tek are the sub-partners for the Other Behavior Change activity. Both sub-partners will receive training and support from VIA throughout the program, so that they will be able to carry on their work in Other Behavior Change after this program is completed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17152, 17260, 17463

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------|---------------|
| 17152 | 17152.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17260 | 17260.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17463 | 17463.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 4 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 100,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 72 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amuru

Apac

Gulu

Kitgum

Pader

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1311.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19068.08

Activity System ID: 19068

Mechanism: State Department

USG Agency: Department of State / African Affairs

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$350,000

Activity Narrative: HIV/AIDS prevalence is at 6% among adults aged 15-49 in Uganda. The rate is higher among women at 8%, compared to the 5% among men, according to the HIV/AIDS Sero-behavioural survey 2004-2005. The same survey reports a high prevalence in North Central Region of 8%, second only to the Central Region and Kampala with 9%. The leading factors for the epidemic in Northern Uganda are can be described as the consequences of social economic factors. These factors include the conflict in the North, which has hindered delivery of HIV/AIDS services to displaced communities. One indicator of this hindrance is the that UDHS, in 2006, found that only 20% of women and 39% of men had a comprehensive understanding of HIV/AIDS. Over twenty years of camp life has eroded traditional community cohesiveness resulting in hardships, idleness, and poverty. The IDPs have developed a number of adverse coping strategies. Some of these include the exchange of sex for money or materials for survival among women, and excessive alcohol consumption among men. 60-70% of all camp households produce some type of alcohol and 75% of men in camps drink alcohol, many of whom become intoxicated on a regular basis. Alcohol brewing is by far the major income generating activity for impoverished homes and will continue to expand unless other alternatives are sought. Substance misuse influences sexual behavior and many people under the influence of alcohol engage in unsafe sex with multiple sexual relationships. This risky behavior increases the risk of contracting HIV and other STIs. Violence against women is also linked with substance abuse. IMC health staff report that they handle many cases of alcohol related SGBV. According to the Uganda Demographic Health Survey 2006, 78% of women reported having been beaten by their husbands while they were under the influence of alcohol.

The proposed project will tackle the neglected problem of substance abuse as one of the leading causes of the HIV epidemic and GBV in Northern Uganda. The project will be implemented in 3 sub-counties (Puranga, Atanga, and Pajule) in the Pader District. IMC will implement community-based education and awareness raising aimed at changing attitudes to substance abuse and reducing new cases of substance abusers through media, drama, video shows, door to door visits, impromptu discussions, and other IEC materials like booklets, playing cards, and posters. BCC campaigns will be conducted, targeting specific at-risk populations, like out of school youth, single women, bar owners, and men within trading centers. IMC, in collaboration with local partners including the DDHS and CBOs, will support the return and reintegration process in Northern Uganda by training and supporting social workers to provide treatment and rehabilitation services for substances abusers and their families. IMC will also provide education to law enforcement agencies and community health workers on the appropriate management and referral of substance abusers. HIV/AIDS and GBV awareness will be integrated into substance abuse education campaigns, drama, and other community outreach programs. Village health teams will be trained and supported to provide comprehensive HIV/AIDS knowledge and to carry out STI and GBV prevention activities. The PHAs will be mobilized and supported to participate in HIV/AIDS/GBV/Substance awareness activities. Condom promotion campaigns will be conducted, targeting substance abusers and other at-risk groups so that they practice safer sex. Condom dispensers will be established at trading centres, health centres and with other key players in the community, such as elders, LC leaders, and youth leaders, to increase community accessibility. Existing health centres in the sub-counties of operation will integrate HIV/AIDS counseling and testing, STI screening and management, and GBV-related health services. This will be done through training of Health Workers, providing the drugs and related supplies or establishing mechanisms for referral to other health centres or hospitals that to provide these services.

This effort will also indirectly benefit entire communities as alcohol will be less readily available and will therefore reduce associated social and health ailments.

Schools will also be a major target in the effort to change attitudes of students against substance abuse. School programmes will include seminars, debates, and life skills and will provide information on the risks associated with substance abuse, such as HIV/AIDS, STIs, GBV, poverty and other social ills. Schoolteachers will have to be trained on substance abuse/HIV/GBV/STIs in order to support the students to carry out these activities. Recreational activities will serve as the foundation for out-of-school youth programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16405, 16406, 16407

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|------------------------|---------------|
| 16405 | 4763.08 | 7426 | 1311.08 | State Department | US Department of State | \$80,000 |
| 16406 | 4753.08 | 7426 | 1311.08 | State Department | US Department of State | \$185,000 |
| 16407 | 4752.08 | 7426 | 1311.08 | State Department | US Department of State | \$320,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 90 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 38,270 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 126 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Coverage Areas

Pader

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9320.08

Mechanism: TASO

Prime Partner: The AIDS Support Organization

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 21457.08

Planned Funds: \$317,340

Activity System ID: 21457

Activity Narrative: 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. TASO will 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9212.08

Mechanism: Integrated Community-based Initiatives

Prime Partner: Integrated Community Based Initiatives

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 21461.08

Planned Funds: \$75,047

Activity System ID: 21461

Activity Narrative: It is estimated that in Uganda about 1 million women get pregnant yearly and with an estimated HIV prevalence of 6.5%, about 65,000 HIV-infected women get pregnant yearly. Moreover, Uganda's population growth is among the highest in Africa with an annual growth rate of 3.4% while utilization of modern family planning methods remains below 25%.

The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. The primary goal of this program is to improve the utilization of family planning services specifically for HIV infected women in Uganda through community led approaches. Family planning in the context of PMTCT is intended to prevent both re-infection and unintended pregnancies among women living with HIV. The program will address the family planning needs of sexually active HIV positive women. Pregnant women living with HIV in the communities will be counselled and supported to avoid subsequent pregnancies. Dual protection (Condoms + hormonal contraceptives) family planning services will be promoted for HIV positive women and their partners. Community support groups, including TBA, opinion leaders, community health workers and other organized community groups in Uganda will participate in the Education, Mobilization and Sensitization of communities for the utilization of family planning services for PMTCT. The program will forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities.

Key strategies for this program will include, among others, promotional and motivational activities for PMTCT through mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels, referral and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. This program will also put special emphasis on improving the participation of male partners and family support for PMTCT activities by establishing appropriate strategies at both the health facility and community levels. The program will design effective follow-up activities and the provision of linkages to the health units where PMTCT is available; it will also develop and implement systems for support, supervision, and monitoring of program activities.

This program will contribute to the increase in the proportion of HIV-positive mothers who use modern contraceptive methods on a voluntary basis to 50 percent. (The baseline for this indicator is currently not available.)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1107.08

Mechanism: Mulago-Mbarara Teaching Hospitals - MJAP

Prime Partner: Makerere University Faculty of Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19815.08

Planned Funds: \$0

Activity System ID: 19815

Activity Narrative: This activity refers to the CDC component (\$166,000) of the three-country PEPFAR Gender Special Initiative on Gender-Based Violence and covers the funds allocated by OGAC to PEPFAR Uganda. This funding is not tied to any specific fiscal year and will be allocated to TBD existing partners.

This activity links to: The HQ-led component of the Initiative implemented by two USAID-funded Technical Assistance partners, the Population Council and Health Policy Initiative; Any additional activities that may build upon Special Initiative activities with FY08 funding.

The overall goal of the Special Initiative is to increase access for victims of sexual violence to comprehensive treatment services, including HIV post-exposure prophylaxis (PEP) in three selected countries: Rwanda, Uganda and South Africa. Lessons learned from these three countries will be used to inform program design and scale-up in countries throughout Africa.

Specific Initiative objectives are to:

1) Implement and evaluate comprehensive sexual violence services delivery models building upon existing services in the three selected PEPFAR focus countries. This includes to: Strengthen the capacity of local partners and institutions to deliver quality health care services to victims of sexual violence, e.g., medical management of sexual violence at the point of first contact with victims (including children), HIV PEP, and psychological counseling; Establish and strengthen linkages between health, law enforcement, legal, and community services (e.g., shelter, child care, economic opportunities, etc.) for delivery of a coordinated response to sexual violence victims; and Assess changes in the utilization and quality of services.

2) Measure the costs (and cost effectiveness) of implementing the service delivery models to inform model transfer and scale-up.

3) Foster South-South exchange of programmatic experience, protocols, and tools across the three countries and through linkages with a network of partners throughout Africa that are implementing similar service delivery models.

Funding for initiative activities in Uganda will be used to:

- Implement the services strengthening activities described above in selected pilot locations where the designated partners currently work -- in partnership with relevant government, local NGO, and other community organizations;
- Participate in training and technical assistance activities that will be provided by the two Technical Assistance partners for the Special Initiative and by other training partners funded through linked activities;
- Support collaboration across all Ugandan partners that are participating in the Initiative;
- Assist the Technical Assistance Partners in evaluating and measuring costs of the interventions through input into the design of these evaluations and data collection;
- Participate in discussions and forums with partners from the other Initiative countries and other organizations from throughout Africa to share tools, protocols and lessons.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

| | |
|--|--|
| Mechanism ID: 690.08 | Mechanism: N/A |
| Prime Partner: US Department of Defense | USG Agency: Department of Defense |
| Funding Source: GHCS (State) | Program Area: Condoms and Other Prevention Activities |
| Budget Code: HVOP | Program Area Code: 05 |
| Activity ID: 3967.08 | Planned Funds: \$215,000 |
| Activity System ID: 16067 | |

Activity Narrative: 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 throughout 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 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 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 and ARV adherence. 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 08, 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. Encouraging disclosure that will increase the number of spouses of HIV positive soldiers for testing, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8385

Related Activity: 16065, 16066, 16068, 16069,
16070, 16071, 16072, 16073,
16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21596 | 3967.21596.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$215,000 |
| 8385 | 3967.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$150,000 |
| 3967 | 3967.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 40 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 40,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 150 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 9211.08

Mechanism: Traditional & Modern Health Practitioners

Prime Partner: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15910.08

Planned Funds: \$25,046

Activity System ID: 15910

Activity Narrative: It is estimated that in Uganda about 1 million women get pregnant yearly and with an estimated HIV prevalence of 6.5%, about 65,000 HIV-infected women get pregnant yearly. Moreover, Uganda's population growth is among the highest in Africa with an annual growth rate of 3.4% while utilization of modern family planning methods remains below 25%.

The current PMTCT policy recommends the implementation of a four-pronged comprehensive PMTCT strategy including: primary prevention; preventing pregnancies among HIV positive pregnant women (family planning); provision of effective ARV prophylaxis and provision of care and support services in all PMTCT sites. The primary goal of this program is to improve the utilization of family planning services specifically for HIV infected women in Uganda through community led approaches. Family planning in the context of PMTCT is intended to prevent both re-infection and unintended pregnancies among women living with HIV. The program will address the family planning needs of sexually active HIV positive women. Pregnant women living with HIV in the communities will be counselled and supported to avoid subsequent pregnancies. Dual protection (Condoms + hormonal contraceptives) family planning services will be promoted for HIV positive women and their partners. Community support groups, including TBA, opinion leaders, community health workers and other organized community groups in Uganda will participate in the Education, Mobilization and Sensitization of communities for the utilization of family planning services for PMTCT. The program will forge a strong partnership with the national coordination team and PMTCT service providers for the implementation of activities.

Key strategies for this program will include, among others, promotional and motivational activities for PMTCT through mass-media, local language information, education and communication (IEC) campaigns, interpersonal channels, referral and community dialogue. In addition, professional linkages and family-based outreaches will support community-based PMTCT. This program will also put special emphasis on improving the participation of male partners and family support for PMTCT activities by establishing appropriate strategies at both the health facility and community levels. The program will design effective follow-up activities and the provision of linkages to the health units where PMTCT is available; it will also develop and implement systems for support, supervision, and monitoring of program activities. This program will contribute to the increase in the proportion of HIV-positive mothers who use modern contraceptive methods on a voluntary basis to 50 percent. (The baseline for this indicator is currently not available.)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13253, 15902, 16382

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 13253 | 11313.08 | 9211 | 9211.08 | Traditional & Modern Health Practitioners | Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda | \$750,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 300 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 48,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 80 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7306.08

Prime Partner: Creative Associates
International Inc

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15978.08

Activity System ID: 15978

Mechanism: UNITY

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$400,000

Activity Narrative: The Uganda Initiative for Teacher Development and Management System (TDMS) and Presidential Initiative on AIDS and Strategy for Communication to Youth (PIASCY) – (UNITY) Project is managed by Creative's Associates International Inc. This contract was signed in November 2006 with three education and one HIV/AIDS objectives: These are; (a) Professional development for enhancing the quality of primary teachers and Primary Teachers' College (PTC) tutors; (b) Increase parental and community participation in education by providing information to parents and communities to enable them effectively contribute to school management; through a sustained multi-media advocacy and communication campaign and using incentive grants to strengthen successful school-community initiatives; (c) Support the formulation and implementation of education policies with an aim of enhancing the capacity of the Ministry of Education and Sports /Education Planning Department Monitoring and Evaluation Unit for effective data collection and analysis; and (d) Expand the implementation the Presidential Initiative on AIDS Strategy and Communication to Youth (PIASCY) for primary and post primary schools throughout the country.

UNITY will work with the existing Ministry of Education and Sports structures, namely the Working Group on HIV/AIDS in collaboration with national HIV task force headed by Uganda Aids Commission (UAC) to implement these activities. This is important to ensure strong collaboration and partnership with the client. It allows the activities to be client driven. It also encourages full involvement of the Ministry of Education and Sports personnel in providing the necessary leadership and ensures collective accountability and ownership of the intervention.

Procurement of HIV Readers: With PEPFAR funding, USAID has so far procured and distributed HIV/AIDS readers to about 30 districts out of the 81 districts. These readers give the pupils an opportunity to learn more about HIV/AIDS and responsible behavior as outline the PIASCY manuals. These HIV Readers should be age appropriate and have information which is likely to increase the risk perception of the children on HIV and STI. The MoES will determine the districts and primary schools to be covered with the HIV Readers. The supplier will distribute and train the teachers on how to use the readers, while the MoES will monitor the use and share the feedback accordingly.

Expansion of Post Primary PIASCY: Under UNITY, the primary PIASCY program will be strengthened in all government-aided as well as private primary schools throughout the country. UNITY will assist the Ministry of Education and Sports to conduct refreshers courses for 30,000 teachers from 16,000 government-aided and private schools and help teachers stimulate parent and community participation in PIASCY. The proposed primary PIASCY evaluation will assess the effectiveness of the HIV prevention and life skills messages delivered to primary school pupils.

UNITY and the PIASCY Working Group will develop and distribute new HIV/AIDS curricular and pedagogical materials, including Straight Talk Foundations' Teacher Talk, Parent Talk, and Kids Time newsletters.

UNITY will also deepen activities on HIV and Guidance and Counseling for primary pupils by printing and distributing primary school guidance and counseling materials to 12,000 primary schools. UNITY will also assist the Ministry to train school counselors in their use. Past interventions have indicated that Guidance and Counseling rooms in primary schools give pupils an opportunity to talk to their teachers about sensitive issues that affect their schooling. Teachers work with communities to handle these identified issues. This has enabled children who would otherwise have dropped out of school to stay in school longer.

Expand PIASCY in the North:

In the former conflict districts of the north, UNITY will implement PIASCY in the large amalgamated primary schools in Internal Displaced Persons camps, as well as to communities resettling in their former home areas and or newly created satellite camps.

UNITY will provide more in-depth training to teachers in the north to equip them with knowledge and skills to deal with the peculiar situation of children who have been affected by the conflict. It is anticipated that at least five teachers per primary school (instead of three as was the case in other regions) will undergo PIASCY training. For the PPET, schools will be given more PIASCY manuals over and above those given in stable districts and their teachers will undergo more intensive training. The follow up and monitoring will be intensified.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15983

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---------------------------------------|---------------|
| 15983 | 15983.08 | 7306 | 7306.08 | UNITY | Creative Associates International Inc | \$3,614,357 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 411,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 16,265 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Teachers

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6181.08

Prime Partner: Deloitte Touche Tohmatsu

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15993.08

Planned Funds: \$648,485

Activity System ID: 15993

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism.

USG/PEPFAR prevention resources previously channeled through the MGLSD will now be channeled through this mechanism. Through open and competitive solicitations, grants will be provided to local NGOs to support the National Strategic Plan. OP resources in particular will be used to ensure that Uganda's older and at risk youth have access to age and risk appropriate abstinence, faithfulness, behaviour change and condom information and services. OP resources will also assist the national response in appropriately addressing the shifting nature of the epidemic, and expand attention to faithfulness and partner reduction initiatives among discordant and married couples. In addition, the vulnerability factors of specific categories of youth such as young people involved in transactional or cross-generational sexual relationships, young people living with HIV, and addressing the underlying causes of the vulnerabilities faced by Uganda's youth that increase their risk of exposure to HIV will be addressed. In particular cultural norms and practices, sexual coercion, poverty and economic security vulnerabilities, and gender discrimination issues that make youth, and in particular young girls at increased risk of exposure will be highlighted. Cultural norms and practices, sexual coercion, poverty and economic security vulnerabilities, and gender discrimination issues that make youth, and in particular young girls at increased risk of exposure will be highlighted.

National level indigenous organization previously supported through UPHOLD, including Straight Talk, AIC and TASO, will now be supported through the Civil Society Fund, with earmarked funding, in support of overall coordination and harmonization of donor support to civil society. These resources will complement comprehensive prevention activities supported through the CSF with contributing donor resources. Routine monitoring and evaluation activities of grantees will also be supported with these resources.

Technical service organizations, building on what has already been established for OVC activities (see Core Initiative write-up for OVC), will be contracted through the Financial Management Agent to provide technical support to HIV grant recipients. Technical support will include organizational as well as content specific needs such as prevention. The FMA will provide the financial capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15991, 15996, 14189, 15484,
15491, 16001, 15859

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | N/A | True |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 278,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 800 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1245.08

Prime Partner: Walter Reed

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15769.08

Activity System ID: 15769

Mechanism: Makerere University Walter Reed Project (MUWRP)

USG Agency: Department of Defense

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$100,000

Activity Narrative: 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 FY2006 and FY2007 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 counseling and testing, data collection, supplies, training and with provision of short-term technical staffing. Also, MUWRP has 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 Condoms and Other Prevention program as described below is part of a comprehensive program and its execution linked to other program areas. Program activities that are included in this comprehensive approach, such as care, treatment, OVC, and CT services, will be budgeted under their respective program areas. This OP Program will focus on training and supporting District lay workers, treatment club members, youth volunteers and PLA groups to carry out most OP Program activities. An OVC MUWRP partner, Child Advocacy International, will also disseminate OP messages through their bi-monthly community sensitizations targeting OVC adult care givers and community members. A MUWRP Prevention Coordinator will ensure that three Prevention with Positive groups, located through the Districts HIV clinics, are trained and supported to play a pivotal role in OP prevention outreach, including condom education, promotion and distribution through eight sites. Condom supply through the GOU is erratic and MUWRP will serve as a back-up source for the District. MUWRP will follow GOU policy and guidelines pertaining to condoms, not distributing condoms to persons under 18 years of age. OP Programs will disseminate information on issues concerning: male norms and behaviors, the counseling component of male circumcision, cross generational sex, gender equity through approaches such as education on women's legal rights and access to income generating programs including life skills trainings. Another primary focus will include reducing violence and coercion against women in the communities through trainings, community sensitizations and messaging. Messages will be acquired from well-known local and international sources such as the GOU MOH and from Straight Talk. Some resources and messages will be modified or developed as required based on the assessment of the specific target audience's needs, behaviors and gaps in understanding. All messages and programs will be coordinated and vetted through the local MOH representatives to concur with national policy and approaches and to ensure accuracy and relevance. For implementation, the MUWRP prevention coordinator will partner with local groups to ensure quality trainings and consistent, effective messages are disseminated to the District communities through a variety of fixed and mobile venues and events including drama. This will include the establishment of a District-wide messaging program which will be conducted through radio broadcasts, marketplace loud speakers, and roadside billboards. MUWRP's mobile prevention program will complement district activities and will include OP components, targeting out-of-school and in-school youth exhibiting high risk behaviors, married couples (especially discordant), and high-risk fishing village youth populations along the Nile and at the inlet to Lake Kioga. Data collected during CT and AB Prevention Program outreaches during FY2007 have indicated that these District populations are at most risk for HIV infection. As part of its youth prevention program, the Kayunga District Youth Recreational Center was founded in 2006 as a joint effort between the Kayunga District Hospital, the Kayunga District Government and MUWRP. It functions 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. Center activities will include: counseling to youth, emotional support, and a variety of activities upon which they will interweave prevention messages including recreational games, sports, music, and drama. MUWRP supports this Center's activities and is leveraging resources with the District Town Council to support staffing and event planning. This Center is currently directed by a MUWRP sponsored Peace Corps Volunteer whose main focus is to integrate the local government in taking more of a stakeholder role in the Center. In addition, during FY2008, the MUWRP Prevention Coordinator will: (1) set up the infrastructure for a circumcision program, including renovations of the District Hospital surgical theater, training of medical officers in circumcision services and counseling, (2) establish strong links between persons found to be HIV+ and HIV care and treatment centers at the District Hospital, two Health Center IV's and one Health Center III, (3) establish and support family planning services utilizing District health personnel through the District Hospital anti-natal clinic, (4) establish and support an STD clinic through the Kayunga District Youth Recreation Center, and (5) establish a Post Exposure Prophylaxis program at the District Hospital for victims of rape, defilement or other persons at immediate risk of exposure to HIV. In FY2008 funding under this submission will support the costs of training, facilitation of volunteers, acquisition and/or production of prevention materials, family planning and STD management commodities, renovations to the District Hospital surgical theatre, community sensitizations, mobile costs, and staffing including community mobilizers. Funding will also be used for small scale renovations at the Kayunga District Youth Recreation Center.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15709, 15710, 15711, 15712,
15713, 15714, 15715, 15716,
16075, 17531

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 8 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 15,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 70 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kayunga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3834.08

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: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 4803.08

Planned Funds: \$24,506

Activity System ID: 16080

Activity Narrative: The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, Palliative care and ART services.

Condom use is one of the strategies for combating the spread against HIV and other sexually transmitted diseases. According to the Uganda National HIV/AIDS Sero Behavioral Survey (UNHSBS), men (16%) were more likely to have used a condom than women 9% during their last sexual encounter. Respondents aged 15-19 years were by far the most likely age group to have used a condom at last sexual encounter. The same survey reports that reasons given for not using a condom varied among men and women; men trusted their partners did not have HIV while women said they did not like them or the partner refused. In Kyaka II Refugee Settlement, consistent condom use is still low, many Congolese had never heard about condoms before coming to Uganda while others say it's not culturally appropriate to discuss issues around sex and condom use.

In FY 2007, IMC started awareness activities in Kyaka II refugee settlement focused on the benefits of condoms and making them available in the community via the establishment of condom dispensers. Following negotiations communities agreed to install the dispensers at or near bars. 103 bar owners were sensitized on condom use and also trained on proper usage of dispensers which has led to an increase in the number of condoms being taken out of the dispensers. However more efforts need to be done to change misconceptions surrounding condoms and to promote consistent use. Training of community educators on STI management was conducted and equipment for diagnosing STIs procured.

In FY 2008, IMC will continue with condom promotion, integration of RH and STI management, prevention with positives activities and, promotion of HCT as a prevention strategy. IMC will launch a rigorous condom promotion campaign in addition to ongoing door to door sensitization by community educators. The condom outlets will be increased from 42 to 52 to fully cover the host population. IMC and GTZ will undertake an operational research to assess condom use. STI prevention and treatment will be strengthened through outreach testing, community sensitization, training of community workers, training of health staff in syndromic management of OIs, IEC materials and provision of a broad spectrum of antibiotics. Adolescent friendly reproductive services will be instituted at one health center through the training of health staff, providing related supplies and materials, school talks and providing straight talk newspapers. One group of PHAs will be formed and trained on positive living and prevention of STIs including prevention of re-infection. They will also be encouraged and supported to carry out HIV/AIDS awareness including condom use. During public information campaigns, HCT will be promoted as a prevention strategy. During HCT and condom awareness, communities will be informed about discordance and the need for discordant couples to use condoms consistently. Awareness on male circumcision within the context of HIV will be done through door to door sensitization by community educators, IEC materials and routine health education. Those in need of circumcision services will be referred to Kyegegwa HC III. The existing Gender Based Violence Program will implement interventions aimed at changing unequal decision making powers at household level and other gender norms. This will provide an opportunity to discuss issues around negotiation for safer sex among couples. Alcoholism is a major impediment to practicing safer sex and accelerates sexual coercion. The project will therefore raise awareness about the linkage between alcohol, HIV and GBV in the communities through drama, community meetings and impromptu discussions conducted by educators. IMC will also work with the OPM and the refugee welfare leaders to enact and enforce by-laws regulating drinking hours and operations of bars in order to reduce alcohol consumption

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8300

Related Activity: 16078, 16079, 16081, 16082,
16084, 16083, 18895

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 25177 | 4803.25177.09 | Department of State / Population, Refugees, and Migration | International Medical Corps | 10706 | 3834.09 | Refugee HIV/AIDS services in Kyaka II Settlement | \$24,506 |
| 8300 | 4803.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$24,506 |
| 4803 | 4803.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$17,784 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Safe Motherhood

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 5.1 Number of targeted condom service outlets | 52 | False |
| 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 7,000 | False |
| 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful | 70 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kyenjojo

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$27,598,728

Estimated PEPFAR contribution in dollars \$150,000

Estimated local PPP contribution in dollars \$85,000

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Context and Statistics. With increased resources from the Emergency Plan (EP) and other partners, Uganda has significantly improved access to palliative care (PC) for People Living with HIV/AIDS (PLHIV) and their families. The FY07 Semi-Annual Progress Report (SAPR07) indicated that USG was providing 168,644 individuals with palliative care as of March 2007. The recent Uganda Demographic and Health Survey (2006) estimated that about 1.1 million individuals are living with HIV in Uganda. Of these, only about 30% know their status, which has significant implications for HIV prevention, care, and treatment. The EP supports rapid expansion of access to HIV counseling and testing (CT) especially in high prevalence areas. Therefore, through this expansion the demand for palliative care will continue to rise as more people become aware of their sero status.

Palliative Care Services. In Uganda, palliative care is broadly defined to include all activities that enhance the quality of life of HIV infected persons, from diagnosis through end of life, includes post-bereavement care for family members. Available services include prevention of transmission, diagnosis and treatment of OIs, pain management, counseling, nutritional support, spiritual support, and succession planning. Palliative care services vary in scope, coverage and quality, and are delivered in a variety of

settings including health facilities, communities and homes. Community and home-based models have gained prominence due to their cost-effectiveness and the fact that most palliative care does not need to be provided in facilities. Few organizations can offer the full range of services, so coordination and establishment of referral networks to co-manage clients are essential elements of palliative care strategies. Currently, there are 124 PEPFAR supported sites in Uganda that provide palliative care. Generally, services are most comprehensive and accessible in urban areas.

Program Area Review. In December 2006, the PEPFAR Uganda team and its partners undertook an assessment of models and components of USG-supported palliative care in Uganda. The goals were to determine how PHAs access services and to document and suggest approaches for addressing key challenges. In general, the review established that PEPFAR-supported palliative care programs provide a wide range of services, which were linked through referrals to enable clients receive services in all domains of palliative care. However, a very substantial need for strengthened social and psychological services was identified.

FY08 Focus Areas. The overall FY08 Program Area priority is to increase access to and uptake of comprehensive palliative care for adults and children, in order to reach a greater proportion of PHAs who need services. In response to the review described above, emphasis will be given to strengthening and increasing access to psychological and social support services. This effort will require balancing resources and priorities between clinical and non-clinical services at the facility level. Efforts will be made to strengthen linkages with other partners and donors that provide food supplements and micro-credit to address the socio-economic needs of PHAs. Also, increased recruitment and training of counselors to provide psychosocial support will be required. In areas of acute staff shortage, IPs will be supported to fill the identified manpower gaps using creative approaches, such as use of volunteers, re-hiring of retired but not tired health workers. Linkages and referrals between palliative care facilities and the community will be strengthened to enhance identification and follow-up of PHA. Identifying and enrolling men into care remains challenging. Therefore, Behavior Change Communication (BCC) programs will be aimed at increasing enrolment of men into palliative care programs and, where necessary, create incentives for them to do so. USG will continue to expand PC in workplace settings, which has been shown to increase uptake of services among men.

Basic Care Package and Prevention with Positives (PWP). The Basic Care Package (BCP) for HIV infected persons is an important component of overall palliative care, and demand for and utilization of BCP services continues to increase. The BCP is meant to include the following: cotrimoxazole for OI prophylaxis; PWP programs; and provision of a starter Client Kit. The kit contains insecticide treated bed nets (ITN), a safe water vessel, chlorine solution treatment, an information folder written in local languages, and condoms as appropriate. The PWP program involves counseling, family-based HCT to identify those unaware of their status, and/or at risk of HIV acquisition, supported disclosure of HIV status, PMTCT, family planning services, and STI screening and management. The provision of the BCP to pregnant women at PMTCT sites will be scaled up. In collaboration with MOH and other partners, counseling services will be improved by training palliative care providers to provide counseling and improving referrals to PHA networks. A joint BCC national campaign increase PWP will be developed and launched by MOH and relevant partners to increase awareness of the need for and availability of PWP programs.

Procurement and Distribution of Commodities. Procurement of palliative care commodities (OI diagnostics, drugs, and other preventive care commodities) is centrally coordinated by the MOH through the National Medical Stores (NMS) for the public sector, and the Joint Medical Stores (JMS) for the private sector. USG has provided technical assistance to the national procurement system over the last four (4) years to improve supply chain management. This will continue in FY 2008, by providing technical assistance through the Program for Supply Chain Management (SCMS). (These efforts are described in detail in the Laboratory Services Program Area Narrative). FY07 Plus-up funds were allocated to compliment government efforts to improve the availability of palliative care commodities to all USG supported providers, particularly prophylactic cotrimoxazole and drugs for OI treatment. In FY08, procurement and distribution of basic care kits to USG palliative care programs will continue to be managed through two (2) primary implementing partners (PSI and AFFORD). A continuing challenge is how best to meet the growing demand for commodities and ensure their availability at public health facilities. As some commodities are now manufactured locally, they will continue to be available for purchase on the open market, thereby increasing access.

Pediatric Palliative Care. Pediatric palliative care continues to evolve as IPs directly provide services to children, rather than refer them to pediatric specialists. USG will continue to focus on this area. Currently, over 23,000 children are receiving PC through OVC programs. Regardless of HIV status, all children born to HIV positive parents are either orphaned or vulnerable and hence need palliative care. In FY08, more emphasis will be placed on identifying HIV+ children so they can be linked to care, by strengthening linkages between palliative care and OVC services. Pediatric referrals between facilities and communities will be improved by increasing awareness of the needs of children, and by working through PHA networks. A significant portion of FY07 Plus-up funds were allocated to improve the capacity of health workers to provide pediatric PC, by rolling out training, and by developing and disseminating pediatric palliative care guidelines. The Ministry of Health will be encouraged to coordinate these activities in collaboration with those partners with a focus on pediatric palliative care.

PHA Activities. Historically, PHAs have been key partners in the delivery and expansion of PC in Uganda. Their involvement has been critical in reducing stigma, improving health care seeking behavior, and promoting treatment adherence. Greater involvement of persons with HIV/AIDS has been prioritized in USG palliative care programming since the inception of PEPFAR in Uganda. In FY06, a specific IP (IHAA) was identified to focus on capacity building of PHA groups, and improving their networks. PHAs are thereby supported to increase the facilitation of referrals, provide peer education, support drug adherence, and assist caregivers. FY08 funds will be utilized to further consolidate these activities and expand them from the current fourteen to twenty districts.

Integration with Other Services. Wrap-around activities in FY08 will focus on improving the integration of Reproductive Health services within palliative care. Other activities will include strengthening the integration of nutritional support and improving linkages with other services (PMTCT, ART, HCT and prevention). Efforts will be made to strengthen HIV/TB integration in USG supported palliative care programs by including TB screening and treatment as a routine palliative care service, disseminating TB screening guidelines; improving TB diagnostic capacity, case management, and treatment adherence.

Quality Assurance. On-site support supervision and technical assistance will continue to ensure high standards of palliative care and program improvement. An ongoing multi-country palliative care PHE (involving Kenya and Uganda) is expected to provide

information on the impact of PC services on clients' quality of life. The findings of this PHE will help guide palliative care programming by identifying which services provide the greatest benefit.

Program Area Downstream Targets:

| | |
|---|--------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 859 |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 376412 |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 12411 |

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

| | |
|---|--|
| Mechanism ID: 3834.08 | 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: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 4806.08 | Planned Funds: \$40,000 |
| Activity System ID: 16081 | |

Activity Narrative: .The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, palliative care and ART services. In FY 2006-2007 IMC and GTZ started a palliative care program which provides clinical, psychological and preventive services. To date, 107 of 381 HIV positive individuals have been enrolled in the facility/home based care program.

In FY 2008, IMC will expand the continuum of care to include clinical, psychological, social and, prevention services. IMC will use the family care model in providing palliative care. Under clinical management, health staff will undertake clinical diagnosis, review of the clients and their family members. In addition they will provide cotrimoxazole prophylaxis and pain killers to prevent opportunistic infections and manage pain respectively. Clients in need of further clinical care will be referred to the health center. IMC will continue to work with PSI to provide commodities like ITNs, safe water vessels, water and guard. Health education including family planning, good hygiene practices, STI prevention and management, and prevention of re-infection or infection to others will be provided to all family members. Condoms and contraceptives will be provided to HIV clients and family members. Nutritional assessments will be made by health staff; those clients identified as having severe nutritional problems will be referred to the GTZ nutritionist for further care within the GTZ supplementary and therapeutic feeding program. During the home visits, clients together with their families will be trained by the health staff on good and appropriate nutritional care for PHAs using the GOU guidelines for Feeding People Living with HIV/AIDS. Any skill and knowledge gaps identified in the health staff on nutritional care for PHAs will be addressed through training and information dissemination by IMC staff. PHA groups and/or the care givers will be trained on back yard gardening and provided with vegetable seeds as well as fast growing fruit trees to empower them to improve their diets. Psychological/emotional support will also be provided through counseling of clients and family members. Health staff will be trained by trainers from hospice in comprehensive palliative care, who will in turn train PHAs, care givers and other service providers. IMC together with GTZ will initiate a pediatric palliative care program. This will mainly support babies born to HIV positive mothers, HIV positive babies and, those with symptoms of HIV/AIDS. Support provided will include follow up care; diagnosis, treatment and growth monitoring, and support HIV positive mothers to practice safe infant feeding practices. Babies with severe nutritional requirements will be referred to the GTZ nutritionist to access nutritional care. Health staff will be trained and taken for exposure visits to institutions already involved in pediatric HIV care like Mild May. Cotrimoxazole prophylaxis will also be provided at six weeks of age to newborns. This activity will reach 1,083 individuals (currently 381 HIV positive plus an additional 342 in FY 2007 and 360 in 2008 who join the program) between September 1, 2008 to September 1, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8301

Related Activity: 16078, 16079, 16080, 16082, 16083, 16084

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 8301 | 4806.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$47,012 |
| 4806 | 4806.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$33,910 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Human Capacity Development

- * Training

- *** In-Service Training

- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

- * Safe Motherhood

Wraparound Programs (Other)

- * Economic Strengthening

- * Education

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 11 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 1,083 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 10 | False |

Indirect Targets

N/A

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kyenjojo

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7207.08

Mechanism: TREAT (Timetable for Regional Expansion of ART)

Prime Partner: Joint Clinical Research Center, Uganda

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16008.08

Planned Funds: \$340,000

Activity System ID: 16008

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY2008, this activity will focus on training health workers, strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide, and infrastructure development for increased clinical space for ART in rural health centers and improved laboratory infrastructure and services for diagnosis and monitoring of treatment for tuberculosis(TB) and HIV.

In the selected 25 focus districts and over 60 sites, the program will provide palliative care services to 15,000 clients not yet eligible for ART. This brings the total number of patients under care including those on ART to over 45,000. The program will provide clinical care services including diagnosis and treatment of opportunistic infections(OIs), nutritional assessment and counseling, psychosocial support and screening for ART eligibility. Patients under palliative care will be screened for tuberculosis and those diagnosed with TB will receive treatment. The program will provide a comprehensive preventive basic care package to the 10,000 clients under care.

The program will train and support 120 expert clients from 60 groups of People Living with HIV/AIDS to facilitate referrals and linkages between facility-based and community based care. The groups will facilitate referrals to wrap around services available in the communities. 900 health workers will be trained to provide palliative care services.

The program will scale-up TB/HIV integration activities including setting facility infection control procedures in facilities supported, provider-initiated counseling and testing for TB-registered clients and ensuring referral and retrieval referrals between TB and HIV clinics and services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15894, 16007, 15623, 15791, 15914

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15894 | 15894.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$300,000 |
| 16007 | 16007.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$225,000 |
| 15623 | 15623.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$3,000,000 |
| 15791 | 15791.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$4,800,000 |
| 15914 | 15914.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$1,400,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 60 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 45,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 1,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arua
Bushenyi
Gulu
Ibanda
Kaabong
Kabale
Kabarole
Kampala
Kamuli
Kanungu
Kapchorwa
Kasese
Kayunga
Lira
Luwero
Mbale
Mbarara
Mpigi
Mubende
Nebbi
Ntungamo
Pader
Rukungiri
Soroti
Wakiso

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 6181.08

Prime Partner: Deloitte Touche Tohmatsu

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15996.08

Activity System ID: 15996

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$0

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism. National level indigenous organization previously supported through UPHOLD, including Straight Talk, AIC and TASO, will now be supported through the Civil Society Fund, with earmarked funding, in support of overall coordination and harmonization of donor support to civil society. AIC and TASO are supported by several development partners, including USAID, through this mechanism. All partners will be supporting one comprehensive work plan and budget to avoid duplication and gaps in funding. Routine monitoring and evaluation activities of grantees will also be supported with these resources.

In FY07, AIC trained 186 individuals in providing HIV-related palliative care services reaching 43,474 clients through its 8 stand alone branches. As a continuation of the FY08 activities, AIC will continue to offer the following services through its medical staff and counselors: medical treatment of opportunistic infections (OIs) and minor ailments; STD diagnosis and management; septrin prophylaxis; psychosocial support; and on-going counseling to all its clients. Approximately over 30,000 clients will be treated for OIs, and other minor ailments; 20,000 clients will be initiated on septrin prophylaxis thereby reaching approximately 50,000 clients with HIV-related services. This will contribute towards national efforts of implementing government policy on scaling septrin prophylaxis and national guidelines on management of OIs among people with HIV (PHAs).

In all AIC service points including outreach sites and mobile VCT, AIC will complement HCT services with AB, OP and palliative care activities funded in-house or by other USG and/or other donors. Individuals will be able to know their sero-status, encouraged to adopt prevention options of their choice and receive a minimum palliative care package and referred where necessary. In the outreach sites and mobile VCT, AIC will operate mobile clinics/pharmacies that will provide the client with a first dose of septrin for one month and additional referral information for further on-going prophylaxis. Treatment of Opportunistic Infections will also be carried out at these sites. 16,500 individuals will be reached through AIC.

Integrated services will be provided in collaboration with other partners such as Population Services International (PSI) to reach an estimated 1,000 HIV positive clients with comprehensive HIV basic care packages which include mosquito nets, water vessel guards, information, education and communication (IEC) materials on positive living and septrin prophylaxis all of which aim at improving quality of life of PHAs. The HIV+ client will be encouraged to mobilize other family members and community to access CT so as to identify infected clients that require ART and other care and support services beyond what they can offer to other agencies such as Joint Clinical research Center (JCRC), TASO, Mild May and Regional public health facilities. AIC will provider refresher workshops to 250 medical counselors on current issues in AIDS care and support, owing to the changing dynamics of HIV/AIDS as well as legislative issues such as prevention of gender based violence.

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 80,000 active clients - People with HIV/AIDS (PHAs) 65% of whom are female. TASO core activities include counseling, clinical care, treatment, capacity-building, HIV prevention, community mobilization and sensitization, social support and advocacy for the rights and welfare of PHA. TASO collaborates with Ministry of Health and other line government ministries, the Uganda AIDS Commission, local governments, community structures, cultural institutions and several other HIV/AIDS and development stakeholders.

By end of March 2007, TASO had provided Palliative care/Basic Health care and support (excluding TB/HIV) to about 76,000 people in FY 07. This support included provision of counseling and provision medical care to clients both at the centers, at home and at outreach clinics. Over 65% of those clients provided with the above services were women. In addition, 427 service providers were trained to provide palliative care to clients.

In FY 2008, TASO intends to establish increased partnership with the health units at various communities country wise especially in Northern Uganda. Basic health care and support will be provided to an estimated 80,000 clients and 20,000 family members served through all 11 TASO centers and their outreach clinics. Services include clinical care services, psychosocial support, social care and support and linkages to referral networks. Under clinical care services TASO will provide ongoing post-test counseling, Management Opportunistic Infections, 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 centers and outreach clinics will provide support for disclosure of HIV serostatus to partners, will-making and bereavement. Approximately 360 service providers will receive refresher training in emerging issues like in HIV/AIDS palliative care. 80,000 individuals will be reached through TASO.

Under social care and support, TASO 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 maintain collaboration with WFP (WFP) and ACIDI/VOCA to support nutritional supplementation for its food insecure clients. It is estimated that 25,000 primary clients will benefit from this intervention, with the inclusion of their family members; there will be an estimated 100,000 beneficiaries from the support from World Food Program and ACIDI/VOCA. This support will be given to clients in the food insecure regions of Northern and Eastern

Activity Narrative: Uganda.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15991, 15993, 14189, 15484,
15491, 16001, 15859

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 49 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 130,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 610 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Adjumani

Amolatar

Amuria

Amuru

Apac

Arua

Budaka

Bududa

Bugiri

Bundibugyo

Bushenyi

Busia

Butaleja

Dokolo

Gulu

Hoima

Ibanda

Iganga

Isingiro

Jinja

Kaabong

Kabale

Kabarole

Kaberamaido

Kalangala

Kampala

Kamuli

Kamwenge

Kanungu

Kapchorwa

Kasese

Katakwi

Kayunga

Kibale

Kiboga

Kiruhura

Kisoro

Kitgum

Kotido

Kumi

Kyenjojo
 Lira
 Luwero
 Lyantonde
 Manafwa
 Masaka
 Masindi
 Mayuge
 Mbale
 Mbarara
 Mityana
 Moroto
 Moyo
 Mpigi
 Mubende
 Mukono
 Nakapiripirit
 Nakaseke
 Nakasongola
 Namutumba
 Nebbi
 Ntungamo
 Ntungaro
 Oyam
 Pader
 Pallisa
 Rakai
 Rukungiri
 Sembabule
 Sironko
 Soroti
 Tororo
 Wakiso
 Yumbe

Table 3.3.06: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 690.08 | Mechanism: N/A |
| Prime Partner: US Department of Defense | USG Agency: Department of Defense |
| Funding Source: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 3968.08 | Planned Funds: \$134,000 |

Activity System ID: 16068

Activity Narrative: 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 07:\$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.

Currently these activities (diagnosis and treatment of OIs, drug procurement, training, lab services), 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 is being initiated. A new and extremely important expansion, given the recent compelling data confirming efficacy, plans are underway 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 plus piloting the use of the BHC package in deployment/field scenarios

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8386**Related Activity:** 16065, 16066, 16067, 16069, 16070, 16071, 16072, 16073, 16074, 16318, 18548**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21597 | 3968.21597.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$28,800 |
| 8386 | 3968.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$134,000 |
| 3968 | 3968.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$134,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 8 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 1,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 70 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Kampala

Luwero

Nakasongola

Wakiso

Gulu

Mbarara

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9320.08

Prime Partner: The AIDS Support Organization

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 21469.08

Activity System ID: 21469

Activity Narrative: 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. TASO will 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: TASO

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$1,461,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1311.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Mechanism: State Department

USG Agency: Department of State / African Affairs

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4763.08

Planned Funds: \$80,000

Activity System ID: 16405

Activity Narrative: This is a continuation from FY07 activities and the narratives have not changed

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8394

Related Activity: 16406, 16407

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---------------------------------------|------------------------|---------------------|--------------|------------------|---------------|
| 21605 | 4763.21605.09 | Department of State / African Affairs | US Department of State | 9375 | 1311.09 | State Department | \$125,000 |
| 8394 | 4763.07 | Department of State / African Affairs | US Department of State | 4822 | 1311.07 | State Department | \$80,000 |
| 4763 | 4763.06 | Department of State / African Affairs | US Department of State | 3455 | 1311.06 | State Department | \$80,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|------------------------|---------------|
| 16406 | 4753.08 | 7426 | 1311.08 | State Department | US Department of State | \$185,000 |
| 16407 | 4752.08 | 7426 | 1311.08 | State Department | US Department of State | \$320,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 4 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 500 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | N/A | True |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7156.08

Mechanism: NUMAT

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4699.08

Planned Funds: \$1,000,000

Activity System ID: 15480

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations

In FY07 the project trained home based care providers in four of the nine districts. The project also mobilized PHA groups and networks in all the nine districts. A total of 60 health workers were trained in pain and symptom management for HIV patients, and palliative care teams have been set up in several facilities. In FY 08, NUMAT will continue build on the activities initiated in FY 07.

Palliative care activities that will be support in FY 08 will include: Supporting the scaling up of Basic Palliative Care services to lower health units and reach small camps in the peripherals. The project will continue working closely with PHAs and their families in the project catchment area to increase use of appropriate, well supported and supervised palliative care services linked to essential clinical services. The project will work with PHA networks, health facilities and CBOs and Community Care Coalitions (CCC) to strengthen and expand home and community care services and also strengthen the referral network for those individuals who require clinic based care.

The project will also support promotion and delivery of a prevention & care package including septrin prophylaxis for opportunistic infections (OIs), ITNs , peer psychosocial support, IEC/BCC for prevention among the positives, condoms, ART, and linkages to wrap around services including food, material support, and family planning. As much as possible these services will be delivered by community and home-based care (HBC) community volunteers. The project will also work with other USG supported initiatives like those implemented by PSI, IRCU, AFFORD and the Expanding of PHA network project to reach more PHAs with basic palliative care.

In the Lango sub region where PHA networks do exist up to district level, these will be strengthened, in the Acholi sub region where there may be groups of PHAs in different localities including in camps, these will be supported to come together and later access services through either integrated outreaches or through strengthened health facilities.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8468**Related Activity:** 15467, 15468, 15473, 15481,
15486, 15487, 15488, 15490,
15494, 15495**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21726 | 4699.21726.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$800,000 |
| 8468 | 4699.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$871,966 |
| 4699 | 4699.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$871,966 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15487 | 15487.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,100,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 210 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 30,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 500 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Amuru

Dokolo

Oyam

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1222.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3991.08

Planned Funds: \$557,820

Activity System ID: 15233

Activity Narrative: The major portion of this activity is building the capacity of community based organizations, faith based and other, operating in underserved areas to improve and expand access to care through enhanced understanding of and ability to deliver services to those affected by HIV/AIDS. Peace Corps Volunteers will work with local organizations to undertake activities that develop organizational capacity, provide opportunities to practice improved skills, and develop systems to sustainably increase organizational ability to deliver 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 net use among families affected by HIV, improved sanitation and hygiene, access to cotrimaxazole, and in-house access or referral to treatment and prevention services. Volunteers and Counterparts will work with PLWA and OVC caregivers to develop 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 among others.

This program area also supports VAST activities implemented by Volunteers and their partner organizations. VAST grants may be used to improve access to clean water and improve hygiene, improve nutrition and nutrition counseling, train caregivers, support their host organization to build systems for meaningful referral mechanisms, and support for PLWA networks

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8395

Related Activity: 15231, 15232, 15234, 15235

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-------------|----------------|---------------------|--------------|-------------|---------------|
| 21611 | 3991.21611.09 | Peace Corps | US Peace Corps | 9376 | 1222.09 | Peace Corps | \$707,820 |
| 8395 | 3991.07 | Peace Corps | US Peace Corps | 4823 | 1222.07 | Peace Corps | \$290,100 |
| 3991 | 3991.06 | Peace Corps | US Peace Corps | 3162 | 1222.06 | Peace Corps | \$132,900 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------|---------------|
| 15231 | 3999.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$221,600 |
| 15232 | 3993.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$413,200 |
| 15234 | 3992.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$592,600 |
| 15235 | 4747.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$310,800 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 40 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 2,500 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 500 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

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 ID: 1284.08

Prime Partner: Kumi Director of District Health Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4049.08

Activity System ID: 15904

Mechanism: Full Access Counseling and Testing

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$0

Activity Narrative: 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.

During FY08 the Kumi District Local government will complete all program activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8314

Related Activity: 15905, 15906, 15907

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|------------------------------------|---------------|
| 8314 | 4049.07 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 4804 | 1284.07 | Full Access Counseling and Testing | \$423,500 |
| 4049 | 4049.06 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 3185 | 1284.06 | Full Access Counseling and Testing | \$395,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------------------------|---|---------------|
| 15905 | 8550.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15906 | 4046.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15907 | 10038.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$50,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 16 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 7,200 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 857 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Kumi

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1245.08 **Mechanism:** Makerere University Walter Reed Project (MUWRP)
Prime Partner: Walter Reed **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Palliative Care: Basic Health Care and Support
Budget Code: HBHC **Program Area Code:** 06
Activity ID: 4506.08 **Planned Funds:** \$435,000

Activity System ID: 15710

Activity Narrative: This activity is a continuation from FY2007 with the following updates:
 During FY2008, MUWRPs intends to expand palliative care services to north of Kayunga District, to the rural, underserved, fishing communities Galiya. This will be done by supporting an HIV clinic at the Galiya Health Center III, training local clinicians and capacity building. Supportive supervision will be expanding during FY2008 for all MUWRP supported HIV clinics, four visits per week. This will include two MUWRP supported nurses and one medical officer. MUWRP will also implement a pilot family planning program at the Kayunga District Hospital and will be distributing basic care packages for all (nearly 5000) HIV infected persons attending HIV clinics. Both of these activities will be implemented via trained members of PLA groups. A best practices guide for delivering palliative care services, including standard operating procedures, will be developed through technical experts, site visits, and focus groups. Finally, the in-patient ward at the Kayunga District Hospital will be renovated to facilitate an isolation room for patients with active TB and HIV.
 Funding will support the cost of capacity building at the Galiya Health Center III, remodeling of the Kayunga District Hospital in-patient ward, staff training, and supportive supervision. Continued funding will also support transportation needs for technical assistance by MUWRP and provision of clinical supplies (including pain medication) at five HIV clinics. Funding will focus also on direct home based care service provision to pediatric HIV+ patients by Child Advocacy International through support of commodities for care (non-prescription medication and disposables), the cost, training and distribution of basic care packages, assistance in supporting community providers, and training of District Health Workers and caregivers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8526

Related Activity: 15709, 15769, 15711, 15712, 15713, 15714, 15715, 15716, 16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20034 | 4506.20034.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$87,000 |
| 20033 | 4506.20033.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$348,000 |
| 8526 | 4506.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$317,000 |
| 4506 | 4506.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$134,999 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 0 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 4,500 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 30 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kayunga

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3340.08

Mechanism: Health Comm Partnership;
AFFORD

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4409.08

Planned Funds: \$2,300,000

Activity System ID: 14222

Activity Narrative: AFFORD is a CA awarded 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. All the six AFFORD partners are contributing their unique skills towards the building of technical, managerial and financial capacity of Uganda Health Marketing Group (UHMG) an indigenous organization to ensure sustainability of the AFFORD Health Marketing Initiative.. UHMG incorporated as a company limited by guarantee (not-for profit), is now staffed and working alongside the consortium partners and taking the lead in marketing and distribution. In the past year, the program distributed 18 million condoms through 29,000 retail outlets, communicated key health and HIV prevention messages to over 200,000 people through community outreach and several interpersonal program approaches targeting mainly most at risk groups (the military, migrant workers, commercial sex workers, truckers, fishermen and people at landing sites). AFFORD integrates health communication and social marketing techniques innovatively to change and sustain positive behaviors and entices commercial sector participation to increase access to palliative care products and services. Provision of palliative care products and services through the commercial sector and the Private Not For Profit institutions is key in bringing palliative care to large numbers of PHA. A situation analysis of PHA support groups showed that a large portion of PHA prefer to get palliative care products and services through the private sector which they say offer better quality service and are more confidential. AFFORD will continue to use a community based consumer-driven approach for the provision of preventive/palliative care products to satisfy the needs of PHA through their preferred channels. In FY2007 AFFORD organized training and orientation for over 500 clinics and 1000 drug shops on palliative care and the products required to maintain a healthy life by PHA. A mutual referral was initiated among the service outlets to identify, support and refer PHA that require information, products and services. Products for palliative care were procured and distributed through trained outlets to PHA at subsidized prices. Using various channels of communication, individuals and families were targeted and motivated to seek help and advice after testing positive for HIV. The communication promoted palliative care products and services as well as simple steps to stay healthy after testing positive. Print materials including an ART handbook for peer counselors, an ART comic and brochure on palliative were developed, printed and distributed to the target.

In FY 08, AFFORD will consolidate and scale up palliative care activities started in FY 07. The UHMG product facility AFFORD started in the FY 07 aims at negotiating/brokering lower prices on high quality palliative care products from private supplier by taking advantage of economies of scales. Interested FBO/NGO/CBO in the private sector take advantage this facility to pass the price reduction benefits on to their clients thus increasing access. In FY08, AFFORD will continue to run this facility to cover a range of products including LLINs, water purification products and other pharmaceutical products essential for maintaining good health among PHA.

AFFORD will continue to use traditional social marketing methods to distribute a range of high quality palliative care products targeted at PHA through private commercial channels (drug shops, pharmacies, clinics and midwifery's). This is based on the fact that HIV affects people are of all socioeconomic strata including those that are able to pay and those not able to pay. AFFORD will principally target those able to pay for the products and will work very closely with the private sector. Distribution of palliative care products through the private sector helps in reducing stigma associated with accessing palliative care products from a service delivery point which is dedicated for reaching PHA. In a drug shop, people just walk-in to purchase palliative care products like any other customer.. These products are not specially packaged for PHA, they are products used by the public. This eliminates the stigma associated with specially branded products. The range of products to be provided in FY08 will include water purification product, Cotrimoxazole, the STI kit, LLINs, condoms, multivitamins containing selenium, and acyclovir. It should be noted the palliative care program will leverage the existence of products supported with child survival funds. These include Aquasafe (water purification product), Zinkid (Zn) and RESTORS (ORS). Fluconazole is a life saving drug against fungal meningitis in later stages of AIDS. Though it is relatively expensive, AFFORD plans to avail it through selected specialized clinics and hospitals at a subsidy.

In FY 07 AFFORD established linkages with networks of PHA and service providers to enable PHA access and utilize quality health products. In FY08 the work with networks and organizations will be consolidated. AFFORD will work with National Forum For PHA Networks in Uganda (NAFOPHANU), Positive Men's Union, Uganda Young Positives, National Community of Women Living with AIDS (NACWOLA), National Guidance and Empowerment Network (NGEN)+ to procure and distribute palliative care products to its members across the country. AFFORD will also work with organizations/associations of health workers to improve the quality of care provided by their members. AFFORD will for example support the Uganda Medical Association (UMA) an umbrella association of Ugandan Doctors to advocate for raising the importance of palliative care to member clinicians. AFFORD will consolidate its work with the Uganda Private Medical Practitioners Association (UPMPA) the association of medical Doctors in private practice. UPMPA will identify, train and offer support supervision to an additional 300 Doctors in private practice. These Doctors will be given support materials and linked to suppliers of palliative care products. AFFORD will during FY08 scale up training and support supervision of members of Uganda Private Midwives Association (UPMA). UPMA will be contracted to carryout the training and supervision of its members who will thereafter be given support materials and likewise be linked to suppliers of palliative care products.

In FY2007 AFFORD developed 100 clinics as centres of excellence to offer HIV/AIDS, malaria, family planning and child survival services. This is because existing clinics offering broad medical care to the general public reduce the stigma of people coming in for palliative care and or STI treatment. The staffs of these 100 centres have been trained in palliative care, HCT, STI diagnosis and treatment. They also provide HIV prevention communication material and offer VCT to client visiting the clinic who would like to know their status. In FY2008, AFFORD will develop an additional 100 clinics as centres of excellence in 10 more districts. In addition, AFFORD will also train 500 service providers working mainly in pharmacies and drug shops in the syndromic treatment of STIs.

AFFORD has developed an umbrella logo (Orange) under the Good life campaign used on all communication vehicles and products as well being a symbol of certain services points. Under the Good

Activity Narrative: Life campaign, AFFORD will utilize various channels to raise awareness about palliative care, promote products and service outlets. A total of 570 Popular Opinion Leaders (POL) have been trained on health maintenance in HIV affected households and PHA including the correct and consistent use of appropriate palliative care products. These community workers have been supplied with communication material enabling them support PHA and strengthen the network model through effective referrals/linking of PHA to service delivery points. In FY2008, communication material including brochures, flip charts, job aids and health maintenance handbook will be re-produced to the work of POLs. The two 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 PHA to access service providers displaying the Orange logo. AFFORD will continue to mobilize PHA networks and raise awareness on palliative care, increasing knowledge about benefits of palliative care products and services through community activities.

Family Planning will be integrated in palliative care activities and at service outlets and through all the communication channels, PHA will be motivated to utilize dual protection if they engage in sex to prevent pregnancy. Family Planning products will be made available through the private service delivery points. AFFORD will support all these initiatives with mass media campaign aimed increasing awareness among PHA that there are steps that one can take, products one can use and places that one can visit to make their lives better. AFFORD will continue to 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 the private sector channels.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8440

Related Activity: 14217, 14218, 14219, 14220, 14221, 14224, 14225, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 21737 | 4409.21737.09 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 9417 | 3340.09 | AFFORD | \$460,000 |
| 21736 | 4409.21736.09 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 9417 | 3340.09 | AFFORD | \$1,840,000 |
| 8440 | 4409.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$2,000,000 |
| 4409 | 4409.06 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 3340 | 3340.06 | AFFORD | \$2,000,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 700 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 42,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 700 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of
Uganda

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4363.08

Activity System ID: 14207

Mechanism: IRCU

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$1,200,000

Activity Narrative: Activity Narrative

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 address mutually identified development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. 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 June 2006, IRCU initiated a program to scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by USAID under the President's Emergency Plan for AIDS Relief (PEPFAR).

The National HIV Sero-Behavior Survey 2004/05 showed that approximately 900,000 are living with HIV/AIDS in Uganda and all of them require palliative care. Palliative care remains the main hub for HIV/AIDS care in Uganda, even with increased access to ART. Effective palliative care services are needed to delay the onset of symptoms and hence the need for ART. Despite being on ART, individuals still need intensive palliative care to adhere to the treatment regimens and to prevent opportunistic infection. Currently less than 50% of PHA in Uganda access palliative care. Services are more accessible in urban, than in rural areas. Working in partnership with its partners and stakeholders, the Uganda AIDS Commission (UAC) has developed a new National HIV and AIDS Strategic Plan (NSP) 2007/8 – 2011/12, which provides a road map for HIV/AIDS interventions over the next five years. Palliative care is one of the priority components of the NSP with a goal of improving the quality of life of PHA by mitigating the health effects of HIV/AIDS. The key focal areas for the NSP in regard to palliative care include increasing equitable access to quality services by those in need, from 105,000 to 240,000 by 2012; increasing access to prevention and treatment of opportunistic infections; expanding the provision of home based care as well as strengthening referral systems between health facilities and complementary services.

In support of the UAC vision to expand access to palliative care, IRCU delivers basic care in 22 sites. Of these 12 are hospital based, 6 are health-Centers of level III and five are community based organizations. Using FY 2006 funds, IRCU provided care to 24,000 PHA. The care offered includes prevention and treatment of opportunistic infections (OIs), psychosocial care, as well as pain and symptom control. Services are delivered through static facilities, outreaches to communities as well as home based care. In FY07 IRCU will continue to expand its palliative care program and targets to enroll an additional 20,000 PHA by September 2008. With FY 2008 funds, IRCU will enroll further 31,000 new clients bringing a cumulative total of 75,000 by September 2009.

A study carried out in Eastern Uganda showed that Cotrimoxazole prophylaxis given as routine care in HIV clinics was associated with a reduction in overall HIV related mortality as well as reduction in malaria morbidity, even in an area with high bacterial resistance. These results reinforce the need for large-scale provision of Cotrimoxazole prophylaxis for all HIV-positive patients in developing countries including Uganda. A combination of Cotrimoxazole, antiretroviral therapy, and insecticide-treated bed nets substantially reduced the frequency of malaria in adults with HIV. IRCU has been engaged in rolling out these elements of preventive care. Using FY 2006 funds, IRCU procured and distributed 38,000 long lasting insecticide treated mosquito nets (ITNs) to PHA through its network of FBOs. This activity will continue in FY 2007 and through FY 2008, with the vision of accessing ITNs to all the targeted 74,000 clients. In addition, IRCU will continue prescribing Cotrimoxazole prophylaxis as standard care in accordance with the Ministry of Health (MOH) guidelines and policy.

IRCU has initiated collaboration with Population Services International (PSI) to distribute the preventive package kits (ITNs, safe water vessels, water guard solution, and Information Education Communication (IEC) materials) in at least 10 sites. This partnership will greatly complement IRCU's efforts in expanding access to preventive care for its clients. IRCU has committed to facilitate follow up on usage of the components in the community through out FY 2008. PSI is committed to carry out on-site training sessions on the use of the prevention package in collaboration with IRCU

In FY 2006, IRCU had key challenges in implementing basic HIV care. The main ones included delays in supply of drugs to treat OIs, lack of ARV drugs for PMTCT and post exposure prophylaxis, and lack of standardized home based care. IRCU is working in partnership with Supply Chain Management System (SCMS) to procure some specific drugs essential in managing critical OIs, but not supplied through the national essential drugs program. Examples of these drugs include Amphotericin B, Acyclovir, Antifungal ointments and Ciprofloxacin. Besides procurement of drugs, IRCU partnership with the SCMS project is envisaged to further strengthen and improve commodity procurement and delivery systems within our partner facilities. IRCU will promote the new home based guidelines developed by MOH at all its sites. To harmonize this home based care, IRCU will work with MOH to carry out on site training sessions for new community home based model. This will involve training both facility and community based workers in the new guidelines. They will also be trained on the standard data to be collect while carrying home based care.

With FY 2006 funds, IRCU built endeavored improve the human resource capacity for palliative care in its partner health centers. This entailed training and re-training of existing health staff and in some cases filling staffing gaps through volunteer and locum arrangements. IRCU trained 40 health workers in psychosocial care, pain and symptom control through Hospice Africa Uganda. In addition, Hospice Africa Uganda also trained 15 spiritual leaders in spiritual counseling and care. In FY 2008, IRCU will provide refresher courses for 40 health workers, 25 community volunteer workers and 15 religious leaders on pain assessment rating scale, the use of oral morphine including its safety requirements, legal counsel, spiritual and end of life care. IRCU will also train 100 health workers on the basic HIV care through our partnerships with Mildmay International and Infectious Disease Institute (IDI).

By the end of 2008, IRCU plans to care for 75,000 people living with HIV/AIDS, train a total of 140 health workers in basic HIV care, 25 community workers and will continue to carry out training of the 1270 religious leaders carried forward from FY 2007.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity

Continuing Activity: 8422

Related Activity: 15889, 14206, 14208, 14209,
14210, 14211, 14212, 14213

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26781 | 4363.26781.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8422 | 4363.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$1,200,000 |
| 4363 | 4363.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$1,500,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 32 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 75,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 1,395 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4961.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8862.08

Activity System ID: 14231

Mechanism: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$800,000

Activity Narrative: In FY2008, SCMS will strengthen coordination of the Ministry of Health AIDS Control Program (MOH/ACP) through the anti-retroviral therapy (ARV) Services program and support, pooling of the procurement of drugs for opportunistic infections (OIs) which is likely to become economical. SCMS will support the quantification and procurement of OIs where necessary. The OI Drugs requirements for IRCU and NUMAT will continue to be procured through SCMS if proven to be economical.

SCMS will continue to support the forecasting for OIs both for the ministry of Health as well as for other PEPFAR partners. Training in logistics system for the management of will be key to ensuring commodity security for OIs. The SCMS Supervisory Team, working in close collaboration with government, will continue to provide support supervision to the facilities, as well as data management. SCMS provides assistance to the technical working group that sets national guidelines and determines drug selection for defined regimes. This support will continue in FY08 and subsequent years. In FY 2008, SCMS will be offering secretarial support to the Commodity Security Committee.

Training of MoH and NGO staff at facilities in Information systems will be link to the training for OI commodity security. Coordination between the Commodity Security Committee and ACP as part of the ARV Services (Coordination program) will strengthen the overall commodity security for OI drugs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8862

Related Activity: 14230, 14232, 14233, 14234, 14235, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 8862 | 8862.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$260,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | N/A | True |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3370.08

Prime Partner: Chemonics International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4525.08

Activity System ID: 15627

Mechanism: AIDS Capacity Enhancement Program (ACE)

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$650,000

Activity Narrative: In December 2005, USAID/Uganda initiated a contract with Chemonics International Inc to implement a program 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 aimed at strengthening 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. The program, named AIDS Capacity Enhancement (ACE) currently works with the Joint Clinical Research Centre (JCRC), Hospice Africa Uganda (HAU), the Inter-Religious Council of Uganda (IRCU), the Uganda AIDS Commission (UAC), and the Ministry of Health Resource Centre (MOH RC). Three organizations, JCRC, HAU, and IRCU play pivotal roles in expanding access to HIV/AIDS prevention, care and treatment in Uganda. UAC and MOH RC serve to coordinate the national HIV/AIDS response in terms of strategy, policy, monitoring, evaluation as well as reporting outcomes and results. The Chemonics/ACE program will continue to consolidate the achievements to date and support the target organizations through the entire first phase of PEPFAR. ACE has made substantial progress in building the capacity of the targeted organizations.

In the past year, ACE has worked with several palliative care providers, building their capacity to provide and expand high quality services. Specifically, ACE worked with IRCU to strengthen its sub-granting mechanism to support the expansion of palliative care services through its network of faith based service delivery sites. ACE built the capacity of IRCU to manage their grants program which supports facility-based and community-based groups in the provision of palliative care. Grantees 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. ACE worked directly with these grantees, training them in financial management, management and leadership, USAID compliance, and monitoring and evaluation. These management skills will help the grantees to run higher quality programs, comply with PEPFAR regulations, and build their sustainability. In FY 2007, ACE will continue to work with the IRCU Secretariat and the grantees to improve their management, M&E, financial systems, and communications so that they have the capacity to deliver palliative care services effectively. This will be done through a training of trainers approach that first trains the Religious Coordinating Body (RCB) staff in monitoring and evaluation, financial systems and accounting, and other skills such as planning, reporting, and management. The RCB staff will then provide training and regular support supervision to the grantees in these areas. ACE will be instrumental in facilitating the entire process, but will work towards building capacity and systems within IRCU and RCB staff that can be sustained beyond ACE.

In FY 2008, ACE will continue to work with palliative care grantees, supporting new grantees that are selected by IRCU in all the areas described above. In addition, ACE will work with all the palliative care grantees to strengthen their service provision. Together with the IRCU staff, the ACE project will facilitate the development of programs that will ensure that quality of care standards are clearly articulated, and that grantees are trained and provided with support supervision in upholding these standards. Connecting with wider palliative care networks such as the Palliative Care Association of Uganda (PCAU) and the African Palliative Care Association (APCA) will be a priority activity for IRCU sub-grantees in FY 2008. This will give them access to additional resources and skills for further improving their services.

With JCRC, ACE helped them to plan for the remainder of the TREAT project and has supported them in planning for their expanded sites and services. ACE's ongoing work includes improving data collection and collaborations between the JCRC HQ, the regional centres and the satellite sites. In FY 2008, ACE will continue working with JCRC to ensure that the TREAT program continues to expand and remains relevant to the HIV/AIDS situation in Uganda.

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. In the past year, ACE strengthened HAU's capacity to deliver these services by working with them to improve their organizational structure, governance practices, human resources policies, M&E, financial systems, and communications. These have given HAU the tools and platform from which it can grow effectively. An important component of this for improving palliative care in Uganda is the communications and advocacy strategy. ACE is working with HAU to develop a strategy that will give the organization and the palliative care community in Uganda the tools it needs to more effectively communicate about the importance of palliative care for HIV/AIDS patients in Uganda. It will also help them develop an advocacy program that can have nationwide impact on the availability of morphine for those experiencing extreme pain. In FY 2007, ACE will continue to finalize this strategy and to support HAU in rolling it out so that decision-makers at the national and district levels have increased awareness on the role of palliative care in an HIV/AIDS program and are able to make important policy changes that will improve the lives of AIDS patients.

In FY 2008, HAU will require support in developing plans for expanding their services, helping them identify potential additional sites or mechanisms and partnerships whereby they can expand the numbers they reach with palliative care services. In addition, HAU is a leading provider of training in palliative care in Uganda, filling a crucial gap in provider knowledge of pain management. ACE will work with HAU to develop an expansion strategy that is consistent with its capacity and resources, while at the same time addressing national needs. More importantly, the new program will be tasked to assist HAU to expand its training services to more health care providers and to develop business models that allow for this expansion.

ACE will be required to 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. It will also be expected to incorporate issues of gender and stigma/discrimination into all its activities to strengthen client organizations' ability to identify opportunities for more appropriate/sensitive programming and also to link clients to wrap around services such as food, education, microfinance and micro-credit support programs.

Finally, as more HIV/AIDS resources become available, and new partners come on board, the capacity building needs also grow. Therefore, in FY 2008, besides consolidating the achievements of ACE within the partner institutions, ACE will be expected to expand to include new client organizations as identified in consultation with USAID. As the civil society basket fund becomes the primary mechanism for funding a number of local organizations, ACE will be a resource of capacity building to recipients of funds, working

Activity Narrative: with identified organizations in a participatory way to identify their strengths and weaknesses and then designing capacity building interventions tailored to their needs. This will be crucial for leveraging the investment the USG is making in the basket fund and will strengthen a wider array of organizations, enhancing their capacity to manage HIV/AIDS programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8458

Related Activity: 15628, 15629, 15630, 15631

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------|---------------------|--------------|--|---------------|
| 26764 | 4525.26764.09 | U.S. Agency for International Development | Chemonics International | 11122 | 3370.09 | AIDS Capacity Enhancement Program (ACE) | \$0 |
| 8458 | 4525.07 | U.S. Agency for International Development | Chemonics International | 4850 | 3370.07 | AIDS Capacity Enhancement Program, ACE | \$500,000 |
| 4525 | 4525.06 | U.S. Agency for International Development | Chemonics International | 3370 | 3370.06 | Capacity Building of Indigenous Institutions | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 15628 | 12500.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15629 | 4530.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15630 | 4531.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$1,205,630 |
| 15631 | 4532.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$600,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | N/A | True |

Indirect Targets

The program will reach a number of indirect target populations through their client organizations. Through support to JCRC, IRCU and HAU, the program will reach adults, adolescents and children, discordant couples, pregnant women, orphans and vulnerable children, religious leaders, and some internally displaced persons.

Target Populations

Other
Religious Leaders

Table 3.3.06: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 1124.08 | Mechanism: HOSPICE |
| Prime Partner: HOSPICE AFRICA, Uganda | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 3990.08 | Planned Funds: \$811,000 |
| Activity System ID: 14197 | |

Activity Narrative: Since October 2005, Hospice Africa Uganda (HAU) has been in partnership with USAID/Uganda to expand access to and scope of quality palliative care to PHA and their immediate families. HAU has adopted three approaches, namely, (i) direct service delivery and (ii) indirect expansion through training and supporting AIDS care and support organisations, including public and private agencies to integrate pain management, symptom control and end of life care into their services and (iii) advocacy in palliative care, to scale up access to palliative care. Over the last two years of partnership with USAID/Uganda, HAU has grown as an accredited leader and the only institution in Uganda with technical expertise to provide and build capacity for pain and symptom management services. HAU has grown into a beacon service modeling affordable and culturally acceptable palliative care and a 'centre of education' to enable increased access to comprehensive palliative care and education in Uganda. (HAU provides and supports palliative care interventions in accordance with WHO definition, 2002).

The Hospice Cooperative Agreement with USAID ends in September 2008. However, although access to ART continues to improve with increased resources, the need for palliative care services remains real. Under the current HAU program, the symptom burden of PHAs is significant, with a high incidence of pain and multiple symptoms experienced throughout the course of the disease, from the point of diagnosis to end of life care and bereavement support. The HAU experience demonstrates palliative care can improve the quality of life throughout the continuum of illness. In addition to managing the symptom burden, HAU also undertakes preventive care focusing on condom education and distribution especially targeting discordant couples and delivery of family planning services. Other elements of preventive care delivered by HAU include prevention of malaria by improving access to insecticide treated bed nets, counseling for disclosure of status, and HIV testing of family members whose status is unknown. To strengthen its quality of care delivery, HAU participated in the development of a tool to measure the effectiveness and quality of palliative care in Africa, the African Palliative Outcome Scale (APOS). The APOS quality of care audit revealed that palliative care is highly effective in pain and symptom control. The HAU experience establishes the importance of providing palliation from the point of diagnosis, and moves away from the traditional view of palliative care as a specialist area introduced at the end of the patient's life.

Since 2005 HAU has seen over 1,950 patients with HIV/AIDS or HIV/Cancer, of whom 1000 were admitted onto program as they required specialist palliative care for pain and symptom management or end of life care. The care provided has been a mix of home visits, out-patient care, outreach and hospital consultations. In an effort to ensure comprehensive care, HAU has strengthened linkages with other AIDS care and support organizations, to provide shared and complementary care and avoid duplication of services. For instance HAU refers PHAs to HIV support organizations for social support interventions such as income generating activities while the same providers also refer to HAU the PHA that need pain and symptom control. Currently 2/3rd's of HIV patients receive shared care. These initiatives need to be sustained beyond the current HAU program.

One of the main factors inhibiting palliative care service development and expansion in Uganda is not only the lack of trained palliative care personnel, in both basic and specialist palliative care, but also lack of career progression for health workers considering specialization in palliative care. Since 2005, HAU training units has successfully carried out palliative care education program. In sum 865 health and allied health professionals and 391 community members were trained, totaling 1256. The capacity of 23 training institutions was strengthened to teach modules on palliative care, and palliative care was also incorporated into 5 national health professional curricula and four training institutions.

The new partner (TBD) will support the direct provision of specialist palliative care/consultations using modern methods of pain and symptom control and end of life care to an estimated 2000 PHAs, at times and places convenient for the PHA and their carers', in a culturally and socially sensitive way. Home based care and community care will form the backbone of these direct care services during the critical stages of illness. The partner (TBD) through networks and formal collaborations with other public and private service providers such as Mulago Hospital, TASO, and Meeting Point will co-manage patients so as to maximize synergies, reduce duplication of care, and enable PHA's to access broad spectrum of services.

The new partner (TBD), through outreaches, will also train at least 20 HIV/AIDS care and support organizations in Uganda in 'practical hands-on' palliative care skills. This will further enhance the capacity of these organizations to scale up palliative care within their organizations. Children's palliative care needs, which are very different in many ways to adults, will be addressed through the partner (TBD) offering Child focused palliative care service program and trainings in Children's palliative care. The partner TBD will continue to deliver preventive care which include but is not limited to: prevention for positives, delivery of the basic care package and support disclosure and testing of family members.

Partner (TBD) will build capacity of at least 800 multi-disciplinary care providers and community workers through training/education to incorporate pain and symptom control, spiritual care, and end of life care and bereavement into their existing programs. The partner (TBD) will lead the process to institutionalize Palliative Care within Ugandan health systems by advocating the establishment of departments for palliative medicine at Makerere and Mbarara Medical Schools, and the formation of regional palliative care training units for specialist palliative care.

The TBD will advocate the inclusion of pain management and symptom control as integral elements of essential care in Ugandan palliative care policies. This will also necessitate the increase in the numbers of morphine prescribers by accrediting short specialist "Morphine Prescribers' courses for Clinical Officers and Nurses, so as to maximize the number of health personnel accredited in prescribing morphine, with the aim of increasing the coverage of prescribers nationwide. It is expected that increased coverage will lead to greater access to palliative care services.

The partner TBD will also advocate the implementation of palliative care policies at the national and local levels, and the establishment of palliative care services at regional level. This will entail the partner (TBD) working closely with MOH/PCAU/APCA and other palliative care providers for joint advocacy and in the setting of standards, technical assistance and development of appropriate resources such as referral guidance and IEC for palliative care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8419

Related Activity: 14198, 14199

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------------|---------------------|--------------|-----------|---------------|
| 21764 | 3990.21764.09 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 9430 | 1124.09 | HOSPICE | \$1,386,000 |
| 8419 | 3990.07 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 4834 | 1124.07 | HOSPICE | \$811,000 |
| 3990 | 3990.06 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 3161 | 1124.06 | | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|------------------------|---------------|
| 14198 | 4824.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$525,000 |
| 14199 | 9100.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$50,000 |

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 3 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 2,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 800 | False |

Indirect Targets

Clinical services will indirectly benefit patient carers, family members and communities. In addition through the education/training and advocacy programs the indirect beneficiaries will be their patients and also colleagues to whom the trained/sensitized individuals will have cascaded their knowledge and skills. On average we estimate each trained health worker will provide palliative care to 10 patients per week.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Hoima
Kampala
Gulu
Mukono
Mbarara
Rakai

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3166.08

Mechanism: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

Prime Partner: International HIV/AIDS Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4688.08

Planned Funds: \$640,000

Activity System ID: 14200

Activity Narrative:

In FY2008, the program will cover seven additional districts bringing the total districts covered to 28. In the seven districts, over 60 PHA groups and networks will be mobilized provided with technical and financial support to facilitate linkages between home-based and facility-based care and treatment services. Over 100 Network support agents will be trained and attached to health facilities to work as expert clients involved in ART literacy campaigns, couples counseling and support for disclosure, support for discordant couples, support for adherence to treatment, prevention with positives and psychosocial support. It is estimated that through the 28 districts and over 250 networks, the program will provide palliative care to over 80,000 clients and facilitate over 20,000 incidents of linkages and referrals. The trained network support agents will continue to play a critical role in the task shifting venture that Government of Uganda will be undertaking with support from OGAC, WHO/Geneva and UNAIDS.

The program will partner with AFFORD, PSI and malaria control partners to provide HIV/AIDS basic care commodities to their members and households. Commodities include mosquito nets, condoms, cotrimoxazole prophylaxis and nutrition products

Through the network model palliative care services to households and communities will be provided. The model aims at enhancing easy access to a wide range of essential services for PHAs and their families. 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 using the community engagement strategy.

In FY2008, the program will train and build the capacity of PHA Networks and groups to set-up a structured system to support caregivers and provide nutritional assessments, counseling and education.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8462

Related Activity: 14201, 14202, 14203, 15634

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------------|---------------------|--------------|---|---------------|
| 24480 | 4688.24480.09 | U.S. Agency for International Development | International HIV/AIDS Alliance | 10471 | 3166.09 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | \$512,000 |
| 8462 | 4688.07 | U.S. Agency for International Development | International HIV/AIDS Alliance | 4851 | 3166.07 | Expanding the role of People Living with HIV/AIDS Networks | \$840,000 |
| 4688 | 4688.06 | U.S. Agency for International Development | International HIV/AIDS Alliance | 3166 | 3166.06 | PHA Network | \$640,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 14201 | 4690.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$400,000 |
| 14202 | 4693.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$250,000 |
| 14203 | 8900.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$200,000 |
| 15634 | 4695.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$1,200,000 |

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 80 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 80,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 100 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Adjumani
Arua
Busia
Hoima
Iganga
Jinja
Kabale
Kalangala
Kasese
Katakwi
Kibale
Kotido
Kumi
Luwero
Masindi
Mbale
Mbarara
Mubende
Mukono
Nebbi
Rukungiri
Soroti
Yumbe

Table 3.3.06: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 1258.08 | Mechanism: ROADS - SafeTstop Project |
| Prime Partner: Family Health International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 4510.08 | Planned Funds: \$550,000 |
| Activity System ID: 14194 | |

Activity Narrative: This activity is a continuation from FY2007 and has not been updated.

This activity relates specifically to activities funded under Abstinence/Being Faithful (AB), Other Prevention (OP), Counseling and Testing (C&T) and Orphans and Vulnerable Children (OVC). 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 Burundi, Democratic Republic of the Congo, Djibouti, Kenya, Rwanda, South Sudan, Tanzania and Uganda. With FY 2008 funds, ROADS will extend and strengthen ongoing activities in Busia, Malaba and Katuna. In FY 2008, ROADS will expand services to a fourth site in the interior of the country to scale up the program. 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.

Busia, Malaba and Katuna, ranging from 10,000-30,000 people??not including the mobile populations that spend time there??are sizable and characterized by high HIV prevalence relative to the national estimate. 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. Palliative care services in Malaba, Katuna and, to a lesser extent, Busia have been underdeveloped. For example, in Malaba, before ROADS initiated activities in the community there was little palliative care for people living with HIV and AIDS (PHA) beyond psychosocial support through a small post-test club meeting weekly at Malaba Health Centre 3. In Busia, PHA have organized numerous groups to advocate for services, though there are still gaps in care and support, particularly among faith-based organizations and the private sector. This is among the factors leading PHA to cross into Kenya for basic palliative care. Similarly, PHA in Katuna have had to travel significant distances for basic services.

Since launching SafeTStop in Busia and Malaba in mid-2006, ROADS has reach more than 4,000 PHA with palliative care services, focusing on nutrition, counseling on positive living, prevention for positives, referral to clinical services, and provision of such non-clinical services as psychosocial and spiritual support. ROADS has trained 329 individuals to provide palliative care, including 55 pharmacy/drug shop providers, to offer counseling and referral on palliative care, opportunistic infections and ART. With FY 2008 funds the project will continue to extend palliative care with partners in Busia, Malaba and Katuna, and begin strengthening and expanding care in a fourth site to be determined; the project will reach 6,000 people with palliative care and train 600 caregivers (new and extended) between September 1, 2008 and September 1, 2009. ROADS will continue providing the basic care package developed in Uganda with the U.S. Centers for Disease Control and Prevention. The package includes condoms, water purification tablets, cotrimoxazole and isoniazid prophylaxis, insecticide-treated bed nets and micronutrients (including vitamin A). As part of its family-centered approach to care, HBC volunteers will identify and refer family members for C&T and other needed services. As part of the micronutrient component, ROADS will continue providing nutritious food to PHA and their dependents through an adapted community farming model. Nutrition and agricultural skills-building, along with HIV education, will be integrated into food growing and distribution. Training in business and entrepreneurial skills and job creation through the LifeWorks Partnership will enhance economic well-being of AIDS-affected households and caregivers. 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 expand pharmacy-based C&T for members of AIDS-affected families and transport workers, and provide outreach for care through the SafeTStop resource centers. The project will integrate family planning into care and support programming and expand alcohol counseling and treatment options for PHA, particularly ART patients. Strengthening care for truck drivers will also be a particular area of emphasis through the Amalgamated Transport and General Workers Union. Recognizing the emotional and physical toll that HIV care and support can have on caregivers, ROADS will introduce programming specifically to address the needs of caregivers, i.e., by providing psychosocial support, education/training in nutrition, medical and social services, and access to economic strengthening through agriculture and other business development. SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding, including private and most public outlets that offer HIV care and support services. As a result project activities are highly sustainable. Indigenous volunteer groups partnering with the project, including those that can provide community-based care and support, were established without outside assistance and will continue functioning over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, implementing activities with people in their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8418

Related Activity: 14192, 14193, 14195, 14196

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 21763 | 4510.21763.09 | U.S. Agency for International Development | Family Health International | 9429 | 1258.09 | Roads to a Healthy Future/ROADS II-SafeTStop Project | \$360,000 |
| 21762 | 4510.21762.09 | U.S. Agency for International Development | Family Health International | 9429 | 1258.09 | Roads to a Healthy Future/ROADS II-SafeTStop Project | \$110,000 |
| 21761 | 4510.21761.09 | U.S. Agency for International Development | Family Health International | 9429 | 1258.09 | Roads to a Healthy Future/ROADS II-SafeTStop Project | \$440,000 |
| 8418 | 4510.07 | U.S. Agency for International Development | Family Health International | 4833 | 1258.07 | Northern Corridor Program/Uganda Section | \$525,000 |
| 4510 | 4510.06 | U.S. Agency for International Development | Family Health International | 3366 | 1258.06 | Northern Corridor Program/Uganda Section | \$75,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------|-----------------------------|---------------|
| 14192 | 9169.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$300,000 |
| 14193 | 4508.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$750,000 |
| 14195 | 9176.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$200,000 |
| 14196 | 4509.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$375,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

| | |
|---|----------|
| Estimated PEPFAR contribution in dollars | \$75,000 |
| Estimated local PPP contribution in dollars | \$60,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 60 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 6,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 600 | False |

Indirect Targets

Family members of PHA.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Busia
Kabale
Tororo

Table 3.3.06: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 5028.08 | Mechanism: HIPS (Health Initiatives in the Private Sector) |
| Prime Partner: Emerging Markets | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 9075.08 | Planned Funds: \$750,000 |
| Activity System ID: 14171 | |

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

In FY08, the activities that will be implemented include but not limited to the following:

- Training approximately 250 private sector providers (physicians, clinical officers and nurses) in the provision of palliative care services. The same training will include peer educators who will be taken through the skills of providing palliative care services outside the health facility (home based care)
- Support the provision of palliative care services to employees, dependants and surrounding community. The services will include counseling and testing and HIV prevention services as entry points to care and treatment offered within the company facility or sources outside the facility
- Increasing palliative care service access to employees, dependants and surrounding community through reaching the family with prevention, counseling and testing, and palliative care services. HIV+ individuals will be referred to the company clinics or other facilities where employees are referred for confidential services such as ARV and TB treatment.
- Provision of palliative care services to the surrounding community will be done in partnership with the existing community structures including PHA networks, religious leaders, faith based organizations and volunteers engaged in the delivery of care and referral at community level to provide onward support.
- Promoting the appropriate elements of the basic care package through social marketing. The social marketing component products and services cover family planning, child survival, malaria, and safe motherhood. The social marketing component will be supported in partnership with the AFFORD program to benefit employees, dependants and surrounding community. The costs will be shared between employee and company where viable or solely by the company where the employee cannot afford the products.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9075

Related Activity: 14169, 14170, 14172, 14173, 14174, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|------------------|---------------------|--------------|---------------------------|---------------|
| 9075 | 9075.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$750,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$75,000

Estimated local PPP contribution in dollars \$25,000

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 30 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 3,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 300 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5034.08

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9099.08

Activity System ID: 14177

Mechanism: Food and Nutrition program for People Living with HIV/AIDS

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$750,000

Activity Narrative: In FY2008 food and nutrition intervention for People Living with HIV/AIDS (PHAs) program will continue to provide technical and financial support to Ministry of Health (MoH), CBOs/NGOs, Networks of People Living with HIV/AIDS and USG implementing partners and sub-grantees, in twenty districts to integrate food and nutrition interventions in HIV/AIDS prevention, care and treatment programs. The program aims to improve quality of life of PHAs and increase adherence to ARVs and ARV efficacy, and implements three major food and nutrition interventions namely: food and nutrition assessment that determines nutrition status, food access and availability, and household and community coping capacity, nutrition Counseling and Care including infant and young child nutrition feeding options and targeted food and nutrition support that includes food supplements for vulnerable groups including OVCs, HIV-positive pregnant and lactating mothers and those with mild-to-moderate malnutrition, therapeutic foods for moderately and severely malnourished PHAs, micronutrient supplementation and replacement feeding for infants.

Linkages will be made to programs that provide supplementary feeding, food assistance and livelihood assistance programs for households of People Living with HIV/AIDS. The programs include among others, World Food Program (WFP) and ACDI-VOCA under the Title II, Food for Peace Program, Save the Children and World Vision. The program primarily targets four population groups, namely; PHAs including adults and children in care, support and treatment programs, OVCs, particularly children born to HIV positive mothers that are identified through and linked to PMTCT, community outreaches and other OVC programs. This will also include nutritionally vulnerable children identified in households of PHAs, HIV-positive pregnant and lactating women and, infants and HIV-positive children identified through feeding centers in conflict affected districts.

The program will develop a nationally acceptable Ready to Use Therapeutic Foods (RuTF) reconstituted out of locally available foods and establish a system for effective development and delivery of RuTF to severely malnourished PHAs. The private sector and Networks of People Living with HIV/AIDS will be engaged in leveraging resources to develop and sustain programs for the nutritional rehabilitation of PHAs in the community.

In FY2008 the program will develop a training curriculum for targeting special population groups and integrating food and nutrition in HIV/AIDS services developed, guidelines for linking food and nutrition to care and treatment programs developed and train 600 healthcare providers and carers in nutritional assessment, care and management of malnourished PHAs. It is estimated that by end of the FY2008, the program will have over 240 HIV/AIDS service providers that carry out nutritional assessments, provide nutritional counseling and care and nutritional supplements covering a total of 40,000 PHAs.

The program will develop and disseminate guidelines on therapeutic feeding for PHAs and integrate them in the National food and nutrition guidelines for PHAs, and develop and document a nationally acceptable recipe for locally produced RuTF with details of nutrient content and production methods. Guidelines on setting up and managing a community therapeutic system and a framework for monitoring and evaluation of therapeutic feeding will be developed and implemented. 10,000 patients with evidence of severe malnutrition will receive RuTF and over 20,000 OVCs including infants receiving replacement feeding, receiving food and nutritional supplementation

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9099

Related Activity: 14178, 14179

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------------------|---------------|
| 14178 | 9101.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$150,000 |
| 14179 | 9102.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$950,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening

- * Education

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 30,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 2,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 699.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4400.08

Activity System ID: 13308

Mechanism: Basic Care Package
Procurement/Dissemination

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$3,496,718

Activity Narrative: Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people worldwide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. It aims at measurably improving the health of vulnerable Ugandans using evidence based social marketing and other proven techniques that promote sustained behavior change with added emphasis on rural populations. It is committed to effective collaboration in support of the Ministry of Health's (MOH) priority areas including, but not limited to, HIV/AIDS, malaria, child health and reproductive health

Over 900,000 people die of HIV related illnesses each year in Uganda despite sufficient evidence to show that with simple yet comprehensive interventions, these illnesses can be avoided. Standardized, evidence-based and innovative recommendations on HIV prevention have been put together as the HIV basic preventive care package (BCP) to allow for provision of effective care to millions of people living with HIV (PHA) who currently have limited access to HIV related services and health products. The BCP is a 5 year program (September 2004 – March 2010) targeting 200,000 PHA including children in Uganda. The program goal is to help reduce morbidity and mortality caused by opportunistic infections (OIs) in PHA including children and to reduce HIV transmission to unborn children and sexual partners. Currently, the BCP components include: identification of PHA through family based counseling and testing; prolonging and improving the quality of their lives by preventing OIs; and prevention with positives interventions (PWP). The PWP aim to avert HIV transmission to sexual partners and unborn children through: screening and management of sexually transmitted infections, family planning, partner testing and supported disclosure, partner discordance counseling, prevention of mother to child transmission of HIV (PMTCT), and safer sex practices including abstinence, and fidelity with correct and consistent use of condoms. In addition, BCP combines key informational messages, training and provision of affordable health commodities. The health commodities include free distribution of a starter kit with two long lasting insecticide treated bed nets, household water treatment chlorine solution, a filter cloth, and water vessel, condoms and important health information on how to prevent HIV transmission.

The BCP program is implemented through HIV/AIDS care and support organizations including those offering pediatric care and PMTCT services across the country. Program implementation is supported by a multi-channeled communications campaign that educates PHA on how to prevent OIs, live longer and healthier lives through cotrimoxazole prophylaxis, prevention of diarrheal diseases using household water treatment and safe storage, use of ITN for malaria prevention, and PWP interventions. The campaign includes development and production of information, education and communication (IEC) materials for PHA, health care providers and counselors. These materials include posters, brochures, positive living client guides and stickers in eight local languages. In partnership with MOH and Straight Talk Foundation (STF), PSI is producing spots and 'parent talk' programs on radio. Service providers, peer educators and drama groups are trained and are implementing activities that reinforce these messages. PSI manages the procurement, packaging and distribution of all health commodities to ensure consistent supply of the kits and re-supply.

In FY 2007, PSI has partnered with 60 HIV/AIDS care and support organizations in 33 districts. Between April and June 2007, PSI has distributed 3,400 starter kits and, 20,902 bottles of chlorine solution for water treatment and 653,500 condom pieces as refills for adult PHA. 234 health service providers and 29 peer educators have been trained to promote use of BCP components. PHA have been actively involved in interpersonal communication (IPC) activities at partner sites including health talks and community sensitization on HIV/AIDS prevention. They have conducted 3,182 peer education sessions reaching an estimated 164,456 people. 399,000 IEC materials including posters, client guides, brochures and stickers have been distributed. To support the IEC campaign, STF has developed and aired of 2,574 radio messages in eight local languages on 18 radio stations countrywide and 60 parent talk programs in four local languages on eight radio stations in the eastern, western, central and northern regions of Uganda. The radio program is aimed at providing information to the general population and PHA in particular, on the benefits of the basic care components. In partnership with Hospice Africa, a symptom and pain management curriculum is under development for the BCP training manual, and will be included in the BCP staff and peer educator trainings. Since program inception, 116,591 PHA have received starter kits. 2,722 health service providers and 1,151 peer educators have been trained on BCP. Over 670,000 people have been reached with the IPC activities.

Expansion of the BCP activities across USG partners has been initiated with the Plus-Up funding. This will include the addition of 20 new HIV/AIDS care and support organizations. PSI has partnered with EGPAF and NUMAT so as to scale up BCP implementation through the district health system. PSI is currently carrying out a mapping exercise to clearly understand the coverage of all the partner sites and therefore the unmet need for BCP. Through this exercise efforts will be made to suggest strategies to avoid client overlap by the sites.

There is overwhelming evidence attesting to the effectiveness of HIV/AIDS 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 treated bed nets, condoms as well as safe water systems. In FY 2008, PHA particularly in rural and hard - to - reach areas for example islands and conflict areas served by USG partners across PEPFAR (EGPAF, IRCU, Hospice, Peace Corps, State IMC, State IRC, MUWRP, DOD/UPDF, Alliance, JCRC) who have newly initiated BCP activities or do not have the full range of preventive care activities will be prioritized. 36,000 PHA who received the BCP starter kits in FY 2005 will have their bed nets replaced following wear and tear due to consistent use. Other planned activities in FY 2008 include; 1) Continue to implement the BCP program at current implementing partner sites. Expansion of BCP distribution through the PEPFAR care and treatment implementation partners will make the BCP components available to over 200,000 PHA through out Uganda by the end of FY 2008. 40,000 new clients will receive BCP starter kits in FY 2008. 2) Continue to make available on the market all the elements of the BCP package to enhance their availability to all PHA. This will also help minimize stigma for the BCP commodities and services especially the safe water vessel. 3) On going distribution of IEC materials to PHA and health service providers. 4) On going peer education to support uptake and utilization of BCP components. 5) Continued support for palliative care activities, together with Hospice Africa by production of palliative care IEC and advocacy materials, and BCC focusing on pain and symptom management, psychological, and social support. PSI will continue to coordinate implementation of palliative care activities as part of the BCP at HIV/AIDS support sites, and not as parallel activity. 6)

Activity Narrative: Refresher training and training for new health service providers and peer educators in preventive care and prevention with positives initiatives. 7) On going monitoring activities to track program implementation.

Additional activities that the program will cover in FY 2008 will include; 1) Support and strengthen PWP activities at partner sites through: regular support supervision of partner sites, partnership with SCOT to train and mentor health service providers and assist in establishment of linkages to PWP services among BCP partners and other service providers; 2) Improve demand for refill commodities and replenishment of insecticide treated bed nets; 3) Work with MOH, CDC, and stakeholders to expand components of BCP to address emerging needs of PHA e.g. TB, nutrition, HSV2; 4) Establish implementing partner regional network system and facilitate study trips across partner sites targeting unit heads and staff involved in BCP activities so as to learn from each others best practices as well as improve integration of BCP activities; 5) Meaningful involvement of PHA. PSI in partnership with Alliance, NUMAT and EGPAF in selected districts shall pilot building capacity of PHA networks in preventive care. These will be supported to follow up and support fellow PHA on BCP adherence; 6) Increase program staff to cope with program expansion. One person is required to oversee the implementation of PWP component of BCP and 4 assistants to support regional activities; 7) Procure vehicles to maintain standards of supervision and commodity supply at current and new sites; 8) Support sites to step up community component of their programs to improve on client follow up.

Plans for program sustainability include; PSI to continue working with local manufactures to produce BCP health commodities and scaling up of BCP activities through district health structures.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8353

Related Activity: 13307, 13309, 17091

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------------------|---------------------|--------------|--|---------------|
| 20860 | 4400.20860.09 | HHS/Centers for Disease Control & Prevention | Population Services International | 9143 | 699.09 | Basic Care Package Procurement/Dissemination | \$586,000 |
| 20859 | 4400.20859.09 | HHS/Centers for Disease Control & Prevention | Population Services International | 9143 | 699.09 | Basic Care Package Procurement/Dissemination | \$3,496,718 |
| 8353 | 4400.07 | HHS/Centers for Disease Control & Prevention | Population Services International | 4812 | 699.07 | Basic Care Package Procurement/Dissemination | \$3,309,093 |
| 4400 | 4400.06 | HHS/Centers for Disease Control & Prevention | Population Services International | 3341 | 699.06 | Basic Care Package Procurement/Dissemination | \$2,306,214 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------------|---------------|
| 17091 | 17091.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$60,000 |
| 13307 | 4410.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$300,000 |
| 13309 | 4511.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$586,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 100 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 225,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 1,500 | False |

Indirect Targets

Number of individuals provided with HIV-related palliative care including the basic care package starter kit:
225,000

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 629.08

Mechanism: Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services

Prime Partner: National Medical Stores

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12443.08

Planned Funds: \$750,000

Activity System ID: 13303

Activity Narrative: 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.

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 initiated with FY 2007 plus-up funding is aimed at expanding access to and ensuring availability of prophylactic cotrimoxazole countrywide.

Upon receipt of the FY 2007 plus-up funding NMS will procure cotrimoxazole 480mg tablets of worth \$480,000 for made available for distribution to all health facilities in both public and FBO/NGO sector under a new credit control account at both National Medical Stores and Joint Medical Stores. This will be a specifically designated cotrimoxazole stock for PHAs. 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

In the FY 2008 period, this fundig will support additional procurement with 20% of this fund being transferred to Joint Medical Stores for the procurement of the same product including costs for storage and distribution and related operational expenditures.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12443

Related Activity: 13302, 13305, 13304

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|-------------------------|---------------------|--------------|---|---------------|
| 20818 | 12443.2081 8.09 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 9133 | 629.09 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | \$150,000 |
| 20817 | 12443.2081 7.09 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 9133 | 629.09 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | \$600,000 |
| 12443 | 12443.07 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 4810 | 629.07 | | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 13302 | 12377.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$753,936 |
| 13304 | 4030.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$4,103,523 |
| 13305 | 4027.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$3,400,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 30,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | N/A | True |

Indirect Targets

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1255.08

Mechanism: Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals

Prime Partner: Research Triangle International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4044.08

Planned Funds: \$550,000

Activity System ID: 13314

Activity Narrative: 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 Counseling and Testing (RCT) 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 June 30, 2007, the project has identified 10,134 HIV-positive clients who have been linked to health facilities so as to receive PC that includes septrin prophylaxis, basic care kits and specialized care. In addition, RTI has supported the strengthening of the referral system for HIV-positive persons leading to about half of the identified HIV+ persons enrolling in the HIV clinics within three months after diagnosis. Although close to 80% of HIV+ patients attending HIV clinics in the project supported health facilities have been identified through the RCT/BC program RTI will conduct an assessment to better understand the reasons for low enrollment in the chronic care clinics.

In FY 2008, RTI will expand palliative care services to 16 facilities in four new districts as part of program scale-up. This activity proposes to initiate septrin prophylaxis, provide basic care kits and refer 10,000 HIV+ patients for specialized care in a total of 30 health units between 1st October 2008 and 30th September 2009. Emphasis will be laid on increasing access for child and adolescent patients through child-friendly approaches. 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 PHAs. Clinical staff will be trained to show compassion 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 prevent sexual and vertical HIV transmission, STI treatment and family planning.

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 helping patients to develop sexual behavior, care and treatment plans in order to prevent HIV transmission and 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 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 and other basic care supplies

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8517

Related Activity: 13313, 13315, 13316, 13312

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20869 | 4044.20869.09 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 9147 | 1255.09 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | \$550,000 |
| 8517 | 4044.07 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 4872 | 1255.07 | Routine Counseling and Testing in Two District Hospitals | \$350,000 |
| 4044 | 4044.06 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 3184 | 1255.06 | Routine Counseling and Testing in Two District Hospitals | \$233,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13312 | 8540.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$180,000 |
| 13313 | 9636.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13315 | 8539.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13316 | 4045.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$850,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 30 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 7,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 600 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kaberamaido

Mpigi

Kasese

Masindi

Bugiri

Iganga

Kabarole

Kyenjojo

Mityana

Mubende

Pallisa

Sembabule

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3481.08

Mechanism: CDC GHAI

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4431.08

Planned Funds: \$170,000

Activity System ID: 13337

Activity Narrative: FY 2008 activities will continue to build on and follow the FY07 HBAC 1000 ART clients and approximately 400 HIV-infected household members who were not yet ART eligible. All HIV infected clients receive a basic care package, daily cotrimoxazole and can access acute medical services at home or through the HBAC clinic. The first 3 years of this evaluation was completed and investigators found small, but significant increases in the risk of death or new opportunistic infections among participants who were randomized to receive clinical monitoring without any routine laboratory tests. No significant differences in mortality or new opportunistic infections were found between participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and viral load testing. Dissemination of the 3 year HBAC results occurred through small workshops or seminars conducted with stakeholders in Tororo, Entebbe, and Atlanta and at the HIV implementers meeting in Kigali, Rwanda.

Based on the 3 year results, an amendment to the current protocol has been submitted to continue this PHE for an additional 3 years starting in FY 2008 as a 2-arm trial in order to fully answer the question of the added value of viral load testing, in addition to CD4 cell count monitoring. In addition a new proposal is being developed to evaluate the utility for additional prophylactic treatment against TB and cryptococcal disease which will enroll another 1000 ART patients through the Tororo Field station. Through care for existing HBAC clients and the addition of another 1000 clients for the new study, more than 2500 individuals [including TB patients] will receive HIV-related palliative care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8378

Related Activity: 13338, 13339, 13340, 16085,
13331, 16093

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--------------|---------------|
| 8378 | 4431.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$144,730 |
| 4431 | 4431.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$144,730 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13338 | 4432.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$150,000 |
| 13339 | 4433.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$835,412 |
| 13340 | 4434.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$129,599 |
| 13331 | 4821.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$2,400,000 |
| 16093 | 16093.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$349,852 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 1 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 2,290 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 2 | False |

Indirect Targets

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Busia

Mbale

Tororo

Butaleja

Manafwa

Bugiri

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9212.08

Prime Partner: Integrated Community Based Initiatives

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8297.08

Activity System ID: 13250

Mechanism: Integrated Community-based Initiatives

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$306,000

Activity Narrative: This activity was initiated in FY 2007 but has not yet been implemented because the partner has not yet been awarded funds. This initiative will provide 100% access to confidential home-based HIV counseling and testing services in selected high HIV prevalence districts in the central region of Uganda. The program will ensure that the entire adult population and their family members are offered confidential counseling and testing services in their home-settings as outlined in the national HIV counseling and testing policy guidelines. The program will establish a systematic approach to reach all households using outreach teams comprising counselors, laboratory assistants, and community mobilizers. Following the national rapid testing algorithm, these teams will be trained to work throughout the community, visiting each home to offer confidential counseling and testing services. To ensure the accuracy of this home-based testing, a laboratory quality assurance process will be developed in collaboration with the national reference laboratory. A consistent supply chain for essential HIV testing commodities will be established and maintained for sustainability after the end of the project period. In addition, routine program data will be collected to inform program implementation and management, identify gaps in services, and address reporting requirements.

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 districts, including public and non-governmental organization health units, to be able to provide basic preventive and palliative care, and supporting community based organizations 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 this program. 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. In addition, the program will establish an effective referral system for all HIV positive individuals identified. The program will facilitate technical assistance as to ensure that comprehensive HIV/AIDS services are readily available at nearby health facilities. Community structures for HIV prevention education, post-test clubs and peer support groups to assist and follow-up HIV positive clients and their families will also be developed or strengthened as needed. Health unit staffs as well as community mobilizers will receive training on the provision of the basic care package. In addition, all health units in the district will be strengthened with additional staffs, infrastructure, logistics and supplies to be able to provide care for the medical needs of HIV-infected people. Finally, the program must facilitate access to dedicated couples counseling services or support establishment of these services if it is not already available in the community.

In FY 2008, the program will continue to implement these activities in the region ensuring individuals are offered home based counseling and testing and for those testing positive, a basic care preventive care package as well as effective referral to appropriate health services. The program will also continue to development and implement community support networks as needed for HIV positive individuals and their families in the communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8297

Related Activity: 13251, 13252, 16731, 16753

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--|---------------|
| 13251 | 8563.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$80,000 |
| 13252 | 8296.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$389,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 15 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 12,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 80 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kiboga

Luwero

Mpigi

Mubende

Nakasongola

Wakiso

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12442.08

Planned Funds: \$600,000

Activity System ID: 13258

Activity Narrative: 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; tuberculosis (TB) diagnosis 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 FY08 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. 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. The program will participate in the development of the Uganda national Positive prevention curriculum and provide leadership in area of adolescent care, e.g. disclosure, sex and sexuality, adolescent counseling.

Through this program, palliative basic HIV care will be provided to all HIV infected children in care (majority of whom are not yet receiving antiretroviral therapy), HIV exposed infants (infants born to HIV infected women) for whom a definite HIV diagnosis will be made at 18 months of age, and family members of HIV infected children. All of these children require regular monitoring for potential disease progression and HIV disease transmission in the case of the exposed infants. Palliative care services provided will include prevention and treatment of opportunistic infections, provision of basic preventive care package (comprising of daily cotrimoxazole for prophylaxis of OIs, insecticide treated mosquito nets for malaria prevention, safe water systems for diarrhea prevention, micronutrient nutritional supplementation), diagnosis and treatment of sexually transmitted infections, TB care, and regular assessment of immunological status for ART eligibility using CD4 testing. HIV exposed infants will be offered HIV testing using DNA-PCR through the 'early infant diagnosis' program implemented by the MOH. All these children will receive basic palliative care and will be followed up closely until a definitive HIV diagnosis is made. Children found to be infected will continue to receive palliative care plus ART if eligible and those found HIV- will be discharged from these clinics. Staffing, ongoing clinical services (including monitoring investigations, medical supplies and medications) and training are the primary palliative care/basic care activities. Investigations provided to children with a definitive HIV diagnosis will include, but are not limited to, baseline TB screening, a baseline CD4+ count, and follow-up CD4+ counts every 6 months. Additionally, these children benefit from in-clinic food, food supplements, psychosocial support, cotrimoxazole prophylaxis, multi-vitamins, basic care package, and any other medications and interventions necessary to reduce opportunities for disease progression or infection.

In FY08, palliative care/basic care funds will be used to support the activities described above. Home-based follow-up and HBHCT services will be expanded to include all children and families in care, and not only those children who are on ART. This expansion will allow for better follow-up of all missing patients and could potentially lead to reduced mortality. Additionally, linkages and training opportunities with other NGOs and service organizations developing their pediatric HIV care and treatment capacity will be conducted. Trainings will take a three-pronged approach, including didactic trainings, practical clinical attachments to high volume pediatric clinics, and on-site support supervision. It is estimated that no less than 600 health professionals will participate in these training exercises.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12442

Related Activity: 13242, 13243, 13244, 13245,
13246, 13247, 13248, 13249

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---|---------------------|--------------|--|---------------|
| 20059 | 12442.2005 9.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$480,000 |
| 20058 | 12442.2005 8.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$120,000 |
| 12442 | 12442.07 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 4798 | 1186.07 | Pediatric Infectious Disease Clinic | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 8 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 5,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 360 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4023.08

Planned Funds: \$250,000

Activity System ID: 13234

Activity Narrative: 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 HIV 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.

The program will support the provision of general medical care, treatment and prevention of opportunistic infections (OIs) for an existing pool of 5,500 HIV-infected patients attending 16 outreach clinics in the districts of Rakai and Lyantonde in south-western Uganda. This service will be available bi-monthly at each HUB and offered to all HIV positive patients registered with the clinic. The service will be offered by a cross section of providers including counselors, nurses/midwives, home visitors, clinical officers and medical officers depending on the specific need.

In addition, clients will be regularly assessed for ART eligibility and when eligible, treatments will be initiated in the same locality. Initiatives to integrate HIV prevention within care and treatment will be promoted for example prevention with positives interventions that include partner testing, disclosure of HIV status, condom use, prevention of mother to child transmission and STI care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8328

Related Activity: 13231, 13232, 13233, 13235, 13236, 13237, 13238, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21218 | 4023.21218.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$50,000 |
| 21217 | 4023.21217.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$200,000 |
| 8328 | 4023.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$229,565 |
| 4023 | 4023.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$136,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 16 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 5,500 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 12 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.06: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 8670.08 | Mechanism: N/A |
| Prime Partner: Kalangala District Health Office | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Palliative Care: Basic Health Care and Support |
| Budget Code: HBHC | Program Area Code: 06 |
| Activity ID: 9434.08 | Planned Funds: \$286,000 |
| Activity System ID: 13223 | |

Activity Narrative: Kalangala District, located in Central Uganda is comprised of one large island and several smaller islands in Lake Victoria. Kalangala's unique geographical location has resulted in limited health and human services to this marginalized population of 36,661 (2002 Census). The district is served by only nine health units: two Health Centre (HC) IVs, four HC IIIs and three HC IIs. There is no hospital located within the district. Referrals for patients with complicated health problems are made to the mainland Masaka Regional Referral Hospital which is 50 kilometers from the main island.

Results from the 2005 Uganda National Health and Behavioral Survey (USHBS) demonstrate that the central region, in which Kalangala is located, has the highest HIV prevalence in the country, reported at 8.5%. The secondary analysis of the USHBS central region data indicate that Kalangala District, has a prevalence of 27% which is approximately five times the national average, thus this population of fishermen and their families have been identified as a very-high risk group. Because of their mobility, fishing communities are often among the highest risk groups with susceptibility to HIV stemming from the complex interactions of occupational mobility, large amounts of time spent away from home, easy access to cash income, and the easy availability of commercial sex in fishing ports. All of these factors are exacerbated by the fishermen subculture of risk-taking and hyper-masculinity. In addition, the fishing landing sites are perceived to be a greater source of economic potential than village environments. Because fish, the main source of income is a natural resource, it is believed that fishermen can spend their money unsparingly, knowing they will have access to more cash the next day. Finally, it is believed that life at the landing sites is 'anonymous' as many fisherman who have lost their spouses to HIV/AIDS seek refuge in these areas and frequently engage in high-risk sexual activities resulting in the continued spread of HIV and resulting in the high prevalence.

With FY 2007 funding, a program to support the initiation of door-to-door HIV Counseling and Testing (HCT) targeting all eligible family members will be initiated. Through this program people infected with HIV (PHAs), discordant couples, and families members will be provided with basic HIV/AIDS care services by the HIV Counseling and Testing (HCT) field teams and selected Health Units. Additional collaborative linkages will be made with health units in the mainland, including Masaka and Kitovu Hospitals, for more specialized care. The program will develop and implement a referral system for HIV+ individuals for care and support with a view to reduce stigma towards HIV, reduce chances of transmission, and improve the quality of life of PHAs. Cotrimoxazole prophylaxis will be provided along with care for opportunistic infections (OI), as well as malaria diagnosis and treatment. Safe water vessels and supplies, insecticide treated bed nets, and condoms, as appropriate, will be provided through leveraging other the PEPFAR partner Population Services International (PSI) to provide adequate Basic Care Packages for HIV+ individuals and their families. This basic care initiative will be fully integrated through referrals to Masaka and Kitovu Hospitals to ensure that all patients have access to chronic care services and ART eligibility screening. Chronic care clinics at these two referral sites will be supported to provide basic care kits to all registered clients. This program also will promote participation of and enhanced partnerships with community based organizations (CBOs), and non-governmental organizations (NGOs) operating HIV/AIDS service delivery in the district, thereby building capacity and infrastructure for sustainable services.

In FY 2008, the program will continue to work to provide access to basic HIV/AIDS care services to PHAs in Kalangala. Cotrimoxazole, treatment of OI, and diagnosis and treatment of malaria will continue to be provided to PHAs. For more specialized care, individuals will continue to be linked to Masaka and Kitovu Hospitals on the mainland. Support will be provided to individuals to access mainland health units when referrals are made. The program will work PSI Uganda to obtain safe water vessels, bednets and condoms as needed for patients. The program will also continue to build partnerships with organizations in the district providing health services so that PHAs and other family members can be referred to these agencies for services such as family planning and PMTCT as needed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9434

Related Activity: 13221, 13222, 13224, 13225

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|---|---------------|
| 20752 | 9434.20752.09 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 9125 | 8670.09 | Provision of Full Access Home-based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities | \$286,000 |
| 9434 | 9434.07 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 8792 | 8792.07 | | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------------------------|---------------|
| 13221 | 9456.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13222 | 9458.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$70,000 |
| 13224 | 9443.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13225 | 9429.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 12 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 4,347 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 80 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kalangala

Table 3.3.06: Activities by Funding Mechanism**Mechanism ID:** 5737.08**Mechanism:** Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**Prime Partner:** The AIDS Support Organization**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Palliative Care: Basic Health Care and Support**Budget Code:** HBHC**Program Area Code:** 06**Activity ID:** 4054.08**Planned Funds:** \$730,000**Activity System ID:** 13226

Activity Narrative: This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY'08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bed nets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility, community, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

Palliative care (PC) involves the provision of a wide range of services, counseling, and commodities, including the Basic Care Package, PWP interventions, the Client Kit, and other types of support. FY08 goals for the applicant will include expanding PC coverage to a greater number of HIV+ clients and their seropositive family members. All components of palliative care will be available, directly or through referral. Because many components of PC need not be facility based, increased efforts will be made to provide services at the community level, and to use PHA networks. Logistics, commodity procurement and human resources will be emphasized. Procurement logistics will be enhanced, as described in the "ARV Drug" area activity narrative, by working within the National System for commodity procurement and distribution. Commodities that are relevant to PC include those needed for the prophylaxis, management, and screening of OIs; and components of the Basic Client Kit. The applicant will work to ensure that these commodities, drugs and diagnostics are available to meet increased needs. Health care workers will be given refresher training to improve and update their knowledge of and skills in providing palliative care. This will include training of health care providers to enhance their capacity to also provide PWP counseling. To ensure quality assurance, standardized and up-to-date guidelines of palliative care will be provided and service centers will be supported to ensure quality of service provision. Data collection and monitoring systems will be maintained and enhanced with the goal of improving patient care, meeting reporting requirements, and evaluating data to improve program planning.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8358**Related Activity:** 17058, 13227, 13228, 13229, 13230, 17055

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|---------------------------|--------------------|--|-------------------------------|----------------------------|---------------------|---|----------------------|
| 20876 | 4054.20876.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$146,000 |
| 20875 | 4054.20875.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$584,000 |
| 8358 | 4054.07 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 5737 | 5737.07 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$565,836 |
| 4054 | 4054.06 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 3188 | 693.06 | TASO CDC | \$565,836 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 50 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 65,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 500 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1107.08

Mechanism: Mulago-Mbarara Teaching Hospitals - MJAP

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4032.08

Activity System ID: 13273

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$1,460,000

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 ART; people living with HIV (PLHIV) receive free clinical care including ART at the Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP palliative basic care activities are currently implemented at 10 sites as listed above, with over 27,000 patients in active care; 9,000 at AIDC and 5,500 at Mbarara ISS. Mulago ISS, the largest of the new clinics has registered over 5,000 patients while the smaller seven satellite clinics serve more than 8,000 patients. The number of HIV patients in all the clinics continues to increase with the expansion of RTC in the hospitals (over 18,000 HIV infected individuals were identified through RTC in FY 2006). By March 2008, 12 clinics will be operational and providing palliative basic care (two additional satellite clinics will be established in collaboration with KCC and IDI). The palliative basic care activities include provision of a package comprising cotrimoxazole for prophylaxis, insecticide treated mosquito nets, safe water provision for diarrhea prevention, diagnosis and treatment of malaria and other opportunistic infections (OI). 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. Patients eligible for ART are able to access services at the same clinics. The AIDC and Mbarara ISS clinics provide care for adult patients while children receive care from PIDC and Mbarara paediatric 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 PIDC, KCC, MOH, NTLP and other partners. KCC provides clinic space and drugs for management of OI. NTLP provides TB medications and support supervision. Other existing HIV programs include VCT under AIDS Information Centre, PMTCT under PREFA, ART under MOH-Global Fund Program and PEPFAR, and OVC support through Ministry of Gender, Labour and Social Development. These programs are working together to ensure comprehensive care for families affected by HIV/AIDS while avoiding duplication of services. Up to 27,000 individuals in the MJAP supported outlets are provided with care including prophylaxis and treatment of opportunistic infections. More than 14,000 have received safe water vessels and insecticide treated mosquito nets. The program also offers pre and in-service training in palliative care to medical and other allied health workers.

In FY 2008 (between April 2008 and March 2009), two additional satellite care and treatment sites will be established in collaboration with IDI bringing the total number to 14. The program will increase access to basic HIV palliative care from 40,000 individuals to 70,000 (including 30,000 newly diagnosed patients who will receive one month's supply of cotrimoxazole) prior to referral. MJAP will provide cotrimoxazole prophylaxis and other OI care, malaria diagnosis and treatment, and Population Services International (PSI) will provide safe water supplies and insecticide treated mosquito nets. We will supplement the basic care items from PSI to ensure that at least 90% of the patients have access to mosquito nets and safe water. The basic care and ART programs are integrated; all patients on ART receive basic care, and patients receiving basic care are evaluated for ART eligibility. The funding will support the 14 clinics in terms of basic care supplies, and other OI treatment and prophylaxis. Children within the clinics will receive some nutritional supplementation and will also be linked to other partners for additional OVC services. Through the home-based HIV care program which targets families of HIV infected patients in the clinics, the non-HIV infected children within these households will also be linked to OVC services. The home-based care program will continue to provide HIV testing for all family members, and support disclosure to partners through counselor-assistance when requested; this will ensure that all family members including men, women and children are served. In line with Uganda's HIV/AIDS National Strategic Plan 2007/2008-2011/12, MJAP will extend RTC services to regional referral hospitals (eight regional referral hospitals will have functional RTC programs in FY 2008). All newly diagnosed HIV positive patients in these hospitals will receive a month's supply of cotrimoxazole before referral for follow-up palliative care and treatment. To ensure sustainability, MJAP will support the improvement of existing structures and systems within the facilities. The program will hire additional staff to support care and prevention efforts, provide training for new and existing staff in the clinics (300 health care providers will be trained in the coming year), support logistics management and supplies, 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. The program will also support the improvement of data management/ M&E and reporting to all stakeholders within the districts and MOH. The program has recently developed a strategy

Activity Narrative: for involvement of PHA in aspects of patient care, and training of the PHA has commenced. The strategy also addresses issues of PHA supervision and motivation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8315

Related Activity: 13272, 13274, 13276, 13277,
13278, 13280, 13271, 13275,
13279

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20762 | 4032.20762.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$73,000 |
| 20761 | 4032.20761.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,387,000 |
| 8315 | 4032.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,400,000 |
| 4032 | 4032.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$935,587 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 13 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 68,000 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 300 | False |

Indirect Targets

All newly diagnosed HIV positive patients from the RTC program that receive a month's supply of cotrimoxazole prophylaxis are counselled on adherence to cotrimoxazole irrespective of the clinics they attend after hospitalisation. An estimated 30, 000 PLWHAs may receive care from clinics outside MJAP's reach. Through training of 300 health care providers in palliative care both pre-service and in-service from different health units, more health units will implement palliative basic care service provision.

Target Populations

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4395.08

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources Services Administration

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$370,000

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

AIDSRelief supports a comprehensive continuum of care for HIV infected patients. The palliative care component builds on existing services that have been present in the LPTFs. Services provided will comprise of psychosocial and spiritual support, clinical follow-up, laboratory testing (including CD4), treatment of opportunistic infections and nutrition counseling and education for the 54,813 HIV + patients enrolled in care throughout 23 LPTFs and 37 satellite sites

This program will support a model of clinical preceptorship for service providers with a special emphasis of maximizing the role of nurses, adherence counselors and community workers. Activities will include training of health workers in improved pain and symptom evaluation and control, recognition and appropriate referral for management of opportunistic infections (OIs), and supply of the basic care package (ITNs, safe water, information on cotrimoxazole prophylaxis and prevention for positives). Palliative care will be expanded to include comprehensive training for non medical as well as medical staff to support and maintain care and treatment for all PLWHAs and their home caregivers. A total of 290 health workers and 720 community workers will be trained.

Outreach teams led by a community nurse or a clinical officer are present at the LPTF level. These teams link with community based volunteers, many of whom are PLHAs themselves on treatment, to support patients in their communities. Education on the importance of using ITNs, basic hygiene and good nutrition will be provided at household level and to communities, in addition to specific symptomatic care. The community nurse will provide community based support to the CHWs in the field and also support the decentralization of care which defines a major part of the AIDSRelief palliative care approach.

To strengthen the palliative care package, AIDSRelief will increase the capacity of LPTFs to appropriately evaluate and recognize patients with TB, improve referral linkages and /or treatment for TB and encourage family centered HIV and TB treatment. In addition, the program will link LPTFs to the Ministry of Health to access cotrimoxazole, malaria and TB treatment. LPTFs will also be linked to organizations that provide community based therapeutic feeding programs to support the malnourished

Pediatric palliative care will be strengthened and linked to the OVC program. The OVCs will receive care services at the respective LPTFs. The pervasive effects of HIV infection on families brings enormous stress into such families, repeated bereavements and places the family especially children in high risk situations. The training in pediatric and adult counseling will strengthen LPTF staff capacity to address some of these problems. LPTFs will form support groups which allow opportunities to strengthen knowledge, provide mutual support and promote adherence for children and adults on treatment as well as address the many psychological problems faced.

In addition, AIDSRelief will link with other NGOs such as UNICEF, Better Way Foundation to provide additional psycho-social support which may extend from food supplements to assistance with schooling. All patients attending palliative care services will receive information on prevention of positives. Family centered HIV/AIDS counseling and testing will increase the number of males that attend palliative care services. In FY07, care services were enhanced through commodities obtained through a CDC/PSI partnership to provide a basic health care package (ITNs and safe water). This collaboration will continue in FY08.

Strategic information (SI) is crosscutting in all program areas. Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across project Local Partner Treatment Facilities (LPTFs). AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will carry out site visits to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific TA to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs the roll-out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the

Activity Narrative: data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. Using the new system, it will collect data on various clinical indicators that will enable clinicians shift patients from care to treatment. These indicators will include: WHO stages, BMI, history active TB, previous exposure to ARVs, and risky social behaviors like alcoholism. LPTFs will also be able to track and report on patients accessing the basic care package (ITNs, safe water, Cotrimoxazole) so that this information is linked to prevalence and or incidence of certain OIs, like malaria, and chest infections, and overall patient morbidity trends.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8292

Related Activity: 13261, 13262, 13264, 13265, 13266, 13267, 13268, 13269, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20740 | 4395.20740.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$74,000 |
| 20739 | 4395.20739.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$296,000 |
| 8292 | 4395.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$200,000 |
| 4395 | 4395.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$110,362 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 60 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 54,813 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 1,010 | False |

Indirect Targets

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mukono

Pader

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4419.08

Activity System ID: 13285

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$340,000

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. morphine and chemotherapy for HIV related cancers and management of opportunistic infections (OI) including TB. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007, 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 received management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at Mbuya RO.

TMC's basic health care activities are currently implemented at six sites (TMC, Mbuya Parish church, Kinawataka, Banda, Naggalama hospital, Kyantungo, and Buwama). Activities include prevention and treatment of opportunistic infections (Cotrimoxazole provision, safe water, and provision of long lasting insecticide treated bed nets for malaria prevention), training of health care providers in basic health care provision, nutritional education and supplementation, regular follow-up for care and ART eligibility assessment on a monthly basis etc. End of life care and pain control are provided. By the end of FY 2006 9,674 individuals were in active care 4220 at TMC, 3084 RO, and 2,370 at Naggalama and Buwama. 588 clients attended client workshops and 387 care providers attended courses focusing on palliative care for HIV infected individuals. A cumulative total of 11,198 mosquito nets have been distributed at TMC. By March 2008, the total number receiving basic health care is expected to be over 10,000 from seven districts. Voluntary Counselling and Testing (VCT) has been extended to the public and TMC continues to receive referrals from other facilities. All clients are offered the basic care package (BCP) and are regularly screened for ART eligibility using national and international guidelines. Training for all cadres of health care providers in basic health care is ongoing. Training in palliative care is carried out in collaboration with Hospice Africa Uganda. Trainees come from various clinics, both rural and urban, and from Government and NGO programmes.

During FY 2008 TMC will continue providing services and providing training activities at six sites. In FY 2008, 14,500 patients will receive basic health care and support; of these 7,000 will be at TMC, 3,500 at the satellite clinics, and 4,000 at RO. The funds for this programme area will finance the purchase of drugs for management and prevention of OIs, along with symptom control and pain management. TMC will train 1500 individuals through formal courses and clinical placements. TMC will also work in collaboration with PSI to make the basic care kit (including two mosquito nets, safe water vessel, water guard, and condoms) available to patients. Through a pilot intervention, TMC will screen an estimated 500 women at risk of cervical cancer, using the PAP smears, and will send all smears to a pathology/cytology laboratory in Kampala.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8338

Related Activity: 13283, 13284, 13286, 13287,
13288, 13289, 13290, 13291,
13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20796 | 4419.20796.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$136,000 |
| 20795 | 4419.20795.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$204,000 |
| 8338 | 4419.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$280,000 |
| 4419 | 4419.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$172,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | 10 | False |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | 14,500 | False |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 1,500 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala
Luwero
Mityana
Mpigi
Mukono
Wakiso

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4404.08

Planned Funds: \$331,625

Activity System ID: 13296

Activity Narrative: In FY08 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

Basic palliative health care initiatives will include further development of policy and technical guidelines for home-based care (HBC), including the provision of end of life care, cotrimoxazole prophylaxis among HIV infected people, STI syndromic management in HIV+ individuals and nutrition education for people living with HIV/AIDS (PHA). Basic health care will be addressed as an essential component of the continuum of services from prevention through diagnosis and treatment to ensure a holistic package for all HIV+ persons. Training for health care providers and capacity building at the district-level will enhance the provision of home based care services to PHAs, the treatment of STIs in HIV+ persons, nutrition education for HIV-affected families, and integration of TB/HIV services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8343

Related Activity: 13293, 13294, 13295, 13297, 13298, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21232 | 4404.21232.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$132,650 |
| 21231 | 4404.21231.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$198,975 |
| 8343 | 4404.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$331,625 |
| 4404 | 4404.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$276,354 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV) | N/A | True |
| 6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) | 150 | False |

Indirect Targets

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$9,473,564

| | |
|---|-----|
| Estimated PEPFAR contribution in dollars | \$0 |
| Estimated local PPP contribution in dollars | \$0 |
| Estimated PEPFAR dollars spent on food | \$0 |
| Estimation of other dollars leveraged in FY 2008 for food | \$0 |

Program Area Context:

Country Context. In Uganda, the annual incidence rate of tuberculosis (TB) is 158 per 100,000, the TB mortality rate is 6%, and the estimated annual risk of infection is 3%. According to the 2007 WHO Global TB Control Report, TB case notifications in Uganda have stabilized, a welcome finding attributed to the steady decline in HIV prevalence during the previous decade. Despite this good news, TB case detection rates remain far below the WHO/IUATLD (International Union Against TB and Lung Diseases) target of 70%. Although TB treatment success is estimated to be 73%, it also remains well below the WHO/IUATLD target of 85%. TB treatment outcomes remain poorly documented, with only 31% of treated pulmonary TB patients having a record of sputum smear conversion. Overall, too many newly diagnosed TB patients die during drug treatment, while others default treatment or are lost to follow up. On the other hand, efforts to establish linkages between TB and HIV/AIDS care and treatment programs are improving. In 2006, there were 41,792 TB case notifications and of whom 30% received HIV counseling and Testing (HCT). Among those who were tested, 51% were co-infected with HIV. In Uganda, as in most of sub-Saharan Africa, TB remains the leading but most preventable cause of morbidity and mortality among People Living with HIV/AIDS (PLHIV).

Focus Areas. The USG team in Uganda recognizes that the integration of TB/HIV activities provides a vital contribution to achieving the Emergency Plan's treatment and prevention targets, and to improving Uganda's TB indicators. This, coupled with the emergence of extremely drug resistant TB (XDR-TB) among PLHIV, USG will focus on six key areas in FY08.

1. Support the National TB/HIV Coordination Committee (NCC) and district-level TB/HIV Coordination in their efforts to integrate TB and HIV program services across all 80 districts.
2. Assist the rapid scale-up of routine HCT services for suspected and confirmed TB patients, and link those who are co-infected to HIV/AIDS care and treatment services.
3. Strengthen routine TB screening among HIV-infected clients; among those who are co-infected, provide cotrimoxazole

chemoprophylaxis and directly-observed anti-TB treatment; provide adherence counseling for clients eligible to receive antiretroviral drug treatment (ART); and provide screening and treatment for sexually transmitted infections (STI).

4. Implement simple, low-tech TB infection control measures in health facilities to prevent TB transmission among PHA and health care workers.

5. Increase the availability and quality of TB and HIV diagnostic services by strengthening laboratory systems in facility, regional, and national referral levels with an emphasis on laboratory infrastructure, human resources, commodities, support supervision and quality assurance, timely diagnosis of sputum smear negative cases, and infection control.

6. Support coordination between CB-DOTS programs and ART programs to ensure that TB/HIV co-infected patients who are eligible receive ART.

Other Donor Support and Leveraging. At the national level, PEPFAR funding complements other sources of TB funding from WHO, the Global Fund for AIDS, TB and Malaria (GFATM), the German Leprosy and TB Relief Association, the International Union Against TB and Lung Diseases (IUATLD), and the Italian Cooperation. At the district level, PEPFAR funding is leveraging non-PEPFAR USAID funding for expansion of CB-DOTS in 50 districts. These non-PEPFAR funds provide district level support of CB-DOTS supervisors to oversee linkages between community- and facility-based care, and between TB and HIV activities.

Barriers. The Ugandan TB/HIV policy guidelines and the TB/HIV communication strategy were launched in 2006. Over the past year, significant progress has been made in improving the collaboration between HIV and TB activities. An integrated management approach for TB/HIV employs a decentralized service delivery and referral system. However, a number of gaps and challenges hamper effective TB/HIV collaboration, including poor dissemination of TB/HIV policy guidelines to districts and facilities. Frequent stock outs of HIV test kits have slowed HCT for TB-registered patients. Due to lack of timely disbursement of GFATM funding, activities such as laboratory diagnosis, training, and support supervision have suffered, affecting the overall performance of the National TB and Leprosy Program (NTP). Other significant constraints include under-reporting of TB/HIV indicators, and lack of guidelines to address Multi Drug Resistant- and XDR-TB.

USG Support of National, District, and Facility-level TB/HIV Integration. USG support for integration of TB/HIV activities has been in three (3) primary areas: a) enhancing the working relationships between NTP and the AIDS Control Program (ACP); b) assisting the National Coordination Committee to develop National Program implementation plans; and c) providing supervisory and technical support at district and facility levels. At the district level, USG continues to help establish and support district level TB/HIV Coordination, to ensure that integration activities are incorporated into district health plans. In over 50 health care facilities, USG provides support supervision, and assistance in developing Infection Control Committees to ensure that infection control procedures are in place to reduce TB transmission.

PHAs and Referrals. Coordination mechanisms have been set up at the district level to facilitate experienced TB/HIV co-infected patients to serve as peers in their communities. Through programs that build capacity of PHA groups and networks, USG supports linkages and referrals between facility- and community-based TB care. PHAs are trained to act as network support agents and link health facilities with communities, provide adherence counseling and support, and facilitate referrals between TB and HIV care and treatment services.

HIV and TB Testing and Screening. In FY08, the USG will continue to support expansion of integrated TB/HIV programs in regional referral hospitals and district health facilities. The goals are to provide HIV counseling and testing for TB patients, and to enhance TB screening among HIV positive clients. USG promotes increased routine TB screening of all identified HIV-infected clients seeking services, and supports training of health care workers to accurately perform routine diagnostics. Similarly, health care workers are trained and supported to conduct HIV rapid testing among both suspected and laboratory-confirmed TB patients. At rural health centers, nursing assistants are being trained as microscopists and nurses receive training in rapid HIV-testing. With USG support, modified TB registers have been developed to capture data on HCT, and on the provision of cotrimoxazole and ARVs to TB/HIV co-infected patients; these registers are now in use at the district level. Pediatric HIV programs will be supported to provide TB screening and referral/linkages to treatment. National programs will be assisted to develop guidelines for screening, diagnosis and treatment of TB in HIV-infected children.

FY08 Laboratory and Diagnostic Support. USG will strengthen and support the Central Public Health Laboratory (CPHL) to roll out a training package for microscopists, and to establish an external quality assurance program for sputum smear microscopy including periodic proficiency testing. In FY08, in collaboration with NTP, CPHL and local governments, USG will identify sites and renovate and/or build laboratory infrastructure required for routine TB and HIV diagnostic testing at 30 lower level health centers (HCIIIs and IVs). USG will also procure TB-diagnostic kits from the Global Drug Facility (GDF) for distribution to rural health clinics. Five selected regional hospitals will serve as pilot sites for the introduction of the Microscopic Observation for Detection and Susceptibility (MODS) Test for diagnosis of pulmonary TB. National external quality assurance of TB microscopy and diagnosis has been expanded to include eight (8) of the nine (9) zones in the country

USG will continue supporting CPHL and the National TB Reference Laboratory to develop their capacity for drug sensitivity testing and for conducting surveillance of drug-resistant TB. Surveillance will be enhanced through a specimen referral system and expansion of TB culture facilities to two (2) additional regional labs. Second-line drug susceptibility testing and rapid MDR-TB screening tests will be introduced to support the DOTS-plus programs. Assistance will be given to NTP to conduct a national TB drug resistance survey; results from this will provide data to inform the development of national policy guidelines for the management and prevention of MDR-TB.

Treatment and Prophylaxis. In FY08, USG will continue to provide technical support to NTP and ACP to explore innovative ways of reducing barriers to the provision of isoniazid prophylactic therapy (IPT) for HIV-infected patients with latent TB. At present, the MOH does not recommend implementation of IPT due to the manpower shortages, incomplete case detection rates, and lack of quality assurance for laboratory diagnosis of TB. USG will also support increased focus on ensuring that TB/HIV co-infected patients are regularly screened for ART eligibility. Provision of palliative care to co-infected patients will also be enhanced.

Program Area Downstream Targets:

| | |
|--|-------|
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 589 |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 36939 |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 4846 |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 54681 |

Custom Targets:**Table 3.3.07: Activities by Funding Mechanism****Mechanism ID:** 1298.08**Prime Partner:** Mildmay International**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 8619.08**Activity System ID:** 13286**Mechanism:** HIV/AIDS Project**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Palliative Care: TB/HIV**Program Area Code:** 07**Planned Funds:** \$250,000

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 received management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at RO.

TB/HIV activities implemented by TMC and RO, include regular TB screening for all HIV infected patients attending the operational, provision of ARVs for co-infected patients according the MOH guidelines, ensuring adherence for both TB and HIV through the use of treatment supporters and community DOTS, monthly follow-up of patients, and tracking of those lost to follow-up. TB screening is carried out through history taking, sputum smears, radiological examinations, and abdominal ultrasound examinations. Co-infected patients with a CD4 of less than 200 are counselled and initiated on ART, while those with CD4 counts in the range 200 to 350 and those not eligible for ART are reassessed after three months. TB medications and diagnostic reagents are available on site through the MOH National TB and Leprosy Program (NtLP). All TB patients are reviewed monthly and sputum collection and examination is emphasised and testing is done on site. Like all other HIV care services, TB services are provided free of charge to all patients at TMC and RO plus the outreach clinic sites at Naggalama, Buwama and Mityana. Patients are screened for active TB using sputum smears, radiology, and ultrasound techniques. Most TB medications are provided free of charge by the NtLP which also provides support supervision for all the sites. 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). These volunteers reside in the same community and support adherence to both ART and TB treatment while ensuring follow-up. By March 2007, TMC had performed TB tests on over 1,621 patients and treated 344 for TB. In the same period RO screened 718 patients for TB, of whom 299 were treated for TB. TMC has a TB officer who manages the TB registers and links patients to community-based support and arranges the patient visits as well as monitoring adherence to TB drugs. The TB officer also ensures that contact tracing is done and arranges the ordering of TB cultures for patients who are being treated for the second time. Training in TB management is also incorporated in the short courses being run.

In FY 2008, all TB services will continue at all six TMC supported sites. The funds under this programme area will be used to procure any drugs plus laboratory and X-ray supplies for TB care, which are not provided by the NtLP. Other expenses include human resources, training and the operational costs of contact tracing and follow up to ensure TB treatment adherence and completion. It is expected that TMC will

Activity Narrative: screen 1,300 patients and RO will screen 1,200 patients for TB. TMC expects to start 450 patients on TB treatment (TMC 300 and RO 150). The funding will also support data management and M&E activities. TMC plans to train 50 health workers in TB/HIV. All patients who are being retreated for TB will have TB cultures to ascertain that they do not have drug resistant TB.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8619

Related Activity: 13283, 13284, 13285, 13287, 13288, 13289, 13290, 13291, 13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20797 | 8619.20797.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$247,467 |
| 8619 | 8619.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$167,587 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 6 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 600 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 150 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 600 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala

Luwero

Mityana

Mpigi

Mukono

Wakiso

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4396.08

Activity System ID: 13264

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$100,000

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

AIDSRelief will strengthen the diagnosis and treatment of 3,837 HIV+ patients who may also be co-infected with TB throughout its 23 LPTFs and 37 satellite sites. The program will increase the capacity of LPTFs to appropriately evaluate and recognize patients with TB. It will incorporate routine opt out counseling and testing for HIV within TB treatment facilities, systematic referral for TB screening within HIV testing facilities and systematic TB screening within HIV care and treatment facilities. The program will target implementing a family centered approach to both HIV testing and TB screening. All HIV+ patients will be evaluated and symptomatic patients will be followed up for TB; family members of TB patients will also be encouraged to be screened for TB. HIV prevention messages will be part of the counseling and testing sessions for TB patients. All patients diagnosed with TB will also be given information on avoidance of high risk behaviors and secondary prevention. All patients diagnosed will be treated for TB.

LPTFs' laboratory infrastructure will be strengthened to assure safe and quality processing of TB samples. TB drugs and supplies for basic laboratory investigations are already supported by the Ministry of Health (MOH) through the National TB and Leprosy Program. Hence, AIDSRelief will continue linking LPTFs to MOH's supply system. Referral linkages within the LPTFs and between LPTF and satellite sites for TB patients will be improved. HIV + patients who need palliative care will be referred to HIV/AIDS clinics in their respective LPTFs or clinics of their choice. These patients will be treated for other opportunistic infections and also receive the palliative basic care package through the CDC/PSI program.

On-going training of medical and clinical officers in TB X-ray interpretation and clinical mentorship on TB diagnosis and care will be provided. AIDSRelief will also offer training to community health nurses and volunteers on how to recognize TB signs and symptoms. Provider initiated opt-out HIV testing will be promoted in patients attending TB clinics at the LPTFs. A total of 290 clinical officers, nurses and counselors and 720 community volunteers will be trained. In addition, AIDSRelief will encourage LPTFs to coordinate with the MOH's District health department to train health workers in TB/HIV.

AIDSRelief will follow the Government of Uganda policy guidelines on TB/HIV integration and TB/HIV communication strategy. The program will also get guidance from the AIDS Control Program and the MOH on the interpretation of policies and guidelines for TB/HIV collaboration.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across project LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will carry out site visits to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. The use of IQCare will enable LPTFs track TB patients who are counseled, tested, and receive their HIV results and HIV + patients screened for TB. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. It will ensure that different data systems at health facilities are harmonized for effective and efficient reporting.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to

Activity Narrative: support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8293

Related Activity: 13261, 13262, 13263, 13265,
13266, 13267, 13268, 13269,
13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20741 | 4396.20741.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$98,987 |
| 8293 | 4396.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$30,000 |
| 4396 | 4396.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$13,625 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 60 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 3,837 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 1,010 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 4,704 | False |

Indirect Targets

We as PEPFAR Uganda are not encouraging our IPs to submit Indirect Targets.

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bushenyi
Gulu
Jinja
Kampala
Kasese
Kitgum
Masaka
Mukono
Pader
Kabarole
Amolatar
Busia
Kalangala
Kaliro
Luwero
Mityana
Mpigi

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4034.08

Activity System ID: 13274

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$500,000

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP supports a TB screening program, which is aimed at augmenting TB diagnosis in Mulago and Mbarara hospital wards and the specialized HIV/AIDS clinics. TB and HIV service integration happens at several levels 1) integration of TB screening and RTC on the wards/clinics, where patients are offered both HIV testing and screening for TB, 2) RTC in the TB wards and clinics, 3) enhanced TB screening in all the supported HIV clinics, and 4) provision of both TB and HIV care and treatment for patients who are co-infected with TB and HIV. Implementation of the TB screening and treatment services is done in collaboration with MOH-NTLP. The MOH-NTLP supplies free TB medications, some laboratory equipment and reagents; the HIV clinics dispense TB medications supplied by MOH-NTLP, monitor patients, and report regularly to MOH-NTLP. Since February 2005, over 20,000 individuals have been screened for TB and more than 2,000 sputum positive patients identified and linked to care. Additionally, more than 1,500 patients have received TB and HIV treatment in the HIV care centers. The program 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, assessment for ART eligibility, 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 700 adult TB-HIV patients since September 2005, 52% of who also received ART (children receive care from PIDC and the Mbarara pediatric HIV clinic). The program is also currently setting up an integrated TB-HIV clinic in Mbarara hospital. TB treatment has been integrated into all the other care and treatment sites, with a dedicated day for treatment of co-infected patients in each site. Integrated TB-HIV diagnosis has been extended to three regional referral hospitals in FY 2007.

In FY08 (April 2008 to March 2009), 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 2 additional MOH regional referral hospitals. It is expected that integrated TB/HIV activities will be replicated at five regional referral hospitals in collaboration with MOH and NTLP. This funding will support TB screening in 21 sites (Mulago and Mbarara hospital wards, five regional referral hospitals, and all the 14 MJAP supported HIV clinics); 14 sites will provide integrated care and treatment while seven will provide integrated diagnosis with referral to existing care and treatment facilities. The aim is to screen 25,000 patients for TB and provide TB-HIV care to 2,000 TB-HIV co-infected patients in the coming year. To ensure sustainability, MJAP will continue to support the improvement of existing structures and systems within the facilities. The program will hire additional staff to support the TB-HIV integration efforts, provide training for new and existing staff in the clinics (400 health care providers will be trained in the coming year), support logistics management and supplies, quality assurance and support supervision, and enhance the existing referral systems between the diagnosis and the care and treatment sites. The program will also support the improvement of data management/M&E and reporting to all stakeholders within the districts, zonal supervision offices and MOH-NTLP. Although implementation will happen in the regional and national referral hospitals, health providers in the lower level health centers (including CB-DOTS providers) will also be trained, to enhance TB-HIV care and CB-DOTS. The laboratory personnel at the regional referral hospitals will be trained and supported to provide support supervision for the lower level laboratories (an area within their mandate but currently not fully implemented). 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8317

Related Activity: 13272, 13276, 13277, 13278,
13279, 13280, 13271, 13273,
13275

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20763 | 4034.20763.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,385,818 |
| 8317 | 4034.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$500,000 |
| 4034 | 4034.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$361,409 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 13 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 2,000 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 200 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 400 | False |

Indirect Targets

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of Medicine

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9757.08

Activity System ID: 13275

Mechanism: Mulago-Mbarara Teaching Hospitals - MJAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,400,000

Activity Narrative: Makerere University Faculty of Medicine is expanding TB/HIV integration. The program, Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP), implements HIV/AIDS services in Uganda's 2 major teaching hospitals at Mulago & Mbarara & their catchment areas in close collaboration with MOH national programs. MJAP also collaborates with NTLP & leverages resources from GFATM. It provides comprehensive HIV/AIDS services including: hospital-based RTC; palliative HIV/AIDS care; integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients; ART & HIV PEP; family based care (FBC) including OVC services, home-based HIV testing & prevention activities (HBHCT); capacity building for HIV prevention & care through training HCWs, lab strengthening, & establishment of satellite HIV clinics. The hospitals are public referral institutions with a mandate of training, service-provision & research. Approximately 60% of medical admissions are due to HIV infection & related complications. MJAP works closely with IDI, an independent institute within the Faculty of Medicine & has a mission to build capacity for delivering sustainable, high-quality HIV/AIDS care, treatment & prevention in Africa through training & research. PHAs receive free clinical care including ART at the Adult Infectious Diseases Clinic (AIDC); MJAP supports HIV care & treatment at Mbarara ISS clinic & AIDC. In FY05/FY06 MJAP opened 8 satellite clinics: Mulago Hospital ISS clinic, Kawempe, Naguru, Kiswa, Kiruddu (under Kampala City Council – KCC), Mbarara Municipality Clinic (under Mbarara Municipal Council), Bwizibwera HCIV (under MOH/Mbarara local government), & Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. Satellite clinic activities are conducted with other partners. MJAP integrated TB services into its HIV testing & care programs in 2005 & expanded these services to regional referral hospitals starting with Jinja. TB/HIV integrated services include diagnosis of TB & HIV infections among in- & out-patients in general wards & clinics through integrated routine HCT & TB diagnosis, enhanced TB screening for HIV positive patients in care including those on ART, HIV testing for hospitalized TB patients on anti TB treatment, & linkage of infected patients to existing care & treatment services. TB screening is conducted at several levels beginning with clinical evaluation. The main diagnostic tool is sputum smear microscopy, CXR for those who have no cough & biopsies for the extra pulmonary TB. MOH, NTLP & MJAP reviewed existing materials on HIV & TB care & developed training materials for HCWs in delivery of integrated TB-HIV diagnosis, care & treatment. MOH & MJAP assessed the existing TB-HIV services at Jinja hospital to identify strengths & gaps. Gaps were identified in: number of clinical personnel in medical units, lab equipment & supplies for TB/HIV testing & treatment monitoring, logistics management system, data management system, the hospital community health department which is responsible for monitoring TB treatment & care, referral & follow-up, & skills in TB-HIV collaborative activities. Gaps were addressed through: development of TB-HIV training materials & training of staff in various aspects of TB-HIV diagnosis, procurement of lab equipments/supplies, training in logistics management, development of data tools, databases & procurement of computers to enhance data management, M&E/reporting. Since December 2006, the program has provided HIV counseling and testing to over 3952 patients, 768 of whom tested positive. 741 patients with TB symptoms were screened including sputum smears, 125 were found to have smear-positive TB. 178 patients were co-infected and are receiving treatment in the Jinja hospital clinic. Scale-up of service delivery has just started because the focus was on training & improving systems & infrastructure. In FY08 MJAP will consolidate & strengthen existing TB-HIV services in Jinja Hospital to include care & treatment for patients with both TB & HIV. MJAP will also expand integrated activities to 2 additional hospitals (Hoima & a third hospital to be identified in consultation with MOH). The 2 hospitals will be supported to develop TB infection control plans & to implement procedures e.g. establishment of infection control committees, early recognition of suspects, education on cough hygiene, provision of protectives such as masks, tissues & contact tracing for all patients with TB disease seen in the hospital. To ensure sustainability, MJAP will continue to support improvement of existing structures & systems within the hospitals. Additional staff will be hired to support data management, M&E, reporting, integrated TB-HIV services, training staff (200 HCWs will be trained in coming year), support logistics management & supplies, quality assurance & support supervision, & enhance the existing referral systems between the regional referral hospitals & lower level health facilities, & linkage to care for newly diagnosed TB-HIV patients. Reporting to MOH & all stakeholders within the districts will improve. MJAP has recently developed a strategy for involvement of PHAs in patient care, & training has commenced. The strategy addresses issues of PHA supervision & motivation. MJAP will support regional referral hospitals to enhance support supervision for lower level units. IPT activities will be piloted in Mulago HIV/AIDS clinic & scaled up sites after an assessment of several parameters including patient follow-up, monitoring, adherence rates & support mechanisms, & side effects to INH. Patients with latent infection of mycobacterium TB & HIV-infected patients will receive IPT according to WHO & MOH/NTLP guidelines. MJAP will develop/update current guidelines for provision of IPT & IEC materials for patient education; the data management system will be finalized, HCWs will be trained in the provision of IPT. NTRL, which is a sub partner, supports NTLP to achieve its aim of TB case finding & management by supporting sputum smear microscopy services country wide. NTRL's provides training, supervision & QA with an emphasis on EQA as a priority to the district labs & NGOs supporting CB-DOTS programs & providing reference support to the districts in the diagnosis & monitoring of extremely difficult cases, as well as support for national TB drug resistance surveillance. NTRL aims at strengthening & intensifying TB screening in HIV/AIDS infected patients & encourages HIV screening to TB patients. Realization of these goals depends on nationwide coverage of an EQA system at HIV prevention, care, & treatment sites as well as training & re-training in basic TB diagnostic procedures & establishing a system that encourages & provides all TB patients with access to HIV screening. NTRL expects TB/HIV collaborative activities will lead to increased detection & treatment of TB among PLHAs. In addition, an increased number of TB patients will have their HIV status established. The burden of TB/HIV co-infection will be reduced by providing quality AFB smear diagnostic services. These services will be achieved through implementation of an EQA scheme & targeted supportive supervision as well as refresher trainings which will be conducted at NTRL's newly equipped training lab. The improvement of human resource development in qualitative & quantitative aspects will improve accessibility to TB diagnostics services for patients with HIV/AIDS. FY07 achievements include the introduction of EQA in Western & Northern Zones & strengthening of EQA in Kampala, South Western, South Eastern, Central, Eastern & North Western Zones through re-visiting of areas with inadequate performance e.g. slides not collected or technical problems, provision of feedback reports to DTLS for further encouragement to continue collecting slides & addressing administrative problems concerning forwarding of slides & transmitting feedback reports; protocol to establish a system of sample transport as well as piloting drug surveillance has been completed & purchasing of sample carrier boxes is in process. Rehabilitation of the training lab, offices & wash up was completed; plans for rehabilitation of the TB culture lab have been approved; 2 laptop computers, 248 EQA slide boxes, 1 refrigerator, 1 Water distiller, 40 chairs & stools for the training room & 1 media hood were purchased. A MGIT culture system will be purchased. 4363 TB tests were performed, 2095 TB cultures were done, 2018 fluorescent slides were read & 250 susceptibility tests were made; 320 slides for EQA activities were read & 205 feedback reports were

Activity Narrative: written & sent back to districts for targeted support supervision; 160 people were trained in TB/HIV activities & 200 TB/HIV diagnostic units districts were supervised. Due to improvements made, NTRL has been nominated to become a supra national reference lab in the region. FY08 will focus on further strengthening the EQA System by increased problem-oriented supervision as well as training of lab staff & consolidation in the poorly performing areas. District & regional labs will be strengthened to sustain the EQA System. 100 lab staff will be trained & DFLPs will carry out support & problem-oriented supervision. A lab coordinator will be hired to oversee the daily activities, prepare, submit & follow up EQA reports to peripheral labs, compile budgets & prepare quarterly reports. A data manager will also be hired. NTRL will also focus on better patient care for HIV/AIDS patients through purchase & use of more sensitive fluorescent (LED) microscopes for busy HIV/AIDS care centers, identifying possible MDR through a specimen referral system & expansion of TB culture facilities to 2 other labs. Second line drug susceptibility testing as well as rapid MDR-TB screening tests will be introduced to support the DOTS-plus programs. Support training for roll-out of national TB specimen referral system with Uganda Central Public Health Laboratory.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9757

Related Activity: 13271, 13272, 13273, 13274,
13276, 13277, 13278, 13279,
13280, 16902

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--|---------------|
| 9757 | | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$850,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 16902 | 16902.08 | 7290 | 5793.08 | Technical Assistance for National and District Laboratories Construction and Renovations | Regional Procurement Support Office/Frankfurt | \$270,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 3 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 300 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 240 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 375 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5737.08

Prime Partner: The AIDS Support Organization

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4058.08

Activity System ID: 13227

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$600,000

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8362

Related Activity: 17058, 13226, 13228, 13229, 13230, 17055

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------------|---------------------|--------------|---|---------------|
| 20877 | 4058.20877.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$593,922 |
| 8362 | 4058.07 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 5737 | 5737.07 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$525,000 |
| 4058 | 4058.06 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 3188 | 693.06 | TASO CDC | \$465,249 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 50 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 2,600 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 380 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8670.08

Prime Partner: Kalangala District Health Office

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9443.08

Activity System ID: 13224

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$80,000

Activity Narrative: Kalangala District, located in Central Uganda is comprised of one large island and several smaller islands in Lake Victoria. Kalangala's unique geographical location has resulted in limited health and human services to this marginalized population of 36,661 (2002 Census). The district is served by only nine health units: two Health Centre (HC) IVs, four HC IIIs and three HC IIs. There is no hospital located within the district. Referrals for patients with complicated health problems are made to the mainland Masaka Regional Referral Hospital which is 50 kilometers from the main island.

Results from the 2005 Uganda National Health and Behavioral Survey (USHBS) demonstrate that the central region, in which Kalangala is located, has the highest HIV prevalence in the country, reported at 8.5%. The secondary analysis of the USHBS central region data indicate that Kalangala District, has a prevalence of 27% which is approximately five times the national average, thus this population of fishermen and their families have been identified as a very-high risk group. Because of their mobility, fishing communities are often among the highest risk groups with susceptibility to HIV stemming from the complex interactions of occupational mobility, large amounts of time spent away from home, easy access to cash income, and the easy availability of commercial sex in fishing ports. All of these factors are exacerbated by the fishermen subculture of risk-taking and hyper-masculinity. In addition, the fishing landing sites are perceived to be a greater source of economic potential than village environments. Because fish, the main source of income is a natural resource, it is believed that fishermen can spend their money unsparingly, knowing they will have access to more cash the next day. Finally, it is believed that life at the landing sites is 'anonymous' as many fisherman who have lost their spouses to HIV/AIDS seek refuge in these areas and frequently engage in high-risk sexual activities resulting in the continued spread of HIV and resulting in the high prevalence.

With FY 2007 funding, a program to support the initiation of door-to-door HIV Counseling and Testing (HCT) targeting all eligible family members will be initiated. The project will also ensure that all HIV positive patients are referred to chronic care clinics where TB screening is routinely done. This program will support efforts that provide cross-referral and integrated diagnosis, treatment, and support services for TB and HIV in targeted health facilities in Kalangala. HIV+ patients will be actively screened and treated for TB at initial diagnosis and during follow up at chronic care clinics. HIV counseling and testing will be offered to all patients in the TB clinics. In addition, opportunities will be explored to counsel TB patients under the DOTS program about the importance of HIV testing and treatment adherence for ARVs. In collaboration with the PEPFAR laboratory strengthening initiative, this project will contribute to the functionality of health facilities' laboratory capacity for TB and HIV including an assessment of laboratory capacities at targeted 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 an 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 supply-chain, availability of operating procedures and protocols for laboratory management and performance, and the level of resources allocated to laboratory performance by district planning committees. From the assessment, a plan to address the gaps identified will be developed according to MOH guidelines and implemented in collaboration with the National TB and Leprosy Program. Finally in working with the district education and communication (IEC) teams, the program will provide support for a communications campaign aimed at increasing TB-DOTS and ART literacy in target health facilities and the surrounding communities. Health facility staff will be supported in data management and analysis to enable them to better monitor adherence to relevant treatment regimes and to track progress in the performance of their activities. The Kalangala District Directorate of Health Services will ensure a constant supply of TB drugs, septrin and ARVs to TB/HIV co-infected patients. Support supervision and on-job training will strengthen TB/HIV integrated services.

In FY 2008, the program will continue to work to implement TB activities for HIV+ individuals in the district and to complete the laboratory capacity assessment in all target health facilities in the district. Upon the conclusion of the assessment, the program will then work to develop and implement the support plan to strengthen the capacity of the laboratory. The program will also continue work on a communication strategy to increase knowledge about TB-DOTS and ART adherence. Training of health facility staff on the treatment of TB in HIV+ individuals will continue.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9443

Related Activity: 13221, 13222, 13223, 13225

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|---|---------------|
| 20754 | 9443.20754.09 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 9125 | 8670.09 | Provision of Full Access Home-based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities | \$79,190 |
| 9443 | 9443.07 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 8792 | 8792.07 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------------------------|---------------|
| 13221 | 9456.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13222 | 9458.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$70,000 |
| 13223 | 9434.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$286,000 |
| 13225 | 9429.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 12 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 112 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 80 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 112 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kalangala

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 4018.08

Planned Funds: \$15,000

Activity System ID: 13235

Activity Narrative: 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 HIV 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.

HIV/TB activities will include screening for TB, active investigation of individuals suspected to have TB using sputum examination, hematology and radiological investigations. Individuals that are found to be co-infected with TB and HIV will be managed according to the National ART guidelines. Initiatives to ensure adherence to treatment, minimizing drug interactions and toxicity will be implemented. Linkages with the National TB and Leprosy program (NTLP) for TB medications, the national ART program for ARV, and the national HCT program will ensure HIV testing of all TB patients is available, ARV services are available for TB patients, and TB medications are available. The existing HIV care clinics will also provide regular TB screening for HIV infected individuals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8323

Related Activity: 13231, 13232, 13233, 13234, 13236, 13237, 13238, 13239, 13240, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21219 | 4018.21219.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$14,848 |
| 8323 | 4018.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$14,450 |
| 4018 | 4018.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$14,450 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|----------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
|-------|----------|------|---------|---|---|----------|

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 16 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 80 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 3 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5246.08

Mechanism: Tuberculosis/HIV Intergration Activities

Prime Partner: AIDS Information Centre

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 8366.08

Planned Funds: \$600,000

Activity System ID: 13256

Activity Narrative: This activity contributes to the Uganda National HIV care and support goal of improving the quality of life of people living with HIV/AIDS (PHAs). (Uganda's National Strategic Framework on HIV/AIDS).

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990 to provide 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 for the provision of and referral to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, like Tuberculosis, PMTCT and ART services as well as other care and support services.

TB and HIV are two diseases that make each other worse implying the need to scale up on HIV-TB integration. Mycobacterium tuberculosis infects a third of the world's population. Uganda is one of the world's 22 TB high-burden countries, and it is an estimated trend in incidence rate of 2.2% per year and an incidence of 175 smear positive TB cases per 100,000 people per year [WHO, 2006]. TB is one of the most common causes of morbidity and the leading cause of mortality in people living with HIV/AIDS. HIV is the biggest risk factor for the development of active TB and at present an estimated 50% of TB patients are also co-infected with HIV [MOH-NLTP, 2004]. The provision of latent TB screening and treatment is however not widespread. For those who receive the nine month treatment there is still an increasing number of cases who fail to adhere to the complete treatment requiring follow up. Among the achievements, AIC has registered during FY07 is offering education on TB to 118,302 clients who had come for VCT, prophylactic INH (IPT) to a total of 2,420 clients in its 4 branches of Kampala, Jinja, Mbarara and Mbale. Of these 16 have developed active TB during IPT. The number receiving treatment for active TB was 433, with 67 (15.4%) defaulting and 1 on re-treatment. There has been relative good follow up with education during out-reaches. AIC has had successful external quality control carried out by CDC/UVRI, re-trained 12 laboratory technicians on TB diagnosis and 10 medical counselors on screening, treatment and referral mechanisms for those suspected or have TB disease.. Over all AIC has contributed to policy development on TB/HIV collaborative approach at National fora.

During FY 08, AIC will provide clinical examination, clinical monitoring, laboratory services, treatment and prevention of TB in all the 8 branches. AIC will offer preventive therapy (IPT) to the eligible clients as well as screening and treatment for active TB among the HIV infected clients. During FY 08, AIC will provide IPT to 15,000 clients and active TB treatment to 500 individuals. To improve drug adherence, AIC will implement the DOTS program in all its branches covering 1,000 clients. These clients will also receive treatment for OIs and will be initiated on ART.

In collaboration with selected 24 health facilities, AIC will provide TB diagnostic services for HIV positive clients. Those found to be infected with HIV will be provided with CD4 cell counts and later on referred for ART. All TB suspects and patients in the supported health facilities will be offered HIV counseling and testing. Work practice TB infection control measures will be implemented, involving training of health workers and education of patients on TB infection control.

Training will be offered to staff and volunteers to identify clients suspicious of having TB disease, during out reach visits and refer them to AIC branches and supported sites for screening. A total of 50 service providers will be trained in HIV/TB and ART management.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8366

Related Activity: 13257

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|-------------------------|---------------------|--------------|-----------|---------------|
| 8366 | | HHS/Centers for Disease Control & Prevention | AIDS Information Centre | 5246 | 5246.07 | | \$595,737 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-------------------------|---------------|
| 13257 | 10036.08 | 6426 | 5246.08 | Tuberculosis/HIV Intergration Activities | AIDS Information Centre | \$0 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 8 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 500 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 50 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 1,000 | False |

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 9212.08

Prime Partner: Integrated Community Based Initiatives

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8563.08

Activity System ID: 13251

Mechanism: Integrated Community-based Initiatives

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$80,000

Activity Narrative: This initiative will establish 100% access to confidential home-based HIV counseling and testing services in selected high HIV prevalence districts in the central region of Uganda. The program will ensure that the entire adult population and their family members are offered confidential counseling and testing services in their home-settings as outlined in the national HIV counseling and testing policy guidelines and establish a systematic approach to reach all households using outreach teams comprising counselors, laboratory assistants, and community mobilizers. Following the national rapid testing algorithm, these teams will be trained to work throughout the community, visiting each home to offer confidential counseling and testing services. To ensure the accuracy of this home-based testing a laboratory quality assurance process will be developed in collaboration with the national reference laboratory. A consistent supply chain for essential HIV testing commodities will be established and maintained for sustainability after the end of the project period. In addition, routine program data will be collected to inform program implementation and management, identify gaps in services, and address reporting requirements. The primary goal of this activity is to decrease the burden of TB among PHAs in identified by the HBCT program through integrated TB/HIV interventions.

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. In addition, the program will establish an effective referral system for all HIV positive individuals identified for care and support including TB screening and treatment at the health facilities within the districts. Routine counseling and testing will be offered to all TB patients receiving treatment at the health facilities. TB diagnostic capacity in the district will be built by equipping health facilities, recruitment and training of health personnel. CB-DOTS will be introduced in all sub-counties and supervision by sub-county health workers will be supported.

The program will continue to implement these activities in the region ensuring individuals are offered home based counseling and testing and for those testing positive, a basic care preventive care package as well as effective referral to appropriate health services. The program will also continue to development and implement community support networks as needed for HIV positive individuals and their families in the communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8563

Related Activity: 16731, 16753, 13250, 13252

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--|---------------|
| 13250 | 8297.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$306,000 |
| 13252 | 8296.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$389,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 15 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 400 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 80 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 100 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kiboga

Luwero

Mpigi

Mubende

Nakasongola

Wakiso

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 4382.08

Planned Funds: \$300,000

Activity System ID: 13244

Activity Narrative: 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 FY08 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.

TB screening and treatment services will be provided for HIV-exposed children, newly diagnosed HIV infected children, and existing pediatric patients receiving regular palliative care and/ or antiretroviral therapy (ART). TB screening including a PPD will be performed on all newly diagnosed HIV infected children. Available data suggests a ~16% PPD reactive rate among newly diagnosed HIV infected pediatric patients in the existing clinics. Children with reactive PPD but without evidence of active disease will be provided with isoniazid (INH) preventive treatment (IPT) and followed up closely to ensure adherence and minimize side effects. During the first 100 days of ART, available clinic data revealed that the risk of unmasking TB-IRIS at the Pediatric Infectious Diseases clinic (PIDC) increased 2.7 fold compared to pre-ART (95% CI=2.1 to 2.5; P<.001) and immune reconstitution post-antiretroviral within 6 month of initiating ART occurred in 6.2% (104/1669) of all patients on ART. Children on ART will therefore be closely monitored on a monthly basis and evaluated for development of TB. Children with CD4 counts <200 cells/ul at initiation of ART will have a second PPD placed 6 months later as evidence has shown that such children had a 41% longer time to TB unmasking, implying a longer time was needed for restoration of antigen-specific immunity. Transport reimbursement will be provided to needy clients to return for PPD reading at the clinic (It is estimated that 22% [~555] patients will need such assistance). TB screening will be extended to family members of all PPD reactive children.

Children who are symptomatic for TB will be actively evaluated using clinical assessment, sputum smears, and radiological examination. Children found to have active TB will be treated according to the national guidelines provided by MOH/NLTP for management of TB in children. Anti-TB drugs/ medications will be provided through the National TB and Leprosy Program. At the same time, children will be assessed for ART eligibility using WHO clinical staging and CD4 where available. For those that are co-infected with TB and HIV, ART will be initiated at CD4 <350 in line with the revised National ART guidelines. For patients requiring concurrent administration of anti-TB and antiretroviral therapy, precautions will be taken to minimize toxicity and drug interactions and ensure adherence. For children with TB and HIV who are not yet ART eligible, treatment for TB will be administered and the patient reevaluated at the end of treatment for ART eligibility. All children will receive cotrimoxazole prophylaxis as part of basic palliative basic care and will be followed up regularly. In FY08, palliative TB/HIV care activities will continue at the existing Mulago PIDC and its satellite clinics in Kampala and services will be expanded to reach rural district clinics and health centers to provide TB screening and treatment services. It is estimated that >2500 children will have a PPD performed in FY08. Approximately 16% of those screened with a PPD will be reactive or have symptoms suggestive of TB and will, therefore, have chest x-rays performed. Of the existing 5000 HIV infected children in active follow-up by end of June 2007, plus the patients recruited by March 2008, it is estimated that >336 will require TB treatment.

No less than 360 health professionals will be trained in TB/HIV through this program. Training will strive to enhance the knowledge and expertise of health professionals in diagnosis, care, and treatment of children co-infected with TB/HIV as TB has a significant effect on morbidity, mortality and ARV drug treatment options and outcomes. Appropriate pediatric diagnostic techniques and treatment options/interactions will be emphasized through these training efforts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8285

Related Activity: 13242, 13243, 13245, 13246,
13247, 13248, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20060 | 4382.20060.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$296,961 |
| 8285 | 4382.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$275,000 |
| 4382 | 4382.06 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 3331 | 1186.06 | Pediatric Infectious Disease Clinic | \$46,920 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 8 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 358 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 360 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | N/A | True |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4432.08

Activity System ID: 13338

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$150,000

Activity Narrative: FY 2008 activities will continue to build on and follow the FY07 HBAC 1000 ART clients approximately and 400 HIV-infected household members who were not yet ART eligible. All HIV infected clients and uninfected household members can access acute medical services at home or through the HBAC clinic, including diagnostic and treatment services for TB. In FY07, 11 HIV infected individuals were diagnosed and treated for TB. The first 3 years of the HBAC evaluation was completed and investigators found small, but significant increases in the risk of death or new opportunistic infections among participants who were randomized to receive clinical monitoring without any routine laboratory tests. No significant differences in mortality or new opportunistic infections were found between participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and viral load testing. Dissemination of the 3 year HBAC results occurred through small workshops or seminars conducted with stakeholders in Tororo, Entebbe, and Atlanta and at the HIV implementers meeting in Kigali, Rwanda.

Based on the 3 year results, an amendment to the current protocol has been submitted to continue this PHE for an additional 3 years starting in FY 2008 as a 2-arm trial in order to fully answer the question of the added value of viral load testing, in addition to CD4 cell count monitoring. In addition a new proposal is being developed to evaluate the utility for additional prophylactic treatment against TB and cryptococcal disease which will enroll another 1000 ART patients through the Tororo Field station. We expect that approximately 10 of the existing 1000 ART patients will develop active TB and will be treated through HBAC and 50% of newly enrolled clients will receive isoniazid preventive therapy (IPT) as part of the new evaluation (HBAC2). We expect approximately 30 new cases of active TB to be diagnosed in these 1000 new clients.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8379

Related Activity: 13337, 13339, 13340, 13331, 16085, 16093

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--------------|---------------|
| 8379 | 4432.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$148,239 |
| 4432 | 4432.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$148,239 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13337 | 4431.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$170,000 |
| 13339 | 4433.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$835,412 |
| 13340 | 4434.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$129,599 |
| 13331 | 4821.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$2,400,000 |
| 16093 | 16093.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$349,852 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 1 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 200 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 2 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | N/A | True |

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Busia

Mbale

Tororo

Butaleja

Manafwa

Bugiri

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1255.08

Mechanism: Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals

Prime Partner: Research Triangle International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 8539.08

Planned Funds: \$100,000

Activity System ID: 13315

Activity Narrative: 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. During FY 2007, RTI in partnership with AIDS Healthcare Foundation (AHF) supported the Uganda Ministry of Health (MOH) to provide Routine HIV Counseling and Testing (RCT) and basic care (BC) services to patients in district 16 hospitals and health center (HC) IV facilities in six districts of Kaberamaido, Kasese, Kabarole, Masindi, Mubende and Mpigi. With supplemental funding, two additional districts of Pallisa and Bugiri will be added to the program by the end of FY 2007.

During FY 2007, the project continues to make 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 FY 2008, RTI will expand TB/HIV services to 16 facilities in four new districts. This activity will reach 4,050 individuals with TB/HIV services between 1st October 2008 and 30th September 2009. RTI will support this activity by strengthening capacity of health unit staff to better understand policies and guidelines for integrating TB/HIV interventions. This will lead to better management of TB/HIV co-infected patients, to maximize TB case detection, increase treatment completion rates and ART literacy. TB Infection control measures in HIV care settings will be enhanced through literacy campaigns for patients and staff, triage of symptomatic patients and enhanced TB case-finding. 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-positive individuals 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.

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), current infrastructure (quality of testing tools, and other non-expendable equipment), availability of supplies and expendable equipment (reagents, sputum mugs, 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. In collaboration with the Zonal and District TB and Leprosy supervisors, RTI project staff will work to support the implementation of the existing guidelines for EQA in TB microscopy. Depending on the need, this support will include provision of EQA materials and re-examination of selected samples during technical support supervision. Working with district IEC teams, the program will provide support for a communications campaign aimed at increasing TB case detection, TB treatment adherence 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 in collaboration with district and facility TB and HIV focal persons.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8539

Related Activity: 13312, 13313, 13296, 13316

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20871 | 8539.20871.09 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 9147 | 1255.09 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | \$98,987 |
| 8539 | 8539.07 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 4872 | 1255.07 | Routine Counseling and Testing in Two District Hospitals | \$60,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 13312 | 8540.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$180,000 |
| 13313 | 9636.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13316 | 4045.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$850,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 30 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 3,000 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 600 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 3,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kaberamaido

Kasese

Masindi

Mpigi

Bugiri

Iganga

Kabarole

Kyenjojo

Mityana

Mubende

Pallisa

Sembabule

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4056.08

Prime Partner: TB-CAP

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 6428.08

Activity System ID: 14180

Mechanism: TB/HIV Integration Activity

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,893,564

Activity Narrative: The program for integration of TB and HIV services in Uganda implemented by TB-CAP supports the national TB/HIV collaboration committee (NCC) to roll out the national TB/HIV integration policy. At district level, the program is building the capacity of districts to implement TB/HIV collaborative activities. At facility and community levels the program aims to expand and strengthen the quality of Community-Based-Directly Observed Treatment Short Course (CB-DOTS) and implement infection control strategies.

In FY 2008, TB-CAP will continue to provide support to National Tuberculosis and Leprosy Program (NTLP) and AIDS Control Program under the Ministry of Health (MOH), districts and USG implementing partners to roll out the TB/HIV integration policy. Ten additional districts will be covered in FY2008 bringing the total number of districts supported with TB/HIV integration activities to 30 covering over 90 service outlets.

At national level the program will continue to provide technical and financial support to the National Collaboration Committee on TB/HIV to roll out and monitor the TB/HIV national integration plan. The program will provide technical support to NTLP and ACP to set national targets for number and proportion of TB patients receiving HIV/AIDS Counseling and Testing (HCT) and for those with TB/HIV co-infection, number and proportion receiving cotrimoxazole prophylaxis and anti-retroviral therapy.

In the ten additional districts the program will provide technical support to the Directorate of District Health Services (DDHS) to form TB/HIV integration committees, develop district plans, budgets and implement these plans. The districts will receive support to improve recording and reporting processes and provide regular/quarterly support supervision. 120 health workers at both the DDHS office and 40 service outlets will receive training in TB/HIV integration.

In the 40 service outlets the program will provide financial and technical support to health facilities to form infection control committees and implement infection control procedures. It is estimated that through support to these service outlets 15,000 registered Tuberculosis(TB) patients will receive HIV/AIDS Counseling and Testing services and receive their test results and 10,000 HIV-infected clients attending palliative care services will be screened and treated for TB. All the Tb/HIV co-infected patients will receive cotrimoxazole prophylaxis. All TB/HIV co-infected patients will be screened for eligibility for anti-retroviral therapy.

A total of 60 nursing aides and assistants will be trained as microscopists to increase facility-based capacity for TB-diagnostics. Over 100 health workers will be trained to carry out HIV/AIDS counseling and rapid HIV-testing. External quality assurance for both TB diagnosis and rapid-HIV testing will be implemented at these facilities.

In order to support the expansion of CB-DOTS, the program will provide technical support to the districts TB/HIV focal persons and recruit Project Community and Outreach Officers to do community mobilization and expand CB-DOTS activities, and continue to integrate CB-DOTS with HIV care and treatment programs. The program will engage regional medical officers to mentor district TB and HIV focal persons, CB-DOTS supervisor and the Community Health and Outreach officers in initiating, implementing and monitoring TB/HIV integration activities.

The program will continue to provide technical support to USG HIV/AIDS care and treatment partners to plan, implement and monitor TB/HIV integration activities in five areas namely: infection control, cross-referrals between TB and HIV/AIDS care and treatment programs including PMTCT, initiation of provider-initiated HCT for TB registered patients, TB-diagnostics and external quality assurance for TB and HIV diagnosis.

On improving TB-diagnostic capacity, the program will update the current training package for microscopy, procedures for EQA and proficiency testing for the microscopy. The program will procure over 100 AFB-Kits from Global Drug Facility and distribute to health facilities with limited TB-diagnostic capacity. The program will continue to work with NTLP and ACP to explore opportunities for scaling up Isoniazid Prophylactic Therapy (IPT) for HIV-patients with latent TB. The program will leverage USAID funding for tuberculosis control in Uganda.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9183

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---|---------------------|--------------|-----------------------------|---------------|
| 21779 | 6428.21779.09 | U.S. Agency for International Development | TB-CAP | 9437 | 4056.09 | TB/HIV Integration Activity | \$1,874,382 |
| 9183 | 6428.07 | U.S. Agency for International Development | International Union Against TB and Lung Disease | 5064 | 4056.07 | TB/HIV Integration Activity | \$1,300,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 90 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 10,000 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 200 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 15,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Bukedea
Busia
Hoima
Iganga
Isingiro
Jinja
Kabale
Kabarole
Kaliro
Kampala
Kamuli
Kanungu
Kibale
Kiboga
Kumi
Kyenjojo
Luwero
Manafwa
Masaka
Masindi
Mayuge
Mpigi
Mukono
Nakaseke
Ntungamo
Rakai
Rukungiri
Soroti
Wakiso
Mbale

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3166.08

Prime Partner: International HIV/AIDS Alliance

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4690.08

Activity System ID: 14201

Mechanism: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$400,000

Activity Narrative: In FY 2008, in addition to the 21 districts and over 200 PHA groups and networks covered, the program will support over 100 PHA groups in 7 new districts to integrate tuberculosis (TB) and HIV activities. The PHA Networks program will continue to support the Community-Based-DOTS program to ensure that all People Living with HIV/AIDS (PHAs) access screening services for tuberculosis (TB) and that all those that have TB in the community receive HIV/AIDS Counseling and Testing. Through linkages between facility and Home-and Community-based care, trained PHAs (also known as Network Support Agents) will increase awareness of the community on the close relationship between TB and HIV infections. The Network Support Agents (NSA) will ensure that those with TB/HIV co-infection access health facilities to be assessed for ART eligibility. They will also ensure adherence to both ART and TB treatment.

NSA and the PHA groups will work with CB-DOTS supervisors and health facilities to increase access to cotrimoxazole, diagnosis and treatment of sexually transmitted diseases and the basic care package including HIV/AIDS commodities like long lasting insecticide treated nets, condoms and safe water. The program will setup infection control activities in the community focusing on early and timely diagnosis of both TB and HIV, contact tracing and diagnosis of TB especially among the pediatric age group.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8463

Related Activity: 14200, 14202, 14203, 15634

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------------|---------------------|--------------|---|---------------|
| 24481 | 4690.24481.09 | U.S. Agency for International Development | International HIV/AIDS Alliance | 10471 | 3166.09 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | \$395,948 |
| 8463 | 4690.07 | U.S. Agency for International Development | International HIV/AIDS Alliance | 4851 | 3166.07 | Expanding the role of People Living with HIV/AIDS Networks | \$400,000 |
| 4690 | 4690.06 | U.S. Agency for International Development | International HIV/AIDS Alliance | 3166 | 3166.06 | PHA Network | \$120,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 14200 | 4688.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$640,000 |
| 14202 | 4693.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$250,000 |
| 14203 | 8900.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$200,000 |
| 15634 | 4695.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$1,200,000 |

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | N/A | True |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | N/A | True |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 200 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 5,000 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Budaka
Bugiri
Butaleja
Hoima
Kabale
Kalangala
Kaliro
Kamuli
Katakwi
Kibale
Kumi
Luwero
Manafwa
Masindi
Mayuge
Mbale
Mbarara
Mubende
Mukono
Namutumba
Nebbi
Pallisa
Rukungiri
Yumbe
Iganga
Jinja
Kasese
Kayunga

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4961.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8995.08

Activity System ID: 14232

Mechanism: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$260,000

Activity Narrative: The Supply Chain Management System (SCMS) was established to strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV and AIDS. In collaboration with in-country and international partners, SCMS works toward deploying innovative solutions to assist programs to enhance their supply chain capacity; ensuring that accurate supply chain information is collected, shared and used; and providing quality, best-value, health care products to those who need them.

In Uganda, SCMS provides technical assistance to the Ministry of Health in strengthening the TB and HIV programs. SCMS continues to strengthen logistics information system through formal training and on-going training during supervisory visits, along side Ministry of Health personnel.

Coordination between the TB and HIV/AIDS programs needs to be strengthened. While there is a great deal of coordination within the TB program, the coordination between the TB and HIV/AIDS program will need to be strengthened. This is addressed in part under ARV services - coordination. Joint TB/HIV program meetings will be supported in part through this activity and partly through the ARV services program.

Assessment of the logistics system for the National TB program will be conducted during FY2008. Representative sample of districts will be selected for the assessment. SCMS will provide support for this assessment in the design and implementation.

Staff training will continue in logistics and information systems for the TB program in FY2008. Staff competence in the use of existing forms will be strengthened through targeted training and re-enforced by support supervision. Coordinated support supervision will be done with the HIV/AIDS program to strengthen the collaboration between the two programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8995

Related Activity: 14230, 14231, 14233, 14234, 14235, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 8995 | 8995.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$260,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | 4,500 | False |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | N/A | True |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | N/A | True |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | N/A | True |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of Uganda

Mechanism: IRCU

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 4364.08

Planned Funds: \$500,000

Activity System ID: 14208

Activity Narrative: The Inter-Religious Council of Uganda (IRCU) is an indigenous, faith-based organization uniting the efforts of five major religious institutions of Uganda including Roman Catholics Church, The Province of Church Of Uganda, Uganda Muslim Supreme Council, Uganda Orthodox and Seventh Day Adventists Uganda Union to jointly address together development challenges. In June 2006, IRCU signed a contract with United States Agency for International Development (USAID) to Scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by the United States Government (USG) under the President's Emergency Plan for AIDS Relief (PEPFAR).

In FY 2007, IRCU worked with 17 implementing sites in the TB/HIV program and screened 2,800 clients for TB, diagnosed and treated 275 HIV positive clients for TB and these are also assessing palliative care and ART at these sites. Using funds for FY06 and 07, IRCU trained 40 laboratory staff in TB diagnosis through Joint Clinical Research Center (JCRC) and equipped all 17 laboratories with microscopes, centrifuges and other necessary lab equipment for TB diagnosis. IRCU also refurbished 10 laboratories to facilitate TB diagnosis procedures.

In FY 2008, IRCU plans to integrate TB screening in all HIV counseling and testing (HCT) sites targeting all individuals who test HIV positive. Working with the existing 17 sites and possible ten new sites, IRU will work with these 27 sites targeting to clinically screen 20,000 HIV positive clients for TB of which an estimated 8,000 clients will further be screened by subjecting each client to three sputum examinations and where needed X-ray tests to confirm the infection. Using a TB positivity rate of 10%, we expect to treat 800 clients in FY 2008 for active TB and follow them up in the community.

The clinical team in FY08 will also screen and identify those found with symptoms suggestive of TB in the HIV clinics and will actively screen them for TB. IRCU will continually support implementing organizations and health units with the necessary manpower and equipment to improve systems for TB screening, diagnosis and treatment. IRCU will continue to work with National TB and Leprosy program through each implementing unit to streamline provision of sputum collection containers slides for microscopy and any TB related IEC materials.

The increase in the number of TB cases in HIV infected individuals is attributed to primary infection in the immune incompetent who cannot control infection after exposure, reactivation of TB and flaring up of latent TB as part of immune reconstitution in patients starting ART. The dual infection of TB and HIV presents challenges of confirming TB infection, making a choice of ART regimens and the timing when to start ART in patients on TB treatment. As a result, the World Health Organization (WHO) is advocating for an integration of TB and HIV control and management activities. The integration is expected to improve detection of TB in HIV infected individuals and HIV infection in TB patients allowing for early intervention hence better treatment outcomes. The integration will further maximize use of available resources and strengthen control measures for the two interrelated infections. Unfortunately in most IRCU implementing health facilities this integration has not yet been attained. In FY 2008, IRCU will make this a priority area to ensure that TB diagnosis, management and treatment is integrated in HIV/AIDS service delivery.

IRCU targets to screen 20,000 PLHA for TB in 27 sites and provide TB treatment and prevention services to 800 PLHA. 54 health workers will be trained in TB management, 27 lab technicians will be trained in diagnosis of TB, 60 counselors in TB screening and referral.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8423

Related Activity: 15889, 14206, 14207, 14209, 14210, 14211, 14212, 14213

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26782 | 4364.26782.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8423 | 4364.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$500,000 |
| 4364 | 4364.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$450,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 32 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 800 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 141 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 20,000 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1284.08

Prime Partner: Kumi Director of District Health Services

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8550.08

Activity System ID: 15905

Mechanism: Full Access Counseling and Testing

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$0

Activity Narrative: 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 equipped 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.

During FY08 the Kumi District Local government will complete all program activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8550

Related Activity: 15904, 15906, 15907

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|------------------------------------|---------------|
| 8550 | 8550.07 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 4804 | 1284.07 | Full Access Counseling and Testing | \$80,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------------------------|---|---------------|
| 15904 | 4049.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15906 | 4046.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15907 | 10038.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$50,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 16 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 410 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 370 | False |

Indirect Targets

Coverage Areas

Kumi

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7156.08

Mechanism: NUMAT

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 4700.08

Planned Funds: \$600,000

Activity System ID: 15481

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions.

In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations.

In FY07 NUMAT supported the nine districts to scale up and to strengthen Community-based – Directly Observed Treatment, Short Course (CB-DOTS) activities. Health workers were trained on CB DOTS and on TB/HIV collaborative activities. Districts were also supported to conduct support supervision for health workers and community volunteers involved in CB-DOTS. TB IEC/BCC materials pamphlets, posters were printed and disseminated to health facilities and within communities. As a result a total 568 TB patients (by June 30) have been started on TB treatment and out of these 67% were tested for HIV.

In FY 08, NUMAT will build on achievements of FY 07 and will support the following activities;

1. Identifying community and camp members to be trained as sub county health workers and develop appropriate supervision systems for volunteers who administer drugs. More 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.
2. Supporting community education efforts that provide simple messages about TB symptoms and the importance of early detection and complete cure. IEC/BCC activities to sensitize and mobilize communities on TB will be supported building on effective materials and approaches tested by AIM.
3. Developing simple health worker tools to more easily screen patients who present with coughs. Priority will be given to those providers who provide care to PHAs and their families.
4. Supporting improved sputum smear examination through re- training and routine supervision of laboratory health workers.
5. Increasing the number of diagnostic units through support to mobile laboratories serving lower levels of the health system.
6. Training non laboratory medical personnel (e.g. nursing assistants) as microscopists. And providing logistical support to assure drugs and other supplies are secure and reach health units in time, as well as documenting and disseminate lessons learned.

NUMAT will provide support to the zonal TB officers to provide supervision. NUMAT will support strengthening of HIV/TB collaborative activities. This will be through activities that will see more TB patients screened for HIV, more HIV patients screened for TB. Integrating screening of TB in patients in palliative care and integrating co-trimoxazole prophylaxis and ART into care for Tb HIV positives. This will be through training health workers in HIV/TB collaborative activities, supporting joint planning for TB and HIV, provision of registers which cater for both TB and HIV activities. The project will work with NTLP, local government structures, Gulu Independent and Lacor Hospital, CDC, WHO, AVSI, CUAM, CBOs, and GLRA on TB activities as well as USG supply chain efforts such as DELIVER and the Supply Chain Management Project (SCMS)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8469

Related Activity: 15495, 15467, 15468, 15473, 15480, 15486, 15197, 15488, 15490, 15494, 15496

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21727 | 4700.21727.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$593,922 |
| 8469 | 4700.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$600,000 |
| 4700 | 4700.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$559,824 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 45 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 4,500 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 100 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 10,000 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Apac

Gulu

Kitgum

Lira

Pader

Amolatar

Dokolo

Oyam

Amuru

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7207.08

Prime Partner: Joint Clinical Research Center,
Uganda

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16007.08

Activity System ID: 16007

Mechanism: TREAT (Timetable for
Regional Expansion of ART)

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$225,000

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY2008, this activity will focus on training health workers, strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide, and infrastructure development for increased clinical space for ART in rural health centers and improved laboratory infrastructure and services for diagnosis and monitoring of treatment for tuberculosis(TB) and HIV.

In the selected 25 focus districts and over 60 sites, the program will train 300 health workers to diagnosis and manage TB/HIV co-infection. 5,000 TB/HIV co-infected patients will be identified, treated for TB and given cotrimoxazole prophylaxis. The program will implement infection control procedures at all the 60 service outlets.

The program will train and support 120 expert clients from 60 groups of People Living with HIV/AIDS to facilitate referrals and linkages between facility-based and community based TB and HIV management. The groups will facilitate referrals to wrap around services available in the communities. 900 health workers will be trained to provide TB/HIV services. It is estimated that in FY2008, the program will provide anti-retroviral therapy to 1,000 TB/HIV co-infected clients.

The program will scale-up TB/HIV integration activities including setting facility infection control procedures in facilities supported, provider-initiated counseling and testing for TB-registered clients and ensuring referral and retrieval referrals between TB and HIV clinics and services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15894, 16008, 15623, 15791, 15914

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15894 | 15894.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$300,000 |
| 16008 | 16008.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$340,000 |
| 15623 | 15623.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$3,000,000 |
| 15791 | 15791.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$4,800,000 |
| 15914 | 15914.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$1,400,000 |

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 60 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 3,000 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 300 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 5,000 | False |

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Arua
 Bushenyi
 Gulu
 Ibanda
 Kaabong
 Kabale
 Kabarole
 Kampala
 Kamuli
 Kanungu
 Kapchorwa
 Kasese
 Kayunga
 Lira
 Luwero
 Mbale
 Mbarara
 Mpigi
 Mubende
 Nebbi
 Ntungamo
 Pader
 Rukungiri
 Soroti
 Wakiso

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5793.08

Mechanism: Technical Assistance for National and District Laboratories Construction and Renovations

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16902.08

Planned Funds: \$270,000

Activity System ID: 16902

Activity Narrative: This activity will contribute to Makerere University Faculty of Medicine's activities in Palliative Care:TB/HIV. As a result of PEPFAR support, the Ministry of Health's [MoH] National TB Reference Laboratory [NTRL] has been nominated to become a supra national reference laboratory in the region. However the culture laboratory requires rehabilitation and the Regional Procurement Support Office [RPSO] will direct this funding to rehabilitate this laboratory, using MoH laboratory service and equipment standards. RPSO will contract with local firm(s) to assess and implement infrastructure improvements required to ensure that NTRL's capacity is strengthened to provide quality TB laboratory services at a national and regional level.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 13275

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | N/A | True |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | N/A | True |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | N/A | True |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | N/A | True |

Coverage Areas

Kampala

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 690.08

Mechanism: N/A

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 8987.08

Planned Funds: \$100,000

Activity System ID: 16069

Activity Narrative: 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.

Co-infection with TB is a substantial challenge for the medical management of HIV infected patients in the UPDF. The UPDF hopes to further strengthen the control and management of TB in the military. Activities for the year 2008 will include: Introduce and promote DOTS in TB treatment, Counseling and testing of suspected TB cases, Strengthen and referrals for TB treatment, Strengthen and coordinate with the national health system in the roll out of the TB/HIV policy. Mobilize and bring the army leadership and commanders in the management of TB to improve on adherence to therapy. Ensure adequate and constant supply of anti TB drugs and reagents. Undertake a study on the prevalence of MDR TB in the military and factors that may be funning it.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8987

Related Activity: 16065, 16066, 16067, 16068, 16070, 16071, 16072, 16073, 16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21598 | 8987.21598.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$98,987 |
| 8987 | 8987.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 3 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 300 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 45 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | N/A | True |

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Gulu

Kampala

Luwero

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3834.08 **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: GHCS (State) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 4808.08 **Planned Funds:** \$70,000

Activity System ID: 16082

Activity Narrative: The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, Palliative care and ART services. In FY 2006-2007 IMC and GTZ started a palliative care program which provides clinical, psychological and preventive services to HIV positive individuals. To date, 107 of 381 HIV positive individuals have been enrolled in the facility/home based care program. The TB clinic currently has 16 individuals receiving TB treatment, of these 16, 3 are HIV positive. TB/HIV palliative care has included TB diagnosis, clinical monitoring, treatment and prevention of tuberculosis and referral of TB clients for HIV testing.

In FY 2008, IMC/GTZ will expand TB/HIV interventions to Mukondo HCII increasing the service outlets from one to two. To ensure a continuing high standard of care, IMC will provide a 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). Training will be conducted by TB staff from the district that have substantial knowledge on national TB and ACP programs. IMC will identify and train 18 community health workers as TB/HIV focal persons on CB-DOTS using national TB/HIV collaborative guidelines and provide them with relevant materials and logistical support to improve drug adherence and defaulter tracing. Communities will be sensitized about respiratory tract infections in general & T.B in particular – issues related to indoor smoke pollution, over-crowding, and the risks of drinking partially boiled milk during community gatherings. A TB campaign will be conducted on World Tuberculosis Day (March 24) which will help to improve case finding, reduce stigma and defaulter rates as well as promote preventive and care aspects of tuberculosis. TB reagents and prevention therapy will continue to be accessed at Kyegegwa Health Sub district. However, IMC will procure TB related supplies like pipettes, and microscope sputum slides for the Mukondo HCII. All new TB patients are sensitized on TB/HIV integration, counseled and tested for HIV if they have not already been tested via the RTC. All new TB/HIV patients will be enrolled in the HIV/AIDS care and support program including nutritional support. Additional staff including a laboratory technician and a nurse will be required to initiate TB/HIV services in Mukondo HCII. This activity will support 40 (based on number of TB clients registered at the health centre in the last six months with an addition of 10%) individuals with TB/HIV care between September 1, 2008 to September 1, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8302

Related Activity: 16078, 16079, 16080, 16083, 16084, 16081

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 8302 | 4808.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$66,234 |
| 4808 | 4808.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$14,618 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

* Safe Motherhood

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained on logistics pull system for TB/HIV | N/A | True |
| Number of laboratories under EQA for smear microscopy | N/A | True |
| Number of samples referred to NTRL | N/A | True |
| 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting | 11 | False |
| 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease | 203 | False |
| 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) | 15 | False |
| 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet | 40 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kyenjojo

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$26,157,784

| | |
|---|----------|
| Estimated PEPFAR contribution in dollars | \$90,000 |
| Estimated local PPP contribution in dollars | \$45,000 |
| Estimated PEPFAR dollars spent on food | \$52,000 |
| Estimation of other dollars leveraged in FY 2008 for food | \$91,000 |

Program Area Context:

Country Context: 43% of children under 18 years of age have lost one biological parent, and 15% of them have lost both. The Northern Region has the highest percentage (22%) of orphaned children mainly due to the ongoing conflict. Additionally, 8% of children under 18 are considered vulnerable because a parent is chronically ill or another adult in the household has died; another 5% of them do not live with either parent (UDHS 2006). Of those affected by HIV/AIDS, an estimated 110,000 children 0-14 years are HIV+. Approximately 43,000 of them are currently eligible for treatment while only about 11,000 are on ARVs. Most HIV+ children are also in need of other OVC services such as food, education, and sustainable economic livelihoods. At the time of the Semi Annual Progress Report (SAPR07) 162,872 out of the planned annual target of 206,941 (78%) OVC were served. In FY08, USG plans to reach 244,794 OVC with increased support.

OVC National Program and USG Support: The National OVC Policy (NOP) and National Strategic Plan (NSP) define core OVC services as health, education, psychosocial support, economic strengthening, food and nutrition, basic care and support (shelter), child protection, legal support and mitigating the impact of conflict. These services have been provided with minimal quality assurance (QA) measures. In FY07, the USG, in collaboration with the MGLSD, and UNICEF finalized a quality standards guiding tool for interpreting and applying national quality standards in each core service area for OVC. The tool provides a structure and methodology to be used by OVC implementing partners to develop and apply relevant standards for comprehensive, integrated OVC services at all levels. With FY07 and FY08 resources this tool will be rolled-out and used at district and community level through support from the Technical Service Organizations (TSOs).

Coverage: In FY07, the MGLSD recruited eight (8) TSOs through competitive solicitations to serve as zonal coordinators to link the national level with Uganda's 80 districts. With MGLSD's mandate, TSOs are supporting the NSP for OVC and are responsible for disseminating national policies, principles, quality guidelines, and protocols to districts, and civil society implementing partners. TSOs are also strengthening the capacity of district Community Based Services Departments to map, plan, supervise, monitor and evaluate comprehensive district level OVC services. Currently, the CORE Initiative funds the TSOs, but this funding will be transferred to the Civil Society Fund (CSF) in FY08. The CORE Initiative will continue to provide technical support to the central ministry, the TSOs and the CSF through FY09.

FY08 Goals: With FY07/FY08 resources, emphasis will be put on helping districts to develop and expand the implementation of comprehensive work-plans, which will be reviewed and funded through the CSF. In FY08, under the guidance of the NOP and the NSPPI, and in close partnership with MGLSD, UNICEF, Global Fund for AIDS, TB, and Malaria (GFATM) 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, with a focus on the Department of Youth and Children and the Planning Unit for leadership and strategic direction, planning, coordination, advocacy and communication, development of key systems including Monitoring Information systems (MIS) and QA;
- 2) Strengthen and expand local government and civil society's OVC response through a zonal technical support approach, a grants mechanism for capacity building of national, district and community organizations, and service delivery;
- 3) Strengthen families and communities to support key vulnerable populations.
- 4) The USG in FY08 will also support MGLSD to conduct an OVC situation analysis to obtain data to enable the country develop stronger programs to meet the evolving needs of OVC, their families, and communities. The last situation analysis was done in 2001 and needs to be updated.

FY08 focus areas:

The newly established Civil Society Fund for AIDS, TB and Malaria (CSF): The CSF is a partnership between development partners, civil society and GOU entities, including the Uganda AIDS Commission (UAC), MOH and MGLSD. Four donors, including USG (through USAID) are currently contributing resources to this fund for financial and grants management and monitoring and evaluation services. The CSF will initially fund grants focusing on national NGOs, OVC, and prevention. The scope of grants will expand during the Year 1 Phase II solicitation. USG/USAID manages the contracts with the financial and technical management agents on behalf of the steering committee. The USG continues to work closely with the MGLSD, UNICEF, MOFPED, and UAC to address the issues of the GFATM. It is expected that GFATM Round 3 Phase 2 OVC resources planned for civil society organizations will be channeled through the new CSF once MOFPED's assessment of the CSF Financial Management Agent is completed.

Palliative Care Activities for OVC: HIV+ children and those children living in homes with People Living with HIV/AIDS (PHAs) are key vulnerable children being targeted with USG support. Building on FY07 activities, the USG will, in FY08, expand and strengthen access to care services for these children and their families. Several USG initiatives are working in partnership to improve coordination of these services. For example, children living in HIV+ households will continue to be referred to pediatric HIV care health facilities for counseling and testing, and care and treatment services through USG programs targeting PHA networks. These children and their caregivers will be linked into a network of comprehensive OVC services including food, education, succession planning, and legal support.

Pediatric AIDS Care for OVC: USG will further expand networks and linkages between pediatric care and treatment programs and community based OVC services. The FY07 resources are targeting Kampala, which has the largest number of pediatric providers. FY08 resources will expand services to other regions that have identified high numbers of pediatric cases and providers, especially the north and south west regions with strong pediatric programs. Key activities continue to include working with pediatric AIDS providers to identify the most vulnerable children in need of additional services and link them to community service providers who are identified through district mapping. Training of providers, caregivers and teachers to understand the needs of HIV+ vulnerable children and their families, developing and strengthening referrals networks, and providing technical and financial resources to selected community providers will be done to enhance capacity to meet the needs of an increased client base.

Private Sector Support to OVC Response: Partnerships with national and multinational corporations to support and strengthen OVC services in the neediest communities is another new strategy being developed with FY07 resources. A follow-on private sector activity begins early October 2007 with FY07 resources to identify and initiate opportunities from the private sector to support OVC services in communities. FY08 resources will further expand these activities. Potential private sector partners include existing mid to large size companies already supporting HIV workplace programs that extend into the surrounding communities, as local and international banks, fuel companies, hotels, soft drink manufacturers, and telecom companies. Ideally, support will facilitate the private sector to transit from their short-term social responsibility programs into long-term community partnerships.

OVC in Conflict Areas of Northern Uganda: Since the beginning of 2007, there has been steady improvement in the security situation in Northern Uganda, evidenced by a declining number of rebel attacks, abductions, and child night commuters. Today, 95% of those displaced in Lango have returned to their homes while in Acholi, 40% have moved voluntarily from "mother" camps to new transit sites closer to their homes with access to their farm land. Only a few hundred children continue to "commute" to towns, but this is due to a variety of social reasons rather than fear of abduction. Most night commuter centers have closed and NGOs are shifting their outreaches to communities. Thus focus in the North is shifting from one of emergency relief mode, to development and reconstruction of sustainable systems. USG will continue to support comprehensive service delivery for OVCs in transition through grants funded under the CSF.

Integration of Wrap-around Services: The USG will support several new initiatives by wrapping around new and existing USG programs in other sectors including a land tenure program in the North focusing on legal aid and protection for vulnerable households, an agricultural food security and nutrition program in the southwest targeting vulnerable OVC households and girls' education scholarships for secondary schools. The USG will also work to assess the state of the economic strengthening practices for OVC households and develop a set of practical guidelines that will be used in the design of future of economic strengthening projects. The nutritional needs of children born to HIV+ women and those living in HIV+ households will also be addressed through a new palliative care nutrition activity.

Formative Assessment: During the past five years, the international community has developed a broader understanding of the needs of OVC. A situation analysis has not been conducted in Uganda since 2001. The USG will work with the GOU to assess the needs of OVC as well as examine the various models for providing and receiving comprehensive services.

Program Area Downstream Targets:

| | |
|--|--------|
| 8.1 Number of OVC served by OVC programs | 243844 |
| *** 8.1.A Primary Direct | 93676 |
| *** 8.1.B Supplemental Direct | 150168 |
| 8.2 Number of providers/caregivers trained in caring for OVC | 43510 |

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 3834.08 | 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: GHCS (State) | Program Area: Orphans and Vulnerable Children |
| Budget Code: HKID | Program Area Code: 08 |
| Activity ID: 4810.08 | Planned Funds: \$52,191 |
| Activity System ID: 16083 | |

Activity Narrative: The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, palliative care and ART services.

In FY 2006 and FY 2007, IMC, with support from Community Services, undertook a registration exercise of OVC and registered 729 in school and 103 out of school. Following the assessment which documented scholastic materials as a need, in school children were provided with various school supplies. 200 out of the 832 OVC were assessed to be more vulnerable because they come from child headed families, have single mothers or one parent who is chronically ill. These were provided with agricultural support to improve nutrition and also raise household incomes. However the approach of group OVC gardens has not worked well as some of the OVC and care givers abandoned the gardens because of a feeling of lack of ownership. IMC has adjusted future programming in accordance with this lesson learned and will now focus on family centered gardens.

In FY 2008 IMC will strengthen OVC programs using a family centered approach where OVC are targeted within their families to ensure adequate monitoring, support and, ownership of program. To address the psychosocial needs of these OVC and their families/caregivers, a refresher training will be conducted for 10 volunteers trained in child counseling during FY07 and IMC provide ongoing supportive supervision to these individuals. The Counselor Trainer will be responsible for providing psychosocial care directly to those OVC with particular needs 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 children in the settlement to identify and respond to the changing needs of OVC. Existing child rights committees at zonal level will be trained to integrate OVC care in their child rights education programs in the communities as well as monitor the conditions of OVC in their zones.

This activity will also continue to improve the food security and ability of OVC and their caretakers to secure livelihoods through the provision of seedlings, cultivation tools and training. The IMC Agricultural Trainer will be responsible for supporting the OVC families to make an assessment of crops to grow or animals to rear that would generate income and are central to maintaining a nutritious diet. The agriculturalist will make recommendations to IMC for support and will also be expected to provide routine monitoring and training in agricultural and marketing skills to the OVC families. A total of 75 of the neediest OVC families will be selected by IMC together with the Community Services Office using an established assessment and selection criterion developed by the Community Services Office and OVC Zonal Committees.

IMC will also provide scholastic materials to 729 OVC in school. However the materials will be distributed at household level to reduce stigma associated with distribution in schools. This will be complemented by an awareness-raising campaign coordinated by the Community Educators 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. This activity will also link up with other HIV/AIDS related services. For example the Community Educators through the door to door visits will raise awareness on HIV, HCT, PMTCT and other services available and will make any needed referrals. Likewise the health workers will refer any OVC identified within the HIV/AIDS setting to the OVC care program. This activity therefore proposes to reach 832 OVC between September 1, 2008 to September 1, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8303

Related Activity: 16078, 16079, 16080, 16081,
16082, 16084

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 25180 | 4810.25180.09 | Department of State / Population, Refugees, and Migration | International Medical Corps | 10706 | 3834.09 | Refugee HIV/AIDS services in Kyaka II Settlement | \$52,191 |
| 8303 | 4810.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$52,191 |
| 4810 | 4810.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$22,471 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16084 | 4814.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$49,744 |

Emphasis Areas

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 832 | False |
| 8.1.A Primary Direct | 300 | False |
| 8.1.B Supplemental Direct | 532 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 75 | False |

Indirect Targets

Number of OVCs and families/caretakers trained in agricultural production

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Kyenjojo

Table 3.3.08: Activities by Funding Mechanism

| | |
|--|--|
| Mechanism ID: 690.08 | Mechanism: N/A |
| Prime Partner: US Department of Defense | USG Agency: Department of Defense |
| Funding Source: GHCS (State) | Program Area: Orphans and Vulnerable Children |
| Budget Code: HKID | Program Area Code: 08 |
| Activity ID: 8853.08 | Planned Funds: \$150,000 |
| Activity System ID: 16070 | |

Activity Narrative: 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 throughout 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

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. Currently the UPDF is initiating 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 are specifically targeted, sensitized and empowered to enable them incorporate the activities in their routine duties. PHA's households are being targeted to ensure that the OVC are linked to OVC services as well as care and treatment.

For FY08, school based programs will be scaled up and will be expanded to include training young people in life skills, reproductive health skills and developing appropriate tools for training. OVC that are out of schools will be identified and equipped with skills to empower them cope up with the challenges of HIV/AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8853

Related Activity: 16065, 16066, 16067, 16068, 16069, 16071, 16072, 16073, 16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21599 | 8853.21599.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$150,000 |
| 8853 | 8853.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 700 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | N/A | True |
| 8.2 Number of providers/caregivers trained in caring for OVC | 200 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

 Military Populations

Coverage Areas

Gulu

Lira

Mbale

Mbarara

Kampala

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1311.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4753.08

Activity System ID: 16406

Mechanism: State Department

USG Agency: Department of State / African Affairs

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$185,000

Activity Narrative: This is a continuation of FY07 activities and the narratives have not changed.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8393

Related Activity: 16405, 16407, 19068

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---------------------------------------|------------------------|---------------------|--------------|------------------|---------------|
| 21606 | 4753.21606.09 | Department of State / African Affairs | US Department of State | 9375 | 1311.09 | State Department | \$226,000 |
| 8393 | 4753.07 | Department of State / African Affairs | US Department of State | 4822 | 1311.07 | State Department | \$166,000 |
| 4753 | 4753.06 | Department of State / African Affairs | US Department of State | 3455 | 1311.06 | State Department | \$215,734 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|------------------------|---------------|
| 19068 | 19068.08 | 7426 | 1311.08 | State Department | US Department of State | \$350,000 |
| 16405 | 4763.08 | 7426 | 1311.08 | State Department | US Department of State | \$80,000 |
| 16407 | 4752.08 | 7426 | 1311.08 | State Department | US Department of State | \$320,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 1,500 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | N/A | True |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 7274.08 | Mechanism: SPRING (Stability, Peace and Reconciliation In Northern Uganda) |
| Prime Partner: Emerging Markets | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Orphans and Vulnerable Children |
| Budget Code: HKID | Program Area Code: 08 |
| Activity ID: 15852.08 | Planned Funds: \$150,000 |

Activity System ID: 15852

Activity Narrative: The U.S. Government (USG) and Uganda government are working together to ensure peace and security, good governance, access to social services, economic growth, and humanitarian assistance in northern Uganda. The United States Agency for International Development (USAID) Mission in Uganda intends to support an integrated program to promote peace and stability in northern Uganda. The program will be entitled Stability, Peace and Reconciliation In Northern Uganda (SPRING). In light of recent developments in northern Uganda, including the ongoing peace talks between the Government of Uganda (GoU) and the Lord's Resistance Army (LRA), improved security and the return home of large numbers of internally displaced populations, the new program will contribute to the transition from relief to recovery and development. SPRING will support a core set of activities in three component areas: (1) Peace-building and reconciliation, (2) Economic security and social inclusion, and (3) Access to justice. The PEPFAR AB activity in FY08 promotes the third component – access to justice. This activity leverages USAID/Uganda's Democracy and Governance activities expected to be awarded in October 2007.

As people return to their homes after years of displacement in northern Uganda, vulnerable populations (including women, youth, children and child-headed households) will be most impacted; access to land and resources are key to ensuring economic security. When vulnerable groups have no access to land and other resources, there is an increased likelihood of HIV infection as they become reliant on males for survival and are therefore more vulnerable to high-risk activity such as transactional sex, and sexual violence.

The formal justice system remains very weak in the North and the war has also weakened traditional justice systems. Moreover, justice is often expensive and inaccessible. As a result, the most vulnerable populations are often the least capable of pursuing and accessing justice. Law enforcement has been strengthened and improved in recent months but impunity and corruption are still prevalent. Additionally, misinformation and rumors are omnipresent throughout the North and most people have limited access to accurate and useful information about their rights and responsibilities under the law. There is little faith among Internally Displaced Persons in the formal justice system and there is an over-reliance on the limited capacity of already weakened traditional justice mechanisms. At the same time, there is a wide range of grievances that require some combination of justice and reconciliation to be resolved.

Not only are justice institutions weak but public awareness of rights and responsibilities under the law is very limited in the North. Moreover, both statutory and customary policies and laws on key issues such as land remain unclear. Therefore, as the return process picks up pace and new disputes begin to accrue on top of past ones, it will become increasingly critical that the population is educated about their rights and responsibilities and that vulnerable OVC households are facilitated to have access to their ancestral assets such as land which is a key factor to their livelihoods. Child protection with a focus on legal aid and paralegal support activities will be the focus of this new activity. Linkages will be made with the SPRING AB & Policy activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15979, 15855

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 15979 | 15979.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$350,000 |
| 15855 | 15855.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$100,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 500 | False |
| 8.1.A Primary Direct | 250 | False |
| 8.1.B Supplemental Direct | 250 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 200 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Refugees/Internally Displaced Persons

Coverage Areas

Amolatar

Amuru

Apac

Dokolo

Gulu

Kitgum

Lira

Oyam

Pader

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1311.08

Mechanism: State Department

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 19440.08

Planned Funds: \$41,000

Activity System ID: 19440

Activity Narrative: The State Department's Small Grants Project will provide funds to the Fort Portal Dioceses for the provision of 13 rainwater harvest tanks for 13 rural health centers in the Fort Portal Diocese. The water tanks will ensure safe and clean water to PHAs and OVC being treated and cared for in the 13 health centers. The 13 health centers provide VCT, PMTCT, treatment of OIs, dispensing of seprin tablest to HIV+ clients and dispensing of ARVs to AIDS patients.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:**Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 1222.08**Mechanism:** Peace Corps**Prime Partner:** US Peace Corps**USG Agency:** Peace Corps**Funding Source:** GHCS (State)**Program Area:** Orphans and Vulnerable Children**Budget Code:** HKID**Program Area Code:** 08**Activity ID:** 3992.08**Planned Funds:** \$592,600**Activity System ID:** 15234

Activity Narrative: According to the 2004/05 national sero-status survey, there are approximately two million orphans in Uganda, nearly half of them orphaned due to HIV/AIDS. This has exacerbated poverty in many households and communities and demands meaningful programming to improve the situation. Peace Corps Volunteers have been at the forefront of providing services to OVC and their families. In FY07 SAPR, Peace Corps Uganda reported serving a total number of 3,422 male and female OVCs and training 755 service providers. FY08 USG strategic approaches for serving OVCs include expanding access to comprehensive and quality OVC services through family & community interventions, gender sensitive and age appropriate interventions, integrating HIV prevention, care and treatment in OVC programming, and strengthening linkages and referrals among OVC service providers. Peace Corps Volunteers will fully and effectively participate in OVC service delivery guided by these approaches with an aim of increasing the capacity of family and community-based responses to provide comprehensive services and support for children affected by the epidemic.

In FY08, Peace Corps Uganda is planning to dramatically increase the number of OVCs it reaches to 5,000 and the number of caregivers it trains to 2,000. The main portion of this support will focus on improving the lives of OVCs and families affected by HIV/AIDS. Volunteers working in this program area are assigned to a CBO, FBO or NGO that do OVC work. Volunteers provide capacity building services, VAST grants and linkages to wraparound services.

In addition, existing OVC services will be strengthened and expanded to assist OVCs to obtain secure livelihoods. OVCs and their families will also be supported to access basic care requirements through supplemental direct provision of consistent basic care services by organizations directly supported by Volunteers or through having these organizations link clients to other service providers for complete basic care. Volunteers will support the provision of comprehensive care for OVCs to include psychosocial support, access to education, economic support through income generation etc. Sports and entertainment outreach programs will also be supported to enhance HIV/AIDS prevention and life skills development. Youth will gain leadership skills by serving as peer educators, teamwork skills through engaging in sports, and responsibility as they engage in economic projects. Economic livelihood activities may include livestock improvements, piggeries, and food security initiatives.

This program area also supports VAST activities implemented by Volunteers and their partner organizations. VAST grants may be used to improve access to education for OVCs; improve OVC nutrition through small agriculture projects, linking families to World Food Program support, nutrition training, and school feeding programs; vocational skills enhancement; life skills through sports and entertainment and other social support activities.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8396**Related Activity:** 15231, 15232, 15233, 15235**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-------------|----------------|---------------------|--------------|-------------|---------------|
| 21612 | 3992.21612.09 | Peace Corps | US Peace Corps | 9376 | 1222.09 | Peace Corps | \$792,600 |
| 8396 | 3992.07 | Peace Corps | US Peace Corps | 4823 | 1222.07 | Peace Corps | \$542,000 |
| 3992 | 3992.06 | Peace Corps | US Peace Corps | 3162 | 1222.06 | Peace Corps | \$182,900 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------|---------------|
| 15231 | 3999.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$221,600 |
| 15232 | 3993.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$413,200 |
| 15233 | 3991.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$557,820 |
| 15235 | 4747.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$310,800 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 5,000 | False |
| 8.1.A Primary Direct | 500 | False |
| 8.1.B Supplemental Direct | 4,500 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 2,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Bugiri
Bushenyi
Hoima
Iganga
Kabarole
Kamuli
Kamwenge
Kibale
Kumi
Luwero
Masaka
Masindi
Mbarara
Mpigi
Mubende
Mukono
Nakasongola
Pallisa
Rukungiri
Tororo
Wakiso
Ibanda
Ntungamo

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7272.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15842.08

Activity System ID: 15842

Mechanism: OVC economic strengthening
(LWA Field Support)

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: There is wide acceptance of the five key strategies for addressing the needs of orphans and vulnerable children that are presented in The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS and Children on the Brink (2002). Economic strengthening is an important component of the first three of these strategies (strengthening family capacities, strengthening community capacities, and ensuring children's access to essential services). This study is to be carried out in recognition of the importance of economic strengthening to these strategies. Study Objective and Purpose.

The purpose of the study is to conduct a more rigorous impact assessment of economic strengthening interventions that appear promising for scaling up and having a positive effect on orphans, and other vulnerable children. Also, Assess cost-effectiveness Economic strengthening models taking into account the economic level of households in which these children live, e.g. destitute, extremely poor and vulnerable to being extremely poor. And also, provide strong evidence of the impact of certain approaches.

The objective of the study is to better inform programming for orphans, and other vulnerable children.

- Strengthen the economic capacity of vulnerable families and communities to provide more adequately for their children's needs, and build the economic capacity of older children. Its purpose includes identifying programs with economic strengthening interventions benefiting orphans and other vulnerable children, and analyzing information on a sub-set of these programs

- Promote and facilitate linkages between current programs with economic strengthening activities benefiting OVC and potential economic strengthening collaborators. The facilitation includes training on techniques for identifying market demand, market competition, and establishing linkages with potential formal and informal sector customers

The study broadly will consider "economic strengthening" activities and services that include the following:

1. Financial, such as savings and loans, and grants to individuals and households
2. Technical and skills training, such as agriculture, vocational training and apprenticeships
3. Asset protection and building, such as legal protection to children and widows and grants for community-based asset building
4. Income generating activities, and Other, such as market linkages and improved technologies

Outcomes of the study

Identification of economic strengthening models that are suitable for OVC household economic situation. Identification of good measures for classification of households and children in them, which can be incorporated into program monitoring and evaluation systems,

- A better understanding of the effectiveness of certain approaches vis a vis certain types of households and children (based on the classification system)

- Provide strong evidence of the impact of certain economic strengthening models, and better understanding of best practices.

- This result should lead to identifying activities for scaling up and provide strong evidence for advocating for more funds for economic strengthening to benefit orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$70,000

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Business Community

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1245.08

Mechanism: Makerere University Walter Reed Project (MUWRP)

Prime Partner: Walter Reed

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6408.08

Planned Funds: \$200,000

Activity System ID: 15711

Activity Narrative: This activity is a continuation from FY2007 with the following updates:

During FY2008, MUWRPs primary OVC partner, Child Advocacy International (CAI), will maximize OVC identification and expand provision of services District-wide. This will include expansion of home-based OVC services to the fishing villages and remote northern areas of Kayunga District. Along these lines MUWRP will also identify new civil society OVC organizations for sub-partnering activities, especially the provision of psycho social and prevention activities. CAI also will examine and refine their quality of services at each of the existing OVC points of service. This shall be accomplished by provision of quality trainings, technical advisors, focus groups, institution of best practices, and standard operating procedures. Furthermore, MUWRP will develop a pediatric patient cohort through the Districts HIV clinics which will be utilized for monitoring and evaluating of pediatric care and treatment services. Finally MUWRP will ensure all OVC support, either primary or supplementary, is captured via the District's data system and ensure that these activities are reported to OGAC and to pertinent GOU authorities in a timely manner. In FY2008, funding will support the cost of CAI services, staffing, training, mobile activities, focus groups, monthly home visits/follow-up visits to OVC, care-giver counseling, tools for home monitoring of OVC and household evaluation, psycho-social activities, and (when appropriate) school fees, scholastic materials, clothes, and supplemental food needs. Funding will also support the identification of OVC via the Kayunga District Youth Recreation Center, data collection; care giver clubs, and also used to expand MUWRPs sub-partnering agencies to new civil society organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8531

Related Activity: 15709, 15710, 15712, 15713, 15714, 15715, 15716, 15769, 16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20035 | 6408.20035.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$200,000 |
| 8531 | 6408.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$200,000 |
| 6408 | 6408.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$170,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

- * Safe Motherhood

- * TB

Wraparound Programs (Other)

- * Education

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 2,950 | False |
| 8.1.A Primary Direct | 550 | False |
| 8.1.B Supplemental Direct | 2,400 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 220 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Coverage Areas

Kayunga

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of
Uganda

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4686.08

Activity System ID: 14209

Mechanism: IRCU

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$600,000

Activity Narrative: The Inter-Religious Council of Uganda (IRCU) is an indigenous, faith-based organization uniting the efforts of five major religious institutions of Uganda including Roman Catholics Church, The Province of Church Of Uganda, Uganda Muslim Supreme Council, Uganda Orthodox and Seventh Day Adventists Uganda Union to jointly address together development challenges. In June 2006, IRCU signed a contract with United States Agency for International Development (USAID) to Scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by the United States Government (USG) under the President's Emergency Plan for AIDS Relief (PEPFAR).

During the FY06), IRCU worked with a wide range of faith based organizations to implement OVC related activities nation wide. Using funds for FY06, IRCU has served 9,000 OVC and trained 4,500 caregivers. OVC services among others included; enrolment for formal education and vocational education, apprenticeship skills training, scholastic materials, psychosocial support, meeting health care needs of OVC. At the same time, OVC caregivers were trained in income generating activities (IGAs) to enhance their business skills and ability to manage IGAs. OVC have also had their cognitive and life skills built and have been provided with HIV/AIDS education. Currently, IRCU is using funds for FY07 to enhance child protection, in collaboration with our implementing partners, and the Police. In addition, Community awareness programs are conducted to ensure increased OVC support are being promoted through drama and information, education and communication activities at community level. In the process of carrying out these activities, IRCU and FBOs have had a year of strong collaborations with a wide base of partners, and our interventions have resulted in the increased enrolment and retention of OVC in school, and the provision of totality of care for OVC. During FY08, IRCU will continue supporting similar initiatives. Currently, IRCU is using funds for FY06 and 07 to conduct training OVC caregiver's in small scale business enterprises in order to enhance their income generating activities. This is aimed at strengthening their economic security of OVC households. Therefore, during FY08 IRCU will continue to support this activity and as such, OVC care givers will be linked to micro finance institutions, to access funds in order to expand their small business and be able to support OVC services.

During FY 2008, IRCU intends to strengthen the existing strategies and ultimately improve access to and utilization of comprehensive services for OVC and their households. New approaches will include identification and referral of OVC that are HIV positive for palliative care services and ART and, increase community capacity to respond to the needs of children affected by AIDS and their caregivers by strengthening family and community structures. IRCU will again work in collaboration with the Ministry of Gender Labor and Social Development (MGLSD) through CORE Initiative program that support the roll-out of the OVC policy and implementation plan, district-wide mapping, a gap analysis of the multi-sectoral response, development of integrated and comprehensive work plans for district local government and civil society organizations (CSOs). IRCU through its myriad of partners will work towards supporting this mechanism to ensure that comprehensive, networked services are accessible to OVC and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8427

Related Activity: 14206, 14207, 14208, 14210, 14211, 14212, 14213, 15889

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26783 | 4686.26783.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8427 | 4686.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$600,000 |
| 4686 | 4686.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 12,000 | False |
| 8.1.A Primary Direct | 7,500 | False |
| 8.1.B Supplemental Direct | 4,500 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 6,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Arua
Bushenyi
Ibanda
Jinja
Kampala
Kasese
Kumi
Luwero
Mayuge
Mukono
Nebbi
Oyam
Rakai
Rukungiri
Wakiso

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1123.08

Prime Partner: Opportunity International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 4438.08

Activity System ID: 14229

Mechanism: Sustainable Income and Housing for OVC in Africa (OI OVC Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$251,345

Activity Narrative: This activity is a continuation from FY 07 and has not been updated. Implementation of the OVC program in Uganda started in 2004. Opportunity International is the lead agency with UGAFODE and Habitat for Humanity Uganda as implementing partners for the OVC program in Uganda. UGAFODE is a Christian Non Governmental Organization that was formed and registered in 1995 by a group of 8 indigenous Ugandans as a company limited by guarantee, not having share capital. It has a seven-branch network that covers 16 districts of the country. It serves an active clientele of 8,471 by 30th June 2007. UGAFODE LTD implements OVC project in five of its seven branches, namely Bushenyi, Mbarara, Ntungamo, Lyantonde, Rakai and Rukungiri and we intend to maintain and consolidate the existing sites for FY08.

Strategic Objectives.

The Program for Sustainable Income and Housing for Orphans and Vulnerable Children (OVC) in Africa is aimed at addressing four strategic objectives namely;

- Expansion in provision of Micro finance, including credit, savings and insurance products to families taking care of OVC.
- Accelerate provision of safe and healthy housing to serve the OVC.
- Provision of HIV/AIDS, legal rights, and business skills education to caregivers and OVC.
- To train OVC in apprenticeship skills that will enable them gain marketable or employable skills.

What has been accomplished?

SO1: Microfinance Expanded to serve the OVC

During the period under review, UGAFODE provided micro credit to 3,854 Caregivers taking care of 2,971 OVC.

SO2: Provision of Safe & Healthy Housing for OVC

During the period, HFHU served 120 OVC received shelter, 339 caregivers trained in HIV prevention, malaria prevention, safe drinking water and public health.

SO3: Provision of training and education to families taking care of OVC.

During the period under review, 8,614 caregivers acquired HIV/AIDS positive leaving and mitigating skills, business management skills. 107 group leaders trained as HIV peer educators to train group members and 2,950 members have been reached.

UGAFODE established partnership with other Non-governmental organizations doing development work in Bushenyi district like Compassion International, HFHU and have formed an Alliance Transformation Community Development Network (ACTD) to strengthen the partnership.

SO4: To offer an apprenticeship program for OVC to gain marketable or employable skills

During the period under review, 102 apprentices from Rukungiri, Ntungamo, and Ishaka were recruited and trained in vocational skills like tailoring, Salon & Body care & others. During the period under review, 33 trainees completed and awarded certificates. Eight graduates received a sewing machine each and two received saloon equipment to set up own businesses. This is sustained through revolving startup loans.

Key issues for FY08 Activity Narratives.

- UGAFODE will work with MGLSD and other ministries through the ATCD to share experiences and refer care givers and OVC for appropriate services.
- In order to ensure sustainable income and safe housing for 5,466 OVC, UGAFODE will focus on expanding microfinance through the provision of credit and insurance products to 3,644 caregivers, build and renovate 99 houses. To ensure that OVC become employed 100 youths will be recruited into the Youth Apprenticeship program to acquire employable skills.
- Train 4,029 caregivers in HIV/AIDS prevention, care and mitigation, succession planning and inheritance rights
- In order to strengthen linkages between HIV/AIDS services, the ATCD network will be extended from Bushenyi to other districts of operation. UGAFODE will continue referring to clients to HIV/AIDS service providers like TASO.
- UGAFODE will work through the ACTD network with the district authorities, community leaders and Non-government organizations in order to integrate the existing food security, economic strengthening, and safe water programs.
- The ACTD members agreed to contribute to sustain the activities of the network.

2. Contribution to Overall program area:

•Delivery of credit affords opportunity for client group formations facilitating the training of communities in HIV/AIDS issues.

3. Links to other Activities:

•Other service providers through the ACTD network can easily reach client groups formed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8447

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------|---------------------|--------------|---|---------------|
| 21738 | 4438.21738.09 | U.S. Agency for International Development | Opportunity International | 9418 | 1123.09 | Sustainable Income and Housing for OVC in Africa (OI OVC Track 1) | \$292,471 |
| 8447 | 4438.07 | U.S. Agency for International Development | Opportunity International | 4844 | 1123.07 | OVC Track 1/Round 1 | \$436,145 |
| 4438 | 4438.06 | U.S. Agency for International Development | Opportunity International | 3349 | 1123.06 | OVC Track 1/Round 1 | \$371,117 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 5,466 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | 5,466 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 4,029 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Coverage Areas

Bugiri
Bushenyi
Hoima
Kamuli
Luwero
Masindi
Mukono
Nakasongola
Jinja
Ibanda
Mbale
Pallisa
Sironko
Wakiso

Table 3.3.08: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 3370.08 | Mechanism: AIDS Capacity Enhancement Program (ACE) |
| Prime Partner: Chemonics International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Orphans and Vulnerable Children |
| Budget Code: HKID | Program Area Code: 08 |
| Activity ID: 12500.08 | Planned Funds: \$200,000 |
| Activity System ID: 15628 | |

Activity Narrative: In December 2005, USAID/Uganda initiated a contract with Chemonics International Inc to implement a program 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 aimed at strengthening 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. The program, named AIDS Capacity Enhancement (ACE) currently works with the Joint Clinical Research Centre (JCRC), Hospice Africa Uganda (HAU), the Inter-Religious Council of Uganda (IRCU), the Uganda AIDS Commission (UAC), the Ministry of Health Resource Centre (MOH RC), and is initiating work with the Uganda Women's Effort to Support Orphans (UWESO). Three organizations, JCRC, HAU, and IRCU play pivotal roles in expanding access to HIV/AIDS prevention, care and treatment in Uganda. IRCU, also manages over 40 sub-grants that support orphans and vulnerable children. UAC and MOH RC serve to coordinate the national HIV/AIDS response in terms of strategy, policy, monitoring, evaluation as well as reporting outcomes and results. The ACE project will consolidate the achievements made to date and will support the target organizations through the entire first phase of PEPFAR. ACE has made substantial progress in building the capacity of the targeted organizations.

One of the key components of the IRCU HIV/AIDS Program is support to orphans and vulnerable children (OVC). This support is provided primarily through a small grants process to faith-based community organizations who are supporting OVCs in primary education, vocational training and apprenticeship programs, psycho-social support, health care, and other areas. In addition, they are supporting OVC caregivers in obtaining skills in income-generating activities. ACE is supporting IRCU in strengthening the sub-granting processes to these organizations, improving their financial systems, upgrading and integrating their monitoring and evaluation systems, and providing skills in management and leadership to IRCU staff. ACE has supported IRCU to raise their competence and confidence in sub-granting to their implementing partners. Specifically, IRCU was assisted to gain competence in competing, negotiating and awarding grants. This support was crucial to finalizing the 44 OVC small grants.

Building on that support, ACE also provided capacity building support to the OVC grantees by developing training materials in USAID compliance and financial management. ACE trained staff from the 44 OVC grantees in leadership and management and worked with the monitoring and evaluation officers from the grantees in developing the data collection tool. ACE is providing ongoing support in monitoring, evaluation, and reporting so that the grantees can effectively manage their programs and evaluate their progress against stated PEPFAR targets. In FY 2007, ACE will be rolling out further training for these grantees on program management and will be working in close collaboration with the IRCU finance staff to provide technical assistance in financial compliance and reporting. In FY 2007 and FY 2008, ACE will continue to work with IRCU to improve the financial, monitoring, and reporting skills of the OVC grantees. In addition, in FY 2008 ACE will work with IRCU's OVC Program Advisor to develop mechanisms for quality assurance in OVC programs and ensure that all programs are being conducted in accordance with established national standards and policies for OVC work. ACE will help IRCU connect to other OVC service providers to ensure exchange of ideas and identification of best practices. Also, in FY 2008, ACE will continue to work with IRCU in ensuring that all its program areas through the various service providers at the local level are integrated and that there is an active collaboration and referral network between the palliative care/ART providers, OVC services-providers and HIV/AIDS prevention programs. All of these skills ensure these community-based OVC organizations can successfully implement their programs, and potentially expand them in the future.

UWESO has been an important player in the national response to supporting OVC for more than 20 years. It has an extensive national network that provides services to more than 70,000 OVC in four areas: food security and nutrition, HIV prevention and care, Basic Education and Improved household incomes. UWESO is also a recipient of PEPFAR funds through a sub-grant from another PEPFAR partner. In FY 2007, ACE will be initiating a working relationship with UWESO to further build their capacity to deliver high quality services on a larger scale. This process will begin with ACE working closely with UWESO to determine their greatest areas of need among the core organizational competencies that ACE supports. While this process is not complete, some likely interventions include upgrading UWESO's financial systems, establishing an organization-wide monitoring and evaluation framework and associated data collection tools and database, strengthening the leadership of the organization through coaching and mentoring or leadership training, improving their planning and management skills, and working with them to develop a new communications strategy that can position them to take a leadership role in the national OVC response. These interventions will be initiated in FY 2007 but will continue in FY 2008 and ACE will leverage its experience in systems strengthening to ensure that in FY 2008, the interventions undertaken with UWESO are consolidated and institutionalized within the organization. ACE will support UWESO to take on the leadership role in the non-governmental community of OVC providers so that it can be an effective partner to the Ministry of Labor and Gender, the governmental body coordinating the public sector response.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12500

Related Activity: 15627, 15629, 15630, 15631

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|----------------|---|-------------------------|---------------------|--------------|---|---------------|
| 26765 | 12500.26765.09 | U.S. Agency for International Development | Chemonics International | 11122 | 3370.09 | AIDS Capacity Enhancement Program (ACE) | \$0 |
| 12500 | 12500.07 | U.S. Agency for International Development | Chemonics International | 4850 | 3370.07 | AIDS Capacity Enhancement Program, ACE | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 15627 | 4525.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$650,000 |
| 15629 | 4530.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15630 | 4531.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$1,205,630 |
| 15631 | 4532.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$600,000 |

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | N/A | True |
| 8.2 Number of providers/caregivers trained in caring for OVC | N/A | True |

Indirect Targets

Target Populations

Other

Religious Leaders

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4895.08

Prime Partner: PLAN International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 8655.08

Activity System ID: 14237

Mechanism: Breaking Barriers: Ensuring the Future of OVC through Education, Psychosocial Support and Community-Based Care (PI OVC Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,226,720

Activity Narrative: Background:

Breaking Barriers seeks to increase OVC access to education, psychosocial support and home-based care for both children and their caregivers. Thus, access to education shall be increased both directly, by eliminating common barriers keeping OVC from school, and indirectly, by addressing their psychosocial and physical health needs and those of their families, and by addressing HIV/AIDS-related stigma. The Breaking Barriers aims to reach over 150,000 OVC during the life of the project. 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.

Overview of Activities in Uganda

The Uganda Program is a partnership among Plan /Uganda (country lead organization), Save the Children / US / Uganda and the Inter-religious Council of Uganda (IRCU). Activities will be implemented in Luwero District, where all three partners are well-established and Tororo District (where Plan and IRCU already collaborate). In addition, Save / US will work in Nakasongola, Nakaseke and Wakiso Districts, while Plan/Uganda will work in Kamuli and Kampala Districts. The emphasis of the Uganda program in the next fiscal year is on building capacity of the local education system, expanding access to non-formal education (Save/US and Plan/Uganda), and in building the capacity of religious leaders to provide home-based care, psychosocial support and stigma reduction activities (IRCU). Over 4000 OVC will be reached through CHANCE schools supported by Breaking Barriers. Plan / Uganda will focus on improving school infrastructure and school environment for girls, and in building educators' capacity for health education, psychosocial support and HIV-related advocacy. These collective activities are expected to benefit approximately 35,000 children, of whom 20,000 are OVC. Overall, the Uganda program will serve over 32,149 OVC and train over 5,000 individuals in caring for OVC in the next fiscal year. Sixty-six school management committees will receive technical assistance for institutional capacity building. Hundreds of individuals will be trained in other HIV-related skills. This activity/program is a continuation from FY06/FY07 with out significant modification on strategy and programming.

Uganda still faces significant challenges in its response to HIV/AIDS, despite the nation's aggressive and largely successful response to the epidemic. More than 1.5 million people are living with HIV, and approximately 1.8 million children have lost their parents to AIDS-related causes. The loss of parents renders families, communities and economies unable to function normally. The impact of HIV/AIDS is further felt by other vulnerable children, including those living with a chronically ill parent or guardian, and has exacerbated the difficulties experienced by the 44% of the population living below the poverty line. An estimated number of 209,840 OVC have been orphaned by HIV/AIDS and 1,320,000 OVC orphaned by other causes. The number of other vulnerable children due to HIV/AIDS is not readily available. It is estimated that 524,600 OVC need assistance during this planning period. Currently the breaking barriers program is reaching 36,206 OVC reached (6.9%) and plans to reach an additional 32,149 OVC through direct services with PEPFAR support.

The BB program has been implementing ECD activities in Nakasongola, Wakiso and Nakaseke. These activities will however be extended to other districts of Luweero, Kamuli, Kampala and Tororo. The BB program will leverage HIV/AIDS programs that support orphans and their families, PMTC program, education and scholarships, health and livelihood programs implemented by Plan will lead to improved food security and economic strengthening of OVC families. Other leveraged programs will include like Core Initiatives program, HIV/AIDS and Child Labor program.

The BB program will be strengthened by the implementation of action points documented lessons learnt and best practices. The program will also continue to work with the established education and religious structures in the program area. The program will continue to strengthening the referral system within the districts so as to ensure provision of OVC care. Partner organizations will continue to strengthen the integration of BB program with other projects within their organizations. The program will continue to implement ECD and primary education supporting activities both in formal and non-formal structures. The program will take deliberate steps to reach the disabled children with formal school structures and other institutions. With continued integration and leveraging, OVC will be supported through other health, HIV/AIDS, education, economic strengthening, legal rights and protection programs. The school and community based caregivers will continue to provide HIV/AIDS education and psychosocial support that will contribute to HIV prevention and mitigation amongst the OVC and their families. OVC will continuously be referred for HCT, palliative care, OI management and treatment, and ART

In order to build capacity, and knowledge for local and national structures in OVC programming, the program will;

- Support the dissemination of the OVC policy and NSPPI in the implementing districts through and in coordination with the Technical Support Organization in the regions of operation. Save the Children is the TSO for central region and will use the Breaking Barrier networks at community level to increase program impact specifically support MGLSD led activities like program evaluation, and assessment of national standards and provision of sites for evidence base.
- Support MGLSD to strengthen OVC data management through the districts.
- Support the MOH and MOES to train school teachers, SMC and VHT in psychosocial support, community based care and ECD
- Improve school infrastructure through the installation of water tanks, and construction of school latrines.
- Support the district probation departments by training the OVC program committees
- Support the training of primary school teachers in psychosocial, counselling and better teaching methods.
- Support the strengthening of OVC data bases in districts for improved planning and service delivery.

Activity Narrative: *Support the monitoring activities of different district departments with direct links to OVC programming.

To ensure sustainability, Breaking Barriers will continue to leverage 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 program 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 program is linked to the Food Monetization Programme supported by USAID.

Breaking Barriers partners will continue to 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 program. In addition, the IP draws technical and other support from the wider Breaking Barriers 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. Breaking Barriers 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8655

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------|---------------------|--------------|---|---------------|
| 21739 | 8655.21739.09 | U.S. Agency for International Development | PLAN International | 9419 | 4895.09 | Breaking Barriers: Ensuring the Future of OVC through Education, Psychosocial Support and Community-Based Care (PI OVC Track 1) | \$1,540,000 |
| 8655 | 8655.07 | U.S. Agency for International Development | PLAN International | 4895 | 4895.07 | Breaking Barriers/ Track 1 | \$769,301 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 32,149 | False |
| 8.1.A Primary Direct | 5,000 | False |
| 8.1.B Supplemental Direct | 27,149 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 1,536 | False |

Indirect Targets

The indirect beneficiaries in the BB program include families of the targeted OVC and the community members who will benefit from the services provided by the trained caregivers. Other indirect beneficiaries include OVC in schools not targeted by the BB program, local leaders, and school teachers to be reached through cascade training. Others include community members targeted by sensitization activities that include radio programs and the dissemination of NSP and NSPPI, OVC policy and advocacy materials.

Target Populations

General population

Children (under 5)

 Boys

Children (under 5)

 Girls

Children (5-9)

 Boys

Children (5-9)

 Girls

Ages 10-14

 Boys

Ages 10-14

 Girls

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Kampala
Kamuli
Luwero
Nakasongola
Tororo
Wakiso
Nakaseke

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1112.08

Prime Partner: Salvation Army

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 4440.08

Activity System ID: 14240

Mechanism: Community care programs for OVC (SA OVC Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$880,000

Activity Narrative: This activity is a continuation from FY2007 and has not been updated.

The Salvation Army (TSA) is an international Faith based organization operating in 110 countries. TSA mission is to preach the gospel of Christ and to meet Human needs without discrimination. The Mission of The Salvation Army World Service Office (SAWSO) is to support and strengthen The Salvation Army's efforts to work hand in hand with communities to improve the health, economic and spiritual conditions of the poor throughout the world.

The Salvation Army Community Care Program for OVC.

The Salvation Army World Service Office (SAWSO) in partnership with The Salvation Army Uganda and Pact are implementing a five year program for Orphans and Vulnerable Children (OVC) called "TSA Community Care Program For OVC". The purpose of the project is to strengthen and expand TSA's existing OVC response in the Uganda, developing a sustainable community-based response to OVC that will endure long after donor funding ends. The project components include community counseling, psychosocial support for OVC through Kids Clubs and home visits. The economic strengthening through the WORTH program emphasize self-help and building local capacity at the community, household and individual levels.

FY 07 / FY 08 Activities

By the end of June 2007 TSA had carried out 1,076 Community Conversations, Mobilized 13 more new communities in addition to 85 existing Communities. TSA assisted communities to form 84 Community action teams charged with the responsibility of mobilizing care and support for the neediest orphans and vulnerable children and coordinating OVC activities. 16,612 OVC have so far been provided with services which include Psychosocial support through Kids and Youth (KAY) Clubs, education and care and support since the onset of the program. 50 Psychosocial and community counselors received training as trainers and another 40 Community counselors received refresher courses. In FY 08 we intend to reach 15 more new communities and continue to work with the 85 existing ones.

Community Capacity enhancement through community conversations CCE-CC –

This activity is a continuation from FY 07 with no modification. Through this process communities will continue to develop their own strategies to modify and reduce recognized risk behaviors to HIV/AIDS while they identify ways to provide care and support to orphans, other vulnerable children and their families. Communities will continue to identify the most vulnerable children using their own criteria regardless of the cause of vulnerability and mobilize care and support for the neediest orphan children and families. The project will also continue to raise awareness of children's rights and advocates on their behalf. CCE-CC is based on the vision and recognition that the communities have the capacity to prevent HIV/AIDS, care, change and sustain hope in the midst of the HIV/AIDS epidemic. The methodology is based on facilitation, inclusion, partnerships and respect of the community's insights, perspectives and their interest and desire for change. Because CCE-CC is inclusive, involving all community members including PLWHA, barriers such as stigma break down. For CCE-CC activities, the service outlet is The Salvation Army church. In FY 08 The program will continue to mobilize 15 new communities Plus 85 existing ones through community conversations. It is estimated that the project will reach 4000 OVC With Direct support. Another major activity will be strengthening 85 Community Action Teams will to build their capacity to carry out activities even after the project has ended.

Psychosocial Support

This activity is a continuation from FY 2007 and has not been updated. Children will continue to receive community-based psychosocial support through Kids and Youth (KAY) Clubs. The KAY Club provides a safe environment for children and youth to relax through play activities, receive PSS from caring adults, learn about children's rights, HIV/AIDS and life skills, and also learn how to identify and mobilize their own resources to enhance their ability to cope. Through the KAY Clubs, trained volunteer counselors can identify children who need extra care, support, and advocacy. Trained volunteers facilitate the clubs and provide home visits to children. All children are welcome to participate, and this inclusive environment of fun helps to reduce the stigma of orphan-hood.

Refresher trainings will be conducted and support visits made to ensure that community volunteers provide quality care. Through KAY Clubs an estimated 6000 OVC will be reached (3500 boys and 2500girls).

Economic security

This activity is also a continuation from FY 2007 and has not been modified. WORTH is a unique income-generation training program that strengthens the ability of female-headed households to care for the growing number of orphans and other vulnerable children. Through the WORTH program women increase their family income through savings and loans to start and grow micro enterprises. Through this self-help program women also engage in self-instructional literacy, learn how to set up and manage transparent village banks, and learn good business practices. Very often the WORTH groups develop into community service outlets to provide care and support to the most needy in the communities including orphans and vulnerable children. WORTH staff and empowerment workers provide support to the women's groups through mobile workshops and ongoing technical support. These are conducted every other month to help management committees understand their roles and to ensure that the groups are functioning well. 3,336 women will continue with village banking with limited support from Empowerment workers and WORTH staff. 5,000 new cohort of female care-givers will be identified receive income generation training through the WORTH program in FY 08. It is also estimated that WORTH women will provide Indirect support to 10,000 children.

Monitoring and Evaluation

Performance monitoring will continue in FY 08, Using the monitoring and evaluation plan which was developed in FY 06. The Plan will be update from time to time. Data quality assessment and training of Community Action teams in Participatory monitoring and Evaluation will ensure sustainability of the program. A Mid term Review will also be conducted in FY08

Linkages/collaboration/coordination with other programs/partners

At National level TSA PEPFAR program collaborates with Ministry of Gender Labour and Social Welfare and other partners to develop guidelines to be used by organizations implementing OVC programs. At district level the TSA PEPFAR program collaborates with the District Development Officer, the district Probation officer and district Health Team in handling child welfare issues. The program also works with CBOs and NGOs in the program areas to share experiences and lessons learned and for referral purposes.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8449

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|----------------|---------------------|--------------|--|---------------|
| 21740 | 4440.21740.09 | U.S. Agency for International Development | Salvation Army | 9420 | 1112.09 | Community care programs for OVC (SA OVC Track 1) | \$585,437 |
| 8449 | 4440.07 | U.S. Agency for International Development | Salvation Army | 4846 | 1112.07 | OVC Track 1/Round 2 | \$302,076 |
| 4440 | 4440.06 | U.S. Agency for International Development | Salvation Army | 3351 | 1112.06 | OVC Track 1/Round 2 | \$329,102 |

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 20,000 | False |
| 8.1.A Primary Direct | 5,000 | False |
| 8.1.B Supplemental Direct | 15,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 300 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Wakiso
Busia
Iganga
Jinja
Kampala
Lira
Masindi
Mayuge
Mbale
Sironko
Soroti
Tororo
Bududa
Bugiri
Butaleja
Manafwa

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3166.08

Prime Partner: International HIV/AIDS Alliance

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4693.08

Activity System ID: 14202

Mechanism: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$250,000

Activity Narrative: In FY2008, in addition to the 21 districts and over 200 PHA groups and networks covered, the program will support over 100 PHA groups in 7 new districts to link OVCs in their members' households and the community to OVC services. The program will implement 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 program is community mobilization to maximize community ownership of the OVC challenge. The program will establish 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, who 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.

Over 1,000 PHAs in the respective networks will be trained as OVC caregivers including making referrals and overseeing social services provided by other providers. The Network Support Agents will be trained to monitor OVCs in the seven core areas. The program will provide direct support to over 40,000 OVC with protection and psychosocial services, and establish mechanisms to support community-based childcare.

At district level, links will be created between community development officers and other OVC related community services supported by 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8464

Related Activity: 14200, 14201, 14203, 15634

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------------|---------------------|--------------|---|---------------|
| 24482 | 4693.24482.09 | U.S. Agency for International Development | International HIV/AIDS Alliance | 10471 | 3166.09 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | \$250,000 |
| 8464 | 4693.07 | U.S. Agency for International Development | International HIV/AIDS Alliance | 4851 | 3166.07 | Expanding the role of People Living with HIV/AIDS Networks | \$250,000 |
| 4693 | 4693.06 | U.S. Agency for International Development | International HIV/AIDS Alliance | 3166 | 3166.06 | PHA Network | \$60,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 14200 | 4688.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$640,000 |
| 14201 | 4690.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$400,000 |
| 14203 | 8900.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$200,000 |
| 15634 | 4695.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$1,200,000 |

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 40,000 | False |
| 8.1.A Primary Direct | 0 | False |
| 8.1.B Supplemental Direct | 40,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 1,000 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Budaka

Bugiri

Butaleja

Hoima

Iganga

Jinja

Kabale

Kalangala

Kaliro

Kamuli

Kasese

Katakwi

Kayunga

Kibale

Kumi

Luwero

Manafwa

Masindi

Mayuge

Mbale

Mbarara

Mubende

Mukono

Namutumba

Nebbi

Pallisa

Rukungiri

Yumbe

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1258.08

Prime Partner: Family Health International

Mechanism: ROADS - SafeTstop Project

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 9176.08

Planned Funds: \$200,000

Activity System ID: 14195

Activity Narrative: This activity is a continuation from FY2007 and has not been updated.

This activity relates specifically to activities funded under Abstinence/Being Faithful (AB), Other Prevention (OP), Counseling and Testing (C&T) and Palliative Care. 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, including prevention, care and mitigation services for OVC. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Burundi, Democratic Republic of the Congo, Djibouti, Kenya, Rwanda, South Sudan, Tanzania and Uganda. 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.

With FY 2008 funds, ROADS will build on lessons learned and best practices in Katuna to introduce direct ROADS OVC support in Busia, Malaba and a fourth site to be determined. Based on ROADS OVC assessments and registration documents, the project will tailor OVC support to individual children to meet their needs in the following areas: food/nutrition, shelter and care, protection, health care (including child survival), education, economic strengthening and psychosocial support. During September 1, 2008 and September 1, 2009 the project will reach 2,500 OVC with direct support. ROADS will train 400 caregivers (new and expanded), including extended family members, teachers, youth, women and faith groups, community social workers and people living with HIV and AIDS. Recognizing the emotional and physical toll that orphan care can have on caregivers, ROADS will introduce programming specifically to address the needs of OVC caregivers, i.e., extended families especially grandparents who have absorbed these children into their households, by providing psychosocial support, education/training in nutrition and parenting, medical and social services, access to economic strengthening through agriculture and other business development, and community-sharing of child support. 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. Youth and FBO clusters will organize social/day care facilities where caregivers can periodically drop their children while they access care and support services. Older orphans, a large and underserved population, will be a key focus, recognizing their unique challenges and needs.

The project will expand HIV risk-reduction and care strategies specifically for older OVC, including heads of households, linking them and siblings with C&T, reproductive health services, psychosocial support, legal counsel, and emergency care in cases of rape and sexual assault. Children who test HIV-positive will be referred for pediatric AIDS services. 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 well-being of orphan-headed households. This will entail job training linked with micro-finance, job creation and other economic opportunities for OVC breadwinners through the LifeWorks Partnership. 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.

In FY08, activities will include sensitization of teachers and health providers to help ensure OVC have full access to services. 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. As a new activity, ROADS will test a cash-transfer model in Katuna as a methodology for addressing the needs of OVC living in desperate poverty situations. SUSTAINABILITY: Almost all partners on the project are local entities that exist without external funding, indigenous volunteer groups caring for OVC. As a result project activities are highly sustainable. Indigenous volunteer groups partnering with the project, including those that can provide community-based OVC care and support, were established without outside assistance and will continue functioning over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, implementing activities with people in their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9176

Related Activity: 14192, 14193, 14194, 14196

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 9176 | 9176.07 | U.S. Agency for International Development | Family Health International | 4833 | 1258.07 | Northern Corridor Program/Uganda Section | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------|-----------------------------|---------------|
| 14192 | 9169.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$300,000 |
| 14193 | 4508.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$750,000 |
| 14194 | 4510.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$550,000 |
| 14196 | 4509.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$375,000 |

Emphasis Areas

Gender

- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

| | |
|---|----------|
| Estimated PEPFAR dollars spent on food | \$50,000 |
| Estimation of other dollars leveraged in FY 2008 for food | \$20,000 |

Public Private Partnership

| | |
|---|----------|
| Estimated PEPFAR contribution in dollars | \$40,000 |
| Estimated local PPP contribution in dollars | \$20,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 2,500 | False |
| 8.1.A Primary Direct | 1,500 | False |
| 8.1.B Supplemental Direct | 1,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 400 | False |

Indirect Targets

Family members of direct targets, including extended family.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Busia
Tororo
Kabale

Table 3.3.08: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 6181.08 | Mechanism: Financial Management Agent/ Civil Society Fund (FMA/CSF) |
| Prime Partner: Deloitte Touche Tohmatsu | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Orphans and Vulnerable Children |
| Budget Code: HKID | Program Area Code: 08 |
| Activity ID: 12499.08 | Planned Funds: \$6,316,253 |

Activity System ID: 14189

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism.

USG/PEPFAR OVC resources previously channeled through the Ministry of Gender, Labour and Social Development (MGLSD) will now be channeled through this mechanism. Through open and competitive solicitations, grants will be provided to local districts and civil society organizations to support the National Orphans Policy and National Strategic Plan of Implementation. OVC resources in particular will be used to support comprehensive district grants including funding to local government community-based service departments as well as district based civil society organizations in an attempt to provide a more comprehensive response to identified children. This represents a significant change in the way OVC services have been financially and technically supported by the USG and other partners and is being initiated with FY07 funding. The CSF is working closely with the CORE Initiative and the MGLSD to facilitate this transition. See the CORE Initiative OVC activity write-up for more information on technical support to this initiative. Funding will also continue for the expansion and improvement of integrated pediatric HIV and "traditional" OVC services. This grant is also just beginning under the CSF. The solicitation and awarding of this grant was delayed so as to avoid substantial overlap in granting activities between the MGLSD/CORE Initiative and the CSF mechanisms. Technical Service Organizations currently funded and supported under the MGLSD/CORE Initiative will be transitioned to the CSF early next year. The CORE Initiative as the TMA to the CSF as well as the technical support agent for the MGLSD will continue to provide substantial technical support to the roll-out of the OVC response in partnership with the FMA.

Routine monitoring and evaluation activities of grantees will also be supported with these resources.

Please see CORE Initiative OVC write-up for more detailed information related to support to the national response and technical service organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12499

Related Activity: 15991, 15993, 15996, 15484,
15491, 16001, 15859

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|---|--------------------------|---------------------|--------------|--|---------------|
| 21747 | 12499.2174 7.09 | U.S. Agency for International Development | Deloitte Touche Tohmatsu | 9424 | 6181.09 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | \$5,975,787 |
| 12499 | 12499.07 | U.S. Agency for International Development | Deloitte Touche Tohmatsu | 6181 | 6181.07 | CSF/Deloitte and Touche | \$4,825,932 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 68,500 | False |
| 8.1.A Primary Direct | 40,000 | False |
| 8.1.B Supplemental Direct | 28,500 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 10,740 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Refugees/Internally Displaced Persons

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1122.08

Prime Partner: Christian Aid

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 4011.08

Activity System ID: 14187

Mechanism: Community-based care of OVC (CA OVC Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$424,912

Activity Narrative: 1.ACTIVITY DESCRIPTION:

Christian Aid (CA) is currently implementing a Track 1 OVC project that began in FY 2005. CA is a UK based international development agency with over 40 years of experience supporting more than 550 indigenous non-governmental and faith-based organizations in 60 countries. CA is working with a mutually supporting network of three sub-partners in Uganda to respond to the President's Emergency Plan for AIDS Relief (PEPFAR): AIDS Care, Education, and Training (ACET), Concerned Parents Association (CPA), and Youth With a Mission (YWAM). By the third quarter of FY 2007, CA and the sub-partners supported a total of 8,621 OVC (4,767 boy and 3,854 girls), 3,995 with three or more services. In addition, 2,514 caregivers were trained to provide improved care and support for these same OVC.

The expected impact of the CA Track 1 project for Uganda for FY 2008 is to improve the quality of life for 9,000 OVC residing in 11 sub-counties in northern Uganda. 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; 2) OVC protected from stigma, discrimination, exploitation, violence, and sexual abuse; 3) capacity of sub-partners and community institutions developed to support quality OVC programming; and 4) lessons learnt, models, and best practices shared and replicated. It is expected that the project will reach at least 9,000 OVC in Uganda in FY 2007. In FY 2008, Christian Aid and its partners will provide care and support to these same 9,000 OVC – of which at least 7,200 will benefit from three or more services. In addition, 2,800 caregivers will be trained to provide improved care and support to these OVC. (The same 15 sites that were supported in FY 2007 will continue to be supported in FY 2008.)

To achieve the expected impact and outcomes, the project will continue to roll-out and strengthen its innovative and organically developed community-based model to provide OVC with holistic and sustainable care and support. In particular:

- 1.Representatives of priority OVC households in the Ugandan sites will continue to be mobilized into Savings and Loan Associations (SLAs). Here, the members save for several months until their savings become significantly large, thereby, allowing the members to draw small loans, which they use for income generation activities, school fees and uniforms, etc. To complement this economic strengthening work and bolster their food and nutritional security, the groups are also supported with self-help projects in agriculture and complementary sectors, e.g., seed and livestock multiplication.
- 2.OVC between the ages of six to 11 years of age whose guardians are attached to the SLA groups participate in Kids Clubs activities on a weekly basis. Trained peer facilitators take the children through a structured manual informed by material developed by the Regional Psychosocial Support Initiative (REPSSI). In this way, these children receive quality, structured PSS.
- 3.Older OVC – those between the ages of 12 to 17 years of age – are mobilized into youth clubs and participate in the program's life skills sessions on a weekly basis. The sessions are also facilitated by trained peer educators by material informed by Population Services International (PSI) and other national and international reputable material. Through the life skills sessions, these older OVC benefit from both healthcare support (i.e., reproductive health) and PSS.
- 4.Within the SLA groups, child protection Monitors are appointed. The Monitors are responsible for visiting the homes of each of their fellow SLA members at least twice per month. Here, they spend time with the OVC, thereby, providing adult mentorship support, as well as ensure they are not being physically or mentally abused, stigmatized, and/or discriminated against. When minor child protection cases are revealed, they counsel the guardians in question to explore alternative ways of treating the children. More serious cases are reported to the OVC Support Committees, child protection committees, and/or local government officers/police for resolution. Through this mechanism, the project is working to ensure that all the children are systematically monitored and, therefore, benefit from child protection support, as well as one-one-one counseling support.
- 5.Despite the economic strengthening work that is being undertaken, there are still many OVC that are unable to attend school, particularly at the secondary level. Given this, rigorous targeting is undertaken with the OVC Support Committees and SLA groups to identify older OVC in most need of secondary school support, and this is provided. In addition, older OVC that cannot be integrated into the formal education system, i.e., those that do not even possess a basic educational foundation on which to build, will be provided with vocational training through local training colleges.

Through the above community-based model, the participating OVC will access most, if not all, of the following core services: economic strengthening, PSS, healthcare support, food and nutrition, protection, and educational support. This will, thereby, ensure that they receive comprehensive, quality support. Furthermore, by channeling support and capacity building through the SLA groups, CA will ensure that the services provided to the OVC are family focused and sustainable, as it is highly likely that these groups will continue to operate in the post-implementation period. The larger OVC Support Committees who they are apart will also continue to be linked to local government structures and other sources of support. In addition, by ensuring that the Kids Club and Life Skills activities target younger and older OVC, respectively, CA will ensure that the interventions are age appropriate. Gender sensitivity is additionally promoted by ensuring that there are both male and female peer educators to support direct work with the OVC. The life skills activities will furthermore build the capacity of OVC between the ages of 12 to 17 to avoid contracting HIV and other sexually transmitted infections (STIs), as well as preventing them from succumbing to unwanted pregnancy.

The above interventions are directly informed by and in support of the National Orphans and Other Vulnerable Children Policy and the National Programme Plan of Interventions for Orphans and Other Vulnerable Children 2005/6 – 2009/10. In particular, the former document's guiding principles – including those related to the rights based approach, ensuring that the family and community is the first line of response, focus on the most vulnerable children, and community participation and empowerment – lay at the very foundation of CA's project. Moreover, Uganda's goal of ensuring the realization of the rights of OVC is directly in line with the project's goal. The project will also ensure the realization of the objectives of Uganda's OVC policy by supporting the development of a more protective environment for children in the participating communities, ensuring that OVC access essential services and that resources for OVC programming are used strategically and efficiently, and that the capacity gaps of guardians, local leaders, and community institutions are addressed to ensure that they can support the realization of the rights of OVC for the long-term. CA will also ensure that the program is effectively coordinated with and mutually

Activity Narrative: reinforces the work of local government by ensuring that the sub-partners attend district-level coordination meetings, as well as the timely submission of programmatic reports on a quarterly basis.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA:

As explained above, CA's project focuses on ensuring that OVC access the core program areas of support, as spelled out in the Guidance. The vision is to ensure that each OVC receives a holistic package of support based on his or her own particular needs. Moreover, this Program Area's Guiding Principles are being closely followed. This includes: focusing interventions on the family unit and the community and not only on the affected child; developing the capacity of OVC households and communities to provide better and sustained support to OVC through the promotion of SLA groups and OVC Support Committees; ensuring the meaningful participation of children in the program through their representation on the OVC Support Committees and integration into monitoring and evaluation (M&E) processes; and reducing gender disparities by ensuring both girl and boy OVC are closely monitored and protected from exploitation, abuse, and discrimination and by empowering both boy and girl OVC with vital life skills.

3.LINKS TO OTHER ACTIVITIES:

Through the SLA groups, specific interventions will continue to be undertaken in FY 2008 to encourage both the SLA members and even the OVC under their care access local voluntary counseling and testing (VCT) services, so they, if necessary, can be effectively linked to HIV treatment providers such as the Joint Clinical Research Center (JCRC). In fact, specific training materials will be developed and delivered to the groups to this effect. Finally, efforts will continue to be made to link the participating households to other developmental organizations in the districts, so they can access complementary forms of support in the food security, economic strengthening, and water and environmental sanitation sectors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8412

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---------------|---------------------|--------------|---------------------|---------------|
| 8412 | 4011.07 | U.S. Agency for International Development | Christian Aid | 4829 | 1122.07 | OVC Track 1/Round 2 | \$333,764 |
| 4011 | 4011.06 | U.S. Agency for International Development | Christian Aid | 3172 | 1122.06 | OVC Track 1/Round 2 | \$137,187 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

| | |
|---|---------|
| Estimated PEPFAR dollars spent on food | \$2,000 |
| Estimation of other dollars leveraged in FY 2008 for food | \$1,000 |

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 9,000 | False |
| 8.1.A Primary Direct | 7,200 | False |
| 8.1.B Supplemental Direct | 1,800 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 2,800 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children
People Living with HIV / AIDS

Coverage Areas

Gulu

Katakwi

Kitgum

Soroti

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1116.08

Prime Partner: Africare

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 4437.08

Activity System ID: 14181

Mechanism: Community-Based Orphan Care, Protection and Empowerment (COPE) (Africare OVC Track 1)

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$584,044

Activity Narrative: The Community-Based Orphan Care, Protection and Empowerment (COPE) Project is a five year regional project being implemented in Uganda, Tanzania, Rwanda and Mozambique. The goal of the project is to reduce the socioeconomic impact of HIV/AIDS on orphans and vulnerable children (OVC) and their caregivers. COPE aims to achieve this goal by strengthening the capacity of families to cope with their problems and increasing the capacity of children and young people to care for their own needs.

In Uganda, the Project is being implemented in fifteen sub-counties of the Ntungamo district. In FY 2007, the project served OVC and their caregivers through 109 sites/service outlets providing psychosocial, education, nutrition and economic support. The project intends to increase the sites by adding on new schools and other community service outlets. The total outlets for FY 2008 are estimated to be over 130. To date, COPE Uganda has served 31,021 OVC. In FY 2007, the project registered commendable results as of March 2007, a total of 23,002 (12,354 female and 10,648 male) OVC and 5,964 caregivers and service providers received services. Activities supported by USG funds included providing life skills training, peer education and psychosocial support (PSS) for OVC and caregivers. As of March 2007, scholastic materials were provided for 3,033 OVC in primary school and 732 OVC were enrolled in secondary or vocational school. Capacity building programs were held for service providers as 50 primary school teachers were trained in life skills, 500 OCC members in PSS, and 7 CBO/FBOs in monitoring and evaluation (M&E) and OVC national policy guidelines. 328 caregivers were trained in savings, governance, financial management and business development in preparation for undertaking the fruit drying income generating activity (IGA). Among the activities implemented, school block grants and income generating activities are successful program models that will be scaled up during FY 2008.

Non-USG funds were mobilized from a local association to support shelter construction of a child headed household. The services provided helped OVC stay in school, access health services and improve their nutritional status. Increased incomes have been reported by caregivers participating in IGA activities who have also begun supporting OVC with additional services. OVC, caregivers and the community at large benefited from educational messages on HIV/AIDS prevention.

Most of the activities to be implemented in FY 2008 are continuing from FY 2007. The project will target 20,000 OVC and 5,000 caregivers. The project will emphasize comprehensiveness of services by providing at least three core services. In FY 2008, the project intends to accomplish the following activities per strategic objective:

1. Enhanced district/community capacity to coordinate care and support services for OVC and caregivers. TOT trainings on home based care will be given to 40 staff members from CBO/FBOs and 45 service corps volunteers. The organizations and SCV will in turn train 1,024 orphan care committees (OCC) who will then train caregivers. 35 staff members of partner institutions will be trained in resource mobilization at the community level for ownership and sustainability of the project. 9 members of the District Child Forum (DCF) will be trained in child rights and protection. Advocacy and lobbying for OVC support will be done through 4 radio talk shows and radio spots. 91 OCCs and caregivers will be supported to start up cooperative activities.
2. Increased access to life skills training, peer education and psychosocial care and support to OVC and their families. The project will continue to train 5,000 in-school and out-of-school OVC in life skills and PSS. 80 teachers will receive refresher training for in PSS and life skills. Caregivers, too, will be trained in PSS. 450 peer educators will be trained on HIV/AIDS transmission and prevention in order to train 9,000 of their peers and assist in raising community awareness about the risks.
3. Increased access to educational support services for OVC. COPE will continue to train 15 school development committee (SDC) in block grants methodology, proposal writing and development and how to improve enrolment and retention of supported OVC. The project will also provide scholastic materials to 6,000 OVC and uniforms to 1,000 OVC in primary schools and monitor OVC school attendance in those schools being supported by block grants.
4. Increased access to healthcare and nutritional support (including nutrition education and food for OVC and caregivers). COPE will continue to provide improved vegetables for nutrition improvement, agricultural tools to 500 vulnerable households in the establishment of backyard gardens, support school-based food programs through the provision of seeds to support the activities of 10 COPE clubs in the schools, train 500 caregivers in nutrition, establishing nursery beds, less intensive farming technologies, support Growing of fruit trees to supplement nutrition and to ensure the sustainability of the project. 500 caregivers will be trained in domestic hygiene and sanitation to control the occurrence of sanitation related diseases, provide hygienic materials to 4,000 OVC in schools and COPE club members, provide 2,000 long lasting insecticide treated nets (LLITN) to control malaria among OVC. In addition, the new interventions will include linking 2,000 caregivers and OVC to VCT services and school based- hygiene and sanitation program with emphasis on hand washing.
5. Increased access to income generating opportunities for OVC and Caregivers. The project will continue to support fruit drying and Artemisia growing for 500 caregivers, establish IGA activities for 30 child headed households, place 100 OVC in artisan training programs, procure start up kits for 130 artisan graduates, monitor child headed households supported with IGAs and conduct monitoring of all supported activities. Also, caregivers and OVC will form 10 savings and loan associations to improve the saving culture and facilitate sustainability of their projects.

COPE will conduct a mid term review of the project to assess whether project activities are being implemented as planned. COPE project will work closely with the TSO in south western Uganda to strengthen coordination mechanisms of CSOs that support OVC in Ntungamo district. TSO will build on the already formed District Child Forum to streamline the coordination mechanisms. COPE views sustainability as a cross cutting objective with two components: (1) Capacity building of local organizations, COPE trained CSOs, local existing associations and other service providers to improve service delivery, ownership and sustainability of OVC activities and (2) Expanded community participation. The project had a major challenge of delayed and insufficient funding that caused the Project to scale back on some activities. The project is exploring ways of getting additional money to complement Track 1 funding from the mission.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8402

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------|---------------------|--------------|---|---------------|
| 21765 | 4437.21765.09 | U.S. Agency for International Development | Africare | 9431 | 1116.09 | Community-Based Orphan Care, Protection and Empowerment (COPE) (Africare OVC Track 1) | \$464,874 |
| 8402 | 4437.07 | U.S. Agency for International Development | Africare | 4824 | 1116.07 | OVC Track 1/Round 2 | \$730,033 |
| 4437 | 4437.06 | U.S. Agency for International Development | Africare | 3348 | 1116.06 | OVC Track 1/Round 2 | \$243,228 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 20,000 | False |
| 8.1.A Primary Direct | 10,000 | False |
| 8.1.B Supplemental Direct | 10,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 5,000 | False |

Indirect Targets

The project will indirectly reach over 30, 000 beneficiaries. This will include secondary school students who will benefit from textbooks, laboratory equipment, computers, solar panel systems, furniture, renovated classrooms and other resources provided to schools under the block grant. Both OVC and non OVC children attend all COPE Club activities that include life skills training, HIV/AIDS awareness creation community drama and video shows. Spectators who watch the children perform the activities are also benefiting from the messages put forth. Also, IGA activities like fruit drying have provided a market to the communities for their fresh fruits like pineapples, apple bananas, and paw paws. Other community members have become interested in starting fruit drying IGAs and the growing of Artemisia an anti malarial plant that has a ready market in Kabale District.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Ntungamo

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1118.08

Mechanism: Increased access and care for OVC in great lakes region (AVSI OVC Track 1)

Prime Partner: Associazione Volontari per il Servizio Internazionale

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity System ID: 14182**Activity Narrative:** This activity is a continuation from FY 07 and has not been updated.

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 strengthening.

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 beneficiaries of supplemental direct support, AVSI plans to support a number of needy children who will benefit from requirements for school, remedial classes, and 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. The exact targets of the indirect activities are given in the 'indirect targets' table' below. 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. The database also helps to track that each OVC served receives a comprehensive package as per AVSI's plan of implementation, moreover the services are offered according to the assessed vulnerabilities of each child, & an individualized plan is made to guide the support of the child, considering age & family background. AVSI OVC program is leveraging resources and partnerships with other agencies, like the Memory Project, a US organization, 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 PHA 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 held at national and district level. In FY 2008, AVSI will concentrate on designing an exit as well as sustainability strategy for the children being supported presently by the Increased access to care and support to orphans and other vulnerable children. During FY 2007, AVSI finalized a memorandum of understanding with Ministry of Gender Labor and Social Development which spells out that AVSI is to work in collaboration with this ministry and local authorities & organizations in implementing the project. AVSI has been leveraging food supplies from World Food Program and intends to continue even in FY2008. AVSI does not offer palliative care but has been linking her beneficiaries to organizations and institutions that offer the service as well as offer ARVs to the sick beneficiaries.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8407**Related Activity:**

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---|---------------------|--------------|--|---------------|
| 21766 | 4008.21766.09 | U.S. Agency for International Development | Associazione Volontari per il Servizio Internazionale | 9432 | 1118.09 | Increased access and care for OVC in great lakes region (AVSI OVC Track 1) | \$1,440,000 |
| 8407 | 4008.07 | U.S. Agency for International Development | Associazione Volontari per il Servizio Internazionale | 4826 | 1118.07 | OVC Track 1/Round 2 | \$1,169,125 |
| 4008 | 4008.06 | U.S. Agency for International Development | Associazione Volontari per il Servizio Internazionale | 3168 | 1118.06 | OVC Track 1/Round 2 | \$1,117,099 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening

* Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 6,305 | False |
| 8.1.A Primary Direct | 6,011 | False |
| 8.1.B Supplemental Direct | 294 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 110 | False |

Indirect Targets

The target for AVSI in this financial year is to implement several indirect activities benefiting the communities and the families in the areas where the OVC supported live. The activities will be; Business training for 900 beneficiaries, Income generating activities 1,703 beneficiaries, Community sensitization on HIV/AIDS and other issues for 20,523 beneficiaries, Community support (adult literacy, renovation of houses for widows, water and sanitation in slums, house rent, food and non food items est. for 7,218 beneficiaries, recreational activities for 1,208 children not supported by AVSI directly. Remedial classes for 28 children not supported by AVSI directly but in schools where AVSI supported children attend, providing lunch for 30 children not supported directly by AVSI, but in schools where AVSI supported children attend. AVSI also intends to support quality education through rehabilitation of schools, construction of latrines for schools, teaching material and equipment for schools for a total of 8,703 beneficiaries.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Teachers

Coverage Areas

Gulu
Kitgum
Jinja
Kampala
Kamuli
Kibale
Lira
Masaka
Nebbi
Tororo
Wakiso
Bushenyi
Hoima
Luwero
Dokolo

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1030.08
Prime Partner: CARE International
Funding Source: GHCS (State)
Budget Code: HKID
Activity ID: 3197.08
Activity System ID: 14185

Mechanism: The Core Initiative
USG Agency: U.S. Agency for International Development
Program Area: Orphans and Vulnerable Children
Program Area Code: 08
Planned Funds: \$8,237,000

Activity Narrative: This activity has three main components: 1) Strengthening the capacity of Ministry of Gender, Labor and Social Development (MGLSD) to lead, manage, coordinate, monitor and evaluate the national response to Orphans and Other Vulnerable Children; 2) Improving the quality of OVC services provided through civil society implementing partners; and 3) providing technical support to the Civil Society Fund Steering Committee.

Institutional strengthening: This funding will support three areas of institutional strengthening a) management, planning and coordination, b) monitoring and evaluation, and c) advocacy and communications. Last year, CORE Initiative assisted MGLSD with completion of the central and district level capacity building strategy. With FY08 support, management systems development will focus on strengthening central level planning and coordination of the national response, principally through technical support to MGLSD's National Implementation Unit 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. During the past year, CORE Initiative assisted MGLSD's OVC monitoring and evaluation systems with the completion of national OVC program indicators, and the design and specifications for a national OVC Management Information System. Monitoring and evaluation support will include continued support for the national OVC management information system through MGLSD's Community Information System, and strengthening the use of primary and secondary data for program decision making, ensuring that that CSOs, districts, and MGLSD are allocating resources to particular interventions based on documented need and program efficacy. MGLSD will make regular use of data obtained through the CIS, national field surveys, and program assessments aimed at identifying the most effective interventions in high priority core programme areas and replicating innovative models for the provision of comprehensive OVC services at district and subcounty levels. The advocacy and communication component has completed a qualitative study of MGLSD advocacy and communication needs, and completed development of a national Advocacy and Communications Strategy. In FY08, CORE Initiative will continue technical support for implementing the national OVC advocacy and communications strategy aimed primarily at positioning MGLSD as the focal point for the national response and securing increased donor and GOU budget allocations for OVC, publicizing and promoting use of Technical Services Organizations, and MGLSD's partnerships with civil society through the Civil Society Fund. This component will include the provision of operational support to MGLSD's NIU and the policy and planning unit through a grant. The grant will support MGLSD central level coordination efforts, the functioning of the NIU, the OVC website, communications, equipment and supplies, and travel.

Improving OVC program quality. Last year CORE Initiative assisted MGLSD with the development and completion of national OVC program quality standards, and a guide for applying these standards at the local service delivery level, and assisted MGLSD with the launching of the zonal Technical Services Organizations model strengthening technical leadership and district capacity building for the national response to OVC. FY08 funding will support two main activities improving the quality of the national response a) working with 8 civil society partners serving as zonal Technical Services Organizations linking the national level with Uganda's 82 districts, and b) managing, implementing, monitoring and evaluating MGLSD's national OVC quality standards.

TSOs have two main functions: 1) rolling out national policies, principles, quality standards, guidelines and protocols to districts, subcounties and civil society implementing partners; and 2) strengthening the capacity of district Community Based Services Departments to map, plan, supervise, monitor and evaluate comprehensive district level OVC services supporting the National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children. Capacity building with the CBSDs will focus on a) development of comprehensive district OVC plans b) technical assistance/capacity building of civil society c) building district capacity to provide supportive supervision of civil society partners implementing service delivery activities d) institutionalizing district coordination mechanisms and e) monitoring and evaluating OVC service provision. Financial support to the TSOs and to the District CBSDs will be provided through the Civil Society Fund's Financial Management Agent.

Civil Society Fund. Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. In FY08, funding under this component will support CORE Initiative's provision of technical support to the CSF Steering Committee through CARE Uganda as the Technical Management Agent. Technical support will include strengthening the CSF Secretariat at UAC, supporting the operational functions of the CSF Steering Committee, supporting the institutionalization of transparent and competitive granting mechanisms used by the CSF to solicit, review and award civil society grants, and providing technical support to CSF grant recipients. Grants to CSF implementing partners will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. Targets reached through the CSF will be reported by Deloitte and Touche, the Financial Management Agent.

As this is the final year of project funding, it is expected that by the end of the year the MGLSD NIU and the 8 Technical Services Organizations will be positioned to continue the technical direction and support that has been provided by CORE Initiative.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8408

Related Activity: 14183, 14184

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------|---------------------|--------------|---------------------|---------------|
| 26763 | 3197.26763.09 | U.S. Agency for International Development | CARE International | 11121 | 11121.09 | The Core Initiative | \$0 |
| 8408 | 3197.07 | U.S. Agency for International Development | CARE International | 4827 | 1030.07 | The Core Initiative | \$4,480,000 |
| 3197 | 3197.06 | U.S. Agency for International Development | CARE International | 2760 | 1030.06 | The Core Initiative | \$5,531,014 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------|--------------------|---------------|
| 14183 | 3198.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$495,000 |
| 14184 | 6551.08 | 6729 | 1030.08 | The Core Initiative | CARE International | \$375,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | N/A | True |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | N/A | True |
| 8.2 Number of providers/caregivers trained in caring for OVC | N/A | True |

Indirect Targets

CORE Initiative will be providing technical support to the Ministry of Gender, Labour and Social Development, which is responsible for overseeing the national OVC response, through central level technical assistance and support to 8 zonal Technical Services Organizations (TSOs), covering all 82 of Uganda's districts. The TSOs, in turn, will be strengthening the capacity of District Community Based Services Departments to develop district OVC plans for providing comprehensive OVC services through linked and networked civil society, private sector, and public sector OVC providers, and to supervise, monitor and evaluate implementing partner implementation of these plans. In addition, CORE Initiative will be providing technical support to the Civil Society Fund, programming USAID, Global Fund, and other donor resources for civil society organizations providing OVC services. The USG M&E contractor (MEEPP) is currently undertaking an analysis of nonUSG funded OVC partners to determine the total indirect target. It is anticipated that 500,000 orphans will be supported through the Civil Society Fund. These numbers will be reported by Deloitte and Touche.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism**Mechanism ID:** 5034.08**Mechanism:** Food and Nutrition program for People Living with HIV/AIDS**Prime Partner:** University Research Corporation, LLC**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Orphans and Vulnerable Children**Budget Code:** HKID**Program Area Code:** 08**Activity ID:** 9101.08**Planned Funds:** \$150,000**Activity System ID:** 14178

Activity Narrative: In FY2008 food and nutrition intervention for People Living with HIV/AIDS (PHAs) program will continue to provide technical and financial support to Ministry of Health (MoH), CBOs/NGOs, Networks of People Living with HIV/AIDS and USG implementing partners and sub-grantees, in twenty districts to integrate food and nutrition interventions in HIV/AIDS prevention, care and treatment programs. The program aims to improve quality of life of PHAs and increase adherence to ARVs and ARV efficacy, and implements three major food and nutrition interventions namely: food and nutrition assessment that determines nutrition status, food access and availability, and household and community coping capacity, nutrition Counseling and Care including infant and young child nutrition feeding options and targeted food and nutrition support that includes food supplements for vulnerable groups including Orphans and Vulnerable Children (OVC), HIV-positive pregnant and lactating mothers and those with mild-to-moderate malnutrition, therapeutic foods for moderately and severely malnourished PHAs, micronutrient supplementation and replacement feeding for infants.

The program will target OVC, particularly children under the age of two, born to HIV-positive mothers that are identified through and linked to PMTCT, community outreach, or other OVC programs, nutritionally vulnerable children identified in households of PHAs, HIV-positive children identified through feeding centers in conflict affected districts, and HIV-positive pregnant and lactating women. Infants born to HIV-positive mothers are at a substantially higher risk of low birth weight, early malnutrition, and mortality in the first two years of life, than children born to mothers without HIV, and the risks are greatest for infants of mothers with more advanced disease. Providing nutritional care is essential to minimize HIV transmission in the post-natal period, whilst at the same time maximizing overall child survival. The Nutrition for PHAs program will provide critical food and nutrition interventions for HIV-exposed infants that include nutritional assessment, infant feeding, counseling and support, periodic vitamin A supplementation, provision of suitable replacement foods as appropriate and regular growth monitoring.

Linkages will be made to programs that provide supplementary feeding, food assistance and livelihood assistance programs for households of People Living with HIV/AIDS. The programs include among others, World Food Program (WFP) and ACDI-VOCA under the Title II, Food for Peace Program, Save the Children and World Vision.

The program appreciates the fact that frequent untreated infections, nutrient malabsorption and other metabolic complications of HIV place HIV-positive infants at extremely high risk of malnutrition. To increase the likelihood that these children will recover from severe acute malnutrition, the program will train healthcare providers and carers on early detection and initiation of therapeutic feeding. Successful outcomes for these children will also depend on strong counseling program and support system for mothers. Therefore this program will integrate nutritional counseling and education in HIV/AIDS care services and train communities and CBOs on how to provide support to mothers.

In FY2008, the program will develop a nationally acceptable Ready to Use Therapeutic Foods (RuTF) reconstituted out of locally available foods and establish a system for effective development and delivery of RuTF to severely malnourished OVC. The private sector and Networks of People Living with HIV/AIDS will be engaged in leveraging resources to develop and sustain programs for the nutritional rehabilitation of PHAs in the community. Guidelines on therapeutic feeding for PHAs will be developed and disseminated. Guidelines on setting up and managing a community therapeutic system and a framework for monitoring and evaluation of therapeutic feeding will be developed and implemented.

10,000 patients with evidence of severe malnutrition and on ART will receive RuTF and over 20,000 OVCs including infants receiving replacement feeding, receiving food and nutritional supplementation.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9101**Related Activity:** 14177, 14179

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------------------|---------------|
| 14177 | 9099.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$750,000 |
| 14179 | 9102.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$950,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 20,000 | False |
| 8.1.A Primary Direct | 0 | False |
| 8.1.B Supplemental Direct | 20,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 1,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5028.08

Mechanism: HIPS (Health Initiatives in the Private Sector)

Prime Partner: Emerging Markets

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 9081.08

Planned Funds: \$150,000

Activity System ID: 14172

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

In FY08, the activities that will be implemented include but not limited to the following:

- Develop innovative approaches to support orphans and other vulnerable children through assessing and designing initiatives that build on experiences from other OVC-related programs in Sub Saharan Africa. HIPS partnership with national and multinational corporations will expand support to OVCs in the neediest communities through strengthening capacity of families and the community to access OVC services supported by the private sector as part of their corporate social responsibility. Consideration should be given to highly vulnerable children of employees and communities i.e. children of parents working in estates, factories, and plantations. In Uganda, support to household and community (not just child) is a critical component of a successful program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9081

Related Activity: 14169, 14170, 14171, 14173, 14174, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21755 | 9081.21755.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$150,000 |
| 21754 | 9081.21754.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$750,000 |
| 9081 | 9081.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$100,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

| | |
|---|----------|
| Estimated PEPFAR contribution in dollars | \$50,000 |
| Estimated local PPP contribution in dollars | \$25,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 1,000 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | 1,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 50 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Business Community

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 699.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4511.08

Activity System ID: 13309

Mechanism: Basic Care Package
Procurement/Dissemination

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$586,000

Activity Narrative: Population Services International (PSI) is a private non-profit organization with a mission to improve the health of low income people worldwide through social marketing. PSI Uganda is an affiliate of PSI with operations in Uganda since 1998. It aims at measurably improving the health of vulnerable Ugandans using evidence based social marketing and other proven techniques that promote sustained behavior change with added emphasis on rural populations. It is committed to effective collaboration in support of the Ministry of Health's (MOH) priority areas including, but not limited to, HIV/AIDS, malaria, child health and reproductive health

Over 900,000 people die of HIV related illnesses each year in Uganda despite sufficient evidence to show that with simple yet comprehensive interventions, these illnesses can be avoided. Standardized, evidence-based and innovative recommendations on HIV prevention have been put together as the HIV basic preventive care package (BCP) to allow for provision of effective care to millions of people living with HIV (PHA) who currently have limited access to HIV related services and health products. The BCP is a 5 year program (September 2004 – March 2010) targeting 200,000 PHA including children in Uganda. The program goal is to help reduce morbidity and mortality caused by opportunistic infections (OIs) in PHA including children and to reduce HIV transmission to unborn children and sexual partners. Currently, the BCP components include; identification of PHA through family based counseling and testing; prolonging and improving the quality of their lives by preventing OIs; and prevention with positives interventions (PWP). The PWP aim to avert HIV transmission to sexual partners and unborn children through: screening and management of sexually transmitted infections, family planning, partner testing and supported disclosure, partner discordance counseling, prevention of mother to child transmission of HIV (PMTCT), and safer sex practices including abstinence, and fidelity with correct and consistent use of condoms. In addition, BCP combines key informational messages, training and provision of affordable health commodities. The health commodities include free distribution of a starter kit with two long lasting insecticide treated bed nets, household water treatment chlorine solution, a filter cloth, and water vessel, condoms and important health information on how to prevent HIV transmission.

The BCP program is implemented through HIV/AIDS care and support organizations including those offering pediatric care and PMTCT services across the country. Program implementation is supported by a multi-channelled communications campaign that educates PHA on how to prevent OIs, live longer and healthier lives through cotrimoxazole prophylaxis, prevention of diarrheal diseases using household water treatment and safe storage, use of ITN for malaria prevention, and PWP interventions. The campaign includes development and production of information, education and communication (IEC) materials for PHA, health care providers and counselors. These materials include posters, brochures, positive living client guides and stickers in eight local languages. In partnership with MOH and Straight Talk Foundation (STF), PSI is producing spots and 'parent talk' programs on radio. Service providers, peer educators and drama groups are trained and are implementing activities that reinforce these messages. PSI manages the procurement, packaging and distribution of all health commodities to ensure consistent supply of the kits and re-supply.

Through the OVC activity, there is increased knowledge, access and utilization of BCP products and services among children affected and infected with HIV/AIDS, their families and children vulnerable to HIV/AIDS. Training sessions with focus on the unique needs of the OVC have expanded awareness among health service providers on the benefits of the BCP. In FY 2007, PSI has partnered with 60 HIV/AIDS care and support organizations in 33 districts. Sixteen of these offer PMTCT services to pregnant women while two offer specialized pediatric care to children living with HIV/AIDS. Between April and June 2007, PSI has distributed 307 starter kits to children living with HIV/AIDS and their families. PHA including parents and care takers of the OVC have been actively involved in interpersonal communication (IPC) activities at partner sites including health talks and community sensitization on HIV/AIDS prevention and care. They have conducted 416 peer education sessions reaching an estimated 22,000 children. 89,000 IEC materials including posters, client guides, brochures and stickers have been distributed to PMTCT and pediatric centers. To support the IEC campaign, STF has developed and aired 2,574 radio messages in eight local languages on 18 radio stations countrywide and 60 parent talk programs in four local languages on eight radio stations in the eastern, western, central and northern regions of Uganda. The radio program is aimed at providing information to the general population and PHA and their care takers in particular, on the benefits of the basic care components. In partnership with Hospice Africa, a symptom and pain management curriculum is under development for the BCP training manual, and will be included in the BCP staff and peer educator trainings. Since program inception, 8,814 starter kits have been distributed to OVC. 109 health service providers and 76 peer educators have been trained on BCP with focus on the unique needs of the OVC. Over 147,000 children have been reached with IPC activities on BCP.

Expansion of the BCP activities across USG partners has been initiated with the Plus-Up funding. This will include the addition of 20 new HIV/AIDS care and support organizations. PSI has partnered with EGPAF and NUMAT so as to scale up BCP implementation through the district health system. PSI is currently carrying out a mapping exercise to clearly understand the coverage of all the partner sites and therefore the unmet need for BCP. Through this exercise efforts will be made to suggest strategies to avoid client overlap by the sites.

In FY 2008, OVC particularly in rural and hard - to - reach areas for example islands and conflict areas served by USG partners across PEPFAR (EGPAF, IRCU, Hospice, Peace Corps, State IMC, State IRC, MUWRP, DOD/UPDF, Alliance, JCRC) who have newly initiated BCP activities or do not have the full range of preventive care activities will be prioritized. 4,465 children who received starter kits in FY 2005 will have their bed nets replaced. Other planned activities include; 1) Continue to implement the BCP program at current sites. Expansion of BCP distribution through the PEPFAR care and treatment implementation partners will make the BCP components available to over 200,000 PHA including 18,800 OVC throughout Uganda by the end of FY 2008. 40,000 new PHA including 3,760 OVC will receive BCP starter kits in FY 2008. 2) Continue to make available on the market all the elements of the BCP package to enhance their availability to all PHA. This will also help minimize stigma for the BCP commodities and services especially the safe water vessel. 3) Development of OVC specific IEC and on going distribution of current IEC materials to OVC and health service providers. 4) On going peer education to support uptake and utilization of BCP components. 5) Continued support for palliative care activities, together with Hospice Africa by production of palliative care IEC and advocacy materials, and BCC focusing on pain and symptom management, psychological, and social support. PSI will continue to coordinate implementation of palliative care activities as part of the BCP at HIV/AIDS support sites, and not as parallel activity. 6) Refresher

Activity Narrative: training and training for new health service providers and peer educators in preventive care and prevention with positives initiatives. 7) On going monitoring activities to track program implementation.

Additional activities that the program will cover in FY 2008 will include; 1) Support and strengthen PWP activities at partner sites through: regular support supervision of partner sites, partnership with SCOT to train and mentor health service providers and assist in establishment of linkages to PWP services among BCP partners and other service providers; 2) Improve demand for refill commodities and replenishment of insecticide treated bed nets; 3) Work with MOH, CDC, and stakeholders to expand components of BCP to address emerging needs of PHA e.g. TB, nutrition, HSV2; 4) Establish implementing partner regional network system and facilitate study trips across partner sites targeting unit heads and staff involved in BCP activities so as to learn from each others best practices as well as improve integration of BCP activities; 5) Meaningful involvement of PHA. PSI in partnership with Alliance, NUMAT and EGPAF in selected districts shall pilot building capacity of PHA networks in preventive care. These will be supported to follow up and support fellow PHA on BCP adherence; 6) Increase program staff to cope with program expansion. One person is required to oversee the implementation of PWP component of BCP and 4 assistants to support regional activities; 7) Procure vehicles to maintain standards of supervision and commodity supply at current and new sites; 8) Support sites to step up community component of their programs to improve on client follow up.

Plans for program sustainability include; PSI to continue working with local manufactures to produce BCP health commodities and scaling up of BCP activities through district health structures including PMTCT sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8355

Related Activity: 13307, 13308, 17091

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|-----------------------------------|---------------------|--------------|--|---------------|
| 8355 | 4511.07 | HHS/Centers for Disease Control & Prevention | Population Services International | 4812 | 699.07 | Basic Care Package Procurement/Dissemination | \$586,000 |
| 4511 | 4511.06 | HHS/Centers for Disease Control & Prevention | Population Services International | 3341 | 699.06 | Basic Care Package Procurement/Dissemination | \$486,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------------|---------------|
| 17091 | 17091.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$60,000 |
| 13307 | 4410.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$300,000 |
| 13308 | 4400.08 | 6437 | 699.08 | Basic Care Package Procurement/Dissemination | Population Services International | \$3,496,718 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 18,800 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | 18,800 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 150 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Pregnant women

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children’s Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4392.08

Planned Funds: \$300,000

Activity System ID: 13245

Activity Narrative: 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 FY08 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.

Majority of children attending pediatric HIV care clinics are orphaned (~54% of the children seen at the PIDC have lost one or more biological parent). Additionally, 66% have baseline weight and height less than the 2.5th centile indicating inadequate nutrition, while others are deemed vulnerable simply due to their HIV positive status, guardian's low household income, and lack of access to education. Hence, all children attending pediatric HIV care clinics are considered vulnerable. This program will support provision of specialized OVC services including play therapy, psychosocial support, health care, and nutritional support. In FY08, more than 9,000 HIV+ children will benefit from OVC services. Vulnerable adolescents will benefit services such as nutritional support, technical and life skills training. Children in need of OVC services that may not be available through this program for example legal services and school fees support will be referred to other providers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8286

Related Activity: 13242, 13243, 13244, 13246, 13247, 13248, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20061 | 4392.20061.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$300,000 |
| 8286 | 4392.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$200,000 |
| 4392 | 4392.06 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 3331 | 1186.06 | Pediatric Infectious Disease Clinic | \$985,033 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 7,000 | False |
| 8.1.A Primary Direct | 7,000 | False |
| 8.1.B Supplemental Direct | N/A | True |
| 8.2 Number of providers/caregivers trained in caring for OVC | 4,500 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1107.08

Mechanism: Mulago-Mbarara Teaching Hospitals - MJAP

Prime Partner: Makerere University Faculty of Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4372.08

Planned Funds: \$200,000

Activity System ID: 13276

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

OVC activities have been integrated into all MJAP programs. These activities include HIV testing, linkage to HIV/AIDS care for the positives, psychosocial support, nutrition education as well as referral for other OVC services that MJAP does not offer. The OVC services are provided for the following categories of children: 1) Children receiving HIV care and treatment in the 10 clinics, 2) Children of HIV infected patients within the clinics (seen at home through the home based care program), 3) Children receiving RTC in the hospital wards and clinics, 4) Exposed children (children born to HIV infected women) followed up within the hospitals. The MJAP RTC program provides HIV testing to children in six pediatric wards (five in Mulago and one in Mbarara hospital). The current program also provides HIV Counseling and Testing to family members of patients in the hospital, including children of HIV infected patients. The program provides HBHCT for family members of index HIV patients in Bwizibwera, Mbarara Municipality, Kawempe and Naguru health centers, and the Mulago ISS clinic. The program has hired social workers who work closely with health care providers to identify families of OVC from among the patients receiving care within the clinics or those receiving HIV testing. Through these activities, over 3,000 children have received HIV testing (15% of who were HIV-infected) and more than 1,500 households of index HIV positive patients have been visited. In the satellite clinics, MJAP provides family-based HIV care and treatment and OVC and their caretakers receive services through this intervention.

In FY08 (April 2008 to March 2009), the program will continue to provide HIV testing, care and treatment to OVC and their caretakers. We will improve the linkage with PMTCT facilities within Jinja and Mbarara hospitals, and tracking of exposed children, with early diagnosis and linkage to care (PREFA and PIDC do the follow-up for the Kampala-based sites). Children will receive some food, and basic care items. Exposed children who will be followed up will also receive some food supplements; a snack for the children as they wait to be seen and a package of foods for the children when they leave the clinic (once a month). The home-based teams will also leave a small package of food for the children within the home, in addition to the basic care items (mosquito nets, safe water vessels, cotrimoxazole for those who are HIV infected, and de-worming of all children within the homes). HIV infected children will receive care and treatment in the clinics. 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; we are in the process of signing memorandum of understanding with three OVC service providers. Through these programs we hope to reach 4,500 OVC 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; 150 OVC care givers will be trained in FY08. 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 counseling and testing budgets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8321

Related Activity: 13272, 13274, 13277, 13278,
13279, 13280, 13271, 13275,
13273

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20765 | 4372.20765.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$200,000 |
| 8321 | 4372.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$175,000 |
| 4372 | 4372.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$49,241 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 4,500 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | 4,500 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 150 | False |

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Kampala

Mbarara

Mpigi

Mukono

Wakiso

Jinja

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4397.08

Activity System ID: 13265

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$500,000

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

AIDSRelief will strengthen the delivery of an integrated package of family centered services. In Year 5, 12% of the patients on ART will be children. Increased efforts will sensitize health professionals within the health institutions, and increase provider initiated HIV testing in Maternal Child Health (MCH), Out Patient Departments (OPD) and in-patient's settings. Additional activities will include family centered care in the ART clinic itself, increased skills of health professionals for them to be able to care and treat children and community sensitization.

In order to build the capacities of health workers, social workers and counselors in the care and treatment of children affected and infected by HIV, the program will ensure that all health professionals working with children who are affected or infected with HIV have adequate skills in clinical diagnosis, counseling and psychosocial support in order to provide quality care. Clinical training courses in pediatric HIV care and treatment will be provided for all LPTFs. In addition, AIDSRelief, in collaboration with the African Network for Caring for Children with HIV (ANECCA) has developed training in pediatric counseling targeted at counselors in all facilities providing HIV/AIDS treatment. The program will also strengthen mentoring at all LPTFs both in the clinical, counseling and supportive care components of a comprehensive family centered program. Adolescent friendly clinics will be established in which both HIV care and treatment can be offered as well as advice of reproductive health and the importance of abstinence and fidelity. A total of 360 health workers including medical officers, nurses, counselors, social workers and 720 community workers will be trained to have improved skills in caring for children.

With increased health professional staff skills in health facilities and a corresponding sensitization of community based volunteers, it is expected that a focus will be put on increased and earlier diagnosis and treatment of HIV positive children. For children below the age of 18 months identified either in MCH, in patient or outpatient settings, a presumptive diagnosis according to WHO Guidelines or, if at all possible through PCR testing. Increased efforts to identify older children will be made through encouraging mothers and fathers to bring their children for HIV testing when they themselves attend the ART clinic. A family centered approach to HIV/AIDS counseling and tested will be emphasized so that both the males and females of different age groups are targeted.

Other child focused support mechanisms such as support groups which allow opportunities to strengthen knowledge, provide mutual support and promote adherence for children on treatment as well as address the many psychological problems faced by these children will be encouraged. Prevention messages focusing on abstinence and reduction of risk behaviors will be a key focus within the child support group meetings. In addition, AIDSRelief will link with other NGOs to provide additional psycho-social support which may extend from food supplements to assistance with schooling. Collaboration with the Ministry of health will continue to provide opportunistic infection drugs such as cotrimoxazole.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. Using standard data collection tools, the program will track and report on OVCs supported under each core program area. This will enable LPTFs to accurately report on OVCs receiving primary direct, primary supplemental, or any leveraged support.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support,

Activity Narrative: equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8294

Related Activity: 13261, 13262, 13263, 13264, 13266, 13267, 13268, 13269, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20742 | 4397.20742.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$500,000 |
| 8294 | 4397.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$400,000 |
| 4397 | 4397.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$85,313 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 10,133 | False |
| 8.1.A Primary Direct | 7,795 | False |
| 8.1.B Supplemental Direct | 2,338 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 1,080 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Bushenyi
Gulu
Jinja
Kabarole
Kampala
Kasese
Masaka
Mukono
Pader
Kitgum
Amolatar
Busia
Kalangala
Kaliro
Luwero
Mityana
Mpigi

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4417.08

Activity System ID: 13287

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$750,000

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at RO.

The OVC services provided by the programme include health, psychosocial support, nutritional support, education/school fee support, play therapy, and others. The targeted population includes HIV infected children attending the clinics, children of infected adults attending the clinics, or identified through the voluntary counselling and testing (VCT). Training in OVC related issues is also provided to carers of children, health workers, social workers, and teachers who handle the OVC services. Referrals are also made to other providers for services and collaboration with community groups is encouraged. RO offers school fee support, food from World Food Programme (WFP), and nutritional education. By the end of FY 2007 it is expected that 200 persons will have been trained in care for children, and that 5,000 children (below 18 years) will have been reached. Health care for OVC is covered under the headings of Palliative care, ARV drugs, and ART services. By March 2007, children comprised 39 % of ART recipients at TMC and 4% at RO. RO expects a further 60 children to be on ART by March 2008. Other services provided to OVC include counselling and testing (CT), psychosocial support, and life skills training. The program follows the national guidelines on OVC support, which is implemented through the Ministry of Gender Labour, and Social Development (MOGLSD). The OVC programme at TMC networks with other organisations providing complementary services. In the rural areas, HIV-infected OVCs are provided with care and linked to existing community programmes, especially World Vision in both Buwama and Naggalama. Health workers and other providers from those areas are trained.

In FY 2008 TMC expects to reach 10,000 children (4,000 for TMC and 6,000 for RO) with OVC services and expects to train 510 adults (500 by TMC and 10 by RO) in OVC issues and communication with children. TMC has observed that a large number of child clients come from homes headed by a grandparent. TMC expects to offer psychosocial support to 35 child-headed and 65 grandparent-headed homes. RO expects to offer psychosocial support to 200 child-headed and 200 grandparent-headed homes. TMC will reach 2,500 school children as part of a school outreach programme. The funds under this programme will finance training, psychosocial support, tuition for selected children, vocational training, child advocacy, and human resource.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8336**Related Activity:** 13283, 13284, 13285, 13286,
13288, 13289, 13290, 13291,
13292, 17090**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20798 | 4417.20798.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$750,000 |
| 8336 | 4417.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$500,000 |
| 4417 | 4417.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$909,020 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
 - *** Pre-Service Training
 - *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 8.1 Number of OVC served by OVC programs | 10,000 | False |
| 8.1.A Primary Direct | N/A | True |
| 8.1.B Supplemental Direct | 10,000 | False |
| 8.2 Number of providers/caregivers trained in caring for OVC | 700 | False |

Indirect Targets

N/A

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Coverage Areas

Kampala

Luwero

Mityana

Mpigi

Mukono

Wakiso

HVCT - Counseling and Testing

Program Area:

Counseling and Testing

Budget Code:

HVCT

Program Area Code:

09

Total Planned Funding for Program Area: \$18,663,592

| | |
|---|-----|
| Estimated PEPFAR contribution in dollars | \$0 |
| Estimated local PPP contribution in dollars | \$0 |

Program Area Context:

Country Context. HIV/AIDS Counseling and Testing (CT) services are an entry point for HIV positive clients to receive prevention, care, treatment and support; they also identify sero-negative persons who can then obtain reinforcement and advice on how to remain uninfected. Post-test counseling encourages disclosure of HIV status and partner testing. A key goal of the Ugandan National policy is to provide universal CT, so that everyone greater than 15 years of age will be aware of their HIV status, and thereby be able to receive support for preventing HIV transmission or acquisition. However, in FY07, only a little more than one-million Ugandans in this age group (or 9% of the adult population) accessed CT, 60% from USG supported services. According to the more than 20,000 participants in the 2004/5 Uganda HIV/AIDS Sero-Behavioral Survey (UHSBS), only 12% of HIV-positive Ugandans have ever been tested for HIV and received their test results. Many factors contribute to failure to test. These include stigma, cost, limited access, and lack of information.

USG Coverage and Models of CT. The USG program currently supports at least one CT service organization in 77 out of the 80 districts. However, there are significant CT coverage gaps within each district. In order to increase both access and uptake, USG is using three different models for providing CT: 1) Voluntary Counseling and Testing (VCT); 2) Routine Counseling and Testing (RCT); and 3) Home-Based Counseling and Testing (HBCT). Although VCT accounts for over half of all CT in Uganda, the contributions that RCT and HBCT to overall CT coverage in Uganda cannot be minimized. In FY07, USG conducted a cost-effectiveness study comparing these three approaches. HBCT was first piloted in Tororo district among household members of index clients who were initiated on highly active antiretroviral drug treatment (HAART), reaching over 95% of clients at home; and later in Bushenyi district as a community-based door-to-door testing program, reaching over 90% of clients at home. Data from Tororo and Bushenyi districts suggest that HBCT provides the least expensive method of CT per individual tested, and least expensive method per each first-time tester identified. On the other hand, facility-based RCT is the most cost-effective method for identifying HIV-positive individuals, presumably because a higher proportion of individuals tested were presenting with symptomatic illness. Finally, stand-alone VCT provides the greatest geographic coverage for CT. In summary, USG believes that a combination of all three CT approaches is warranted in Uganda, including HBCT for high prevalence districts, RCT at all health care facilities, and VCT for persons who want to know their HIV status outside of a clinical setting or in remote areas.

Expansion of CT Models. In FY08, USG plans to expand all three (3) models of CT. VCT services will be brought closer to communities through outreach and work-based programs. RCT, which was initiated to increase testing among specific high risk groups seeking treatment services, such as patients with tuberculosis (TB) and sexually transmitted and other infectious diseases, and pregnant women attending antenatal clinics, will be expanded. More patients attending a health facility will be routinely offered an HIV test. In family-based CT, all family members of HIV-positive index clients, including spouses and children, are offered testing. In FY08, over half of USG care and treatment implementing partners will continue to support family-based CT linked to post-test counseling and referral through post-test clubs to ensure access to supportive care and screening for HAART eligibility. Also in FY08, door-to-door HBCT activities launched in FY07 will continue to be supported in two high HIV prevalence communities in the Central Region. In addition, a fifth Ugandan district with high HIV prevalence in the Northern Region (Apac district) will receive HBCT through a 100% district-wide, community-based, door-to-door outreach program employing a family-based approach in FY08. This district will also link up with the President's Malaria Initiative (PMI) to provide long acting, insecticide treated bed nets to households testing negative for HIV. Households with one or more members testing positive for HIV will already receive two insecticide treated bed nets as part of their Basic Care Package of palliative care commodities.

FY08 USG Strategy and Coordination with the National Plan. Under the Ministry of Health (MOH) Health Sector Strategic Plan II, all Health Center (HC) IIIs and IVs are to have CT services by 2006 and 2010, respectively. USG will support MOH to scale-up the number of sites providing CT, and strengthen linkages to care, treatment and support services for HIV-infected clients and their families. Priority will be placed on expanding RCT to Regional and District Hospitals and HC IVs. Quality assurance, support supervision, and equity considerations in CT provision will be enhanced. CT for orphans and vulnerable children and identifying sero-positive pediatric clients as an entry point for HBCT will be strengthened. For persons testing HIV negative, post-test counseling will ensure clients are linked to existing HIV prevention programs. Persons living with HIV/AIDS (PHA) networks and post-test clubs will be enhanced to strengthen referral linkages to care, treatment, and community support. USG will continue to support the training of PHAs and volunteers as counselors to bridge the human resources gap and reduce the work load of health workers. All these activities will be implemented in collaboration with the national CT technical working group and the MOH CT policy committee.

Quality Assurance. The Ugandan National CT Policy sets standards for CT services, including rapid testing algorithms, quality assurance, training, and monitoring and evaluation, as well as testing standards for special groups such as children, couples, and persons with disabilities. Because of the higher cost of parallel rapid testing, most providers rely on a serial algorithm in which the Determine test is used for screening, Statpak is used for confirmation of HIV positive results, and Unigold is used to validate discordant results. Blood collection by finger stick can be performed, but is not widely used due to lack of laboratory equipment, reagents and quality assurance. In FY08, USG will support MOH to provide support supervision and refresher training to CT service providers. In addition, USG will support training in RCT for counselors working in TB/HIV integration settings, ensure that adequate supplies are available, and that appropriate TB/CT referral and linkages occur.

Procurement. Procurement and distribution of HIV test kits occur primarily through the National Medical Stores (NMS). The Global Fund for AIDS, TB, and Malaria, 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 FY08, the USG supported Supply Chain Management System (SCMS) Program will strengthen supply distribution and management of CT commodities, by providing technical assistance to NMS and the Joint Medical Stores. SCMS's technical assistance, which will include forecasting, procurement and distribution of CT commodities, will initially focus on district-level needs, and then be expanded to address health facilities, including HC IIIs and HC IVs. As TB/HIV integration is strengthened and RCT expanded, additional test kits will be procured to meet the increased demand for CT.

Training and Human Resources. Currently, The AIDS Support Organization (TASO), the AIDS Information Center (AIC), and MOH provide most of the training for CT service providers. All certified CT providers and laboratories employ an MOH-approved CT register and standardized laboratory request form. While CT centers are required to report data every month, shortages in MOH staff and health workers at all levels of the health care delivery system have resulted in delays in data entry and analysis. In FY08, USG will further support human capacity development, including training of volunteers and PHAs to conduct outreach to ensure PHAs attend health care facilities; and support those who are physically unable to make it to the clinics or those who do not go because of denial or stigma. The working relationship between facility-based health workers, PHAs and PHA networks will be defined by MOH guidelines and protocols, which are currently being developed. USG will conduct a public health evaluation with a prominent urban implementing partner in Kampala to identify best practices for expanding PHA networks.

Integration with Other Programs. 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. As previously noted, the Emergency Plan and PMI will pilot a synergistic program across a northern district (Apac) with high HIV and malaria prevalence. Long-acting, insecticide treated bed nets will be provided to households with pregnant women and children less than five (5) years of age, regardless of HIV test results received through HBCT.

Program Area Downstream Targets:

| | |
|--|---------|
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 1270 |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 9890 |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 1515171 |

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 1298.08 | Mechanism: HIV/AIDS Project |
| Prime Partner: Mildmay International | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Counseling and Testing |
| Budget Code: HVCT | Program Area Code: 09 |
| Activity ID: 4418.08 | Planned Funds: \$200,000 |
| Activity System ID: 13288 | |

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at RO.

The Mildmay Centre provides HIV Counselling and Testing (HCT) using several strategies which include voluntary counselling and testing (VCT) at TMC, community VCT outreach in collaboration with other partners we have trained such as churches and private businesses, home-based VCT for relatives of patients during home visits, couple counselling and testing, and by supporting the rural sites to provide VCT to pregnant women and other patients who visit those clinics, Partners of TMC clients are provided with counselling and testing (CT) as part of the package before starting ART to adults who are sexually active.. All adults attending TMC are strongly encouraged to bring their children for testing. (RO) provides HCT to children and adults and training for HIV/AIDS care providers, using national and international guidelines. CT training targets doctors, nurses, counsellors, pharmacists, pharmacy technicians, laboratory personnel, clinical officers, religious leaders, community leaders, people living with HIV/AIDS (PHAs), schoolteachers, school nurses, and other lay caregivers. In FY 2006 5,756 people accessed CT at TMC and 3,510 at RO. In FY 2007 TMC expects to test 6,000 people and RO expects 4,000 people to access CT. As part of the targeted evaluation, TMC will provide home-based CT for clients and their families. All patients who are found to be HIV positive are recruited into care, started on Cotrimoxazole prophylaxis and CD4 tests are performed, and where appropriate ART is initiated.

During FY 2008, TMC will continue to strengthen CT activities at all sites. Using the TMC family approach, 15,000 patients will be provided with CT (4,000 at TMC, 4,000 at rural sites, 3,000 in community outreaches and 4,000 at RO). 200 people will be trained in CT-related issues at TMC. TMC expects 30% and RO expects 13% of those tested to be children below 18 years. The funding for this programme is for the procurement of CT logistics, the provision of CT services, human resources, training activities, and capacity building particularly for the rural sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8337

Related Activity: 13283, 13284, 13285, 13286,
13287, 13289, 13290, 13291,
13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20799 | 4418.20799.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$200,000 |
| 8337 | 4418.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$200,000 |
| 4418 | 4418.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$157,652 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 10 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 200 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 14,400 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Business Community

Religious Leaders

Teachers

Coverage Areas

Kampala
Luwero
Mityana
Mpigi
Mukono
Wakiso

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4403.08

Planned Funds: \$60,000

Activity System ID: 13297

Activity Narrative: In FY08 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

HIV/AIDS Counseling and Testing (HCT) is a recognized entry point for HIV-positive clients into HIV prevention, care, treatment and support services. For the uninfected, a negative HIV test result offers an opportunity for reinforcement of information and advice on safer behaviors. For infected individuals, referral for care, treatment and support for the individual and families are made earlier to prevent further transmission. In addition, prevention with positives interventions for those infected will further contribute to HIV prevention efforts. In a country like Uganda with a mature HIV epidemic and corresponding interventions, the goal for HIV prevention is that every adult, including sexually active adolescents know their HIV status. According to the Uganda HIV/AIDS Sero-Behavioral Survey [2005], 80% of HIV positive Ugandans do not know their sero-status; there is limited access to and lack of information about counseling and testing options, poverty, insecurity and perceived stigma. In addition, over half of HIV+ married or co-habiting individuals have a discordant spouse. Currently the two main challenges of HCT service provision are access and continuous supply of HIV test kits.

With the launch of a national 'know your status' campaign and accelerated HIV prevention program in 2006, the MOH disseminated a revised HIV National Counseling and Testing policy which adopted key HCT approaches: routine provider-initiated opt-out; home-based and client-initiated VCT; post-exposure prophylaxis and, considerations for testing children under 18 years of age. Despite the 450 facility testing sites nationwide, access to HCT by the rural poor and special groups, such as internally displaced persons, uniformed services, prisoners, and hard to reach areas like fishing communities remains limited. In FY 2008, MOH will continue to expand on these approaches to providing HCT and will ensure that all HCT activities include the appropriate referral linkages to treatment, care, and support for all those testing HIV-positive.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8342

Related Activity: 13293, 13294, 13295, 13296,
13298, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21233 | 4403.21233.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$60,000 |
| 8342 | 4403.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$60,000 |
| 4403 | 4403.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$49,154 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | N/A | True |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | N/A | True |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | N/A | True |

Indirect Targets

Target Populations

Other
Pregnant women

Table 3.3.09: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 1290.08 | Mechanism: AIDSRelief |
| Prime Partner: Catholic Relief Services | USG Agency: HHS/Health Resources Services Administration |
| Funding Source: GHCS (State) | Program Area: Counseling and Testing |
| Budget Code: HVCT | Program Area Code: 09 |
| Activity ID: 4398.08 | Planned Funds: \$150,000 |
| Activity System ID: 13266 | |

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. . This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

AIDSRelief has currently 15 LPTF and 14 satellite sites providing counseling and testing services. Sites semi annual reporting ending in March 2007 showed that 11,400 patients have been counseled and tested and received their results. By the end of FY07, the program will have 19 LPTF and 26 satellite sites providing such services. Having these satellite sites closer to communities has enabled community members to have easier access to testing and counseling services. Community volunteers have played a major role in mobilizing communities to come for these services. In selected LPTFs, community volunteers are people living with HIV/AIDS (PLHA) who have been trained on how to engage communities. They serve as key agents in linking household members, communities and CT services. The existing system of networks from the service provision all the way to the household level has ensured that couples, children and adolescents receive CT services. In FY'07, AIDSRelief has emphasized on the importance of providing pediatric CT services. Roll-out of the pediatric counseling training will increase the number of children being tested for HIV. One major challenge in CT services has been the shortage of test kits at the LPTFs and the satellite sites which are supplied and distributed by the Ugandan Ministry of Health (MOH).

In FY08, AIDSRelief will support 23 LPTFs with their 37 satellite sites and 4 community based organizations to provide CT services. Through these sites, the program expects to have 40,000 people tested, counseled and receiving their results. In order to address LPTFs challenges of test kits shortages, AIDSRelief will strengthen the linkages of the sites with MOH supply chain system and will purchase kits for 20,000 tests to temporarily fulfill the gap created. Linkages will be created between the MCH, out- and in-patient departments promoting provider driven HIV testing and testing focused on families. More adolescents will be reached through adolescent friendly services. Staff focusing on counseling and testing will be present at each site and will be responsible of ensuring effective linkages with all other HIV services.

AIDSRelief will further strengthen the existing PLHA networks and will utilize them to sustain the active referral systems between communities and care and treatment services. Community volunteers will be trained to increase knowledge on HIV care and treatment and to reinforce their role in conducting community sensitization on CT services. Clinicians, nurses and counselors will also be trained on CT services. A total of 290 health workers and 720 community volunteers will be trained.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. The program will work with LPTFs to document and report individuals counseled, tested, and received results, including family members. This information will show those eligible to enroll into care, discordant couples, and those who should be targeted with prevention messages. Technical assistance will be provided to LPTFs on how to eliminate double counting of repeat testers, identifying clients testing under other program areas such as PMTCT and TB, and putting in place data collection tools to track CT information.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training.

Activity Narrative: AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8295

Related Activity: 13261, 13262, 13263, 13264,
13265, 13269, 13267, 13268,
13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20743 | 4398.20743.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$150,000 |
| 8295 | 4398.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$150,000 |
| 4398 | 4398.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$120,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 64 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 1,010 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 35,296 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

Bushenyi
Gulu
Jinja
Kabale
Kampala
Kasese
Kitgum
Masaka
Pader
Amolatar
Busia
Kalangala
Kalisi
Luero
Mityana
Mpigi
Mukono

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4033.08

Activity System ID: 13277

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,400,000

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 ART; people living with HIV (PHA) receive free clinical care including ART at the Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP started implementing RTC in November 2004, in Mulago and Mbarara teaching hospitals. In RTC, HIV testing is routinely offered to all patients seeking care in the wards/clinics where the program is operational but those who decide not to test receive other clinical services without discrimination. HIV care, including ART eligibility assessment, cotrimoxazole prophylaxis and TB screening, for individuals who are HIV infected is initiated on diagnosis. The HIV negative patients are also screened for TB and both HIV negative and positive patients receive prevention counseling. The program has trained over 1,200 health care providers in Mulago and Mbarara hospitals in the provision of RTC. Since November 2004, the RTC program has expanded from six to 42 hospital wards and clinics (23 in Mulago and 19 in Mbarara). Cumulatively, more than 170,000 in- and outpatients have received HIV testing and over 35,000 HIV infected individuals identified and linked to care and treatment. The current unit coverage represents 95% in Mbarara. Although the unit coverage in Mulago is 50%, over 95% of the high prevalence units provide RTC. In line with Uganda's HIV/AIDS National Strategic Plan 2007/2008-2011/12, MJAP has expanded RTC to three regional referral hospitals; implementation in Soroti has already started. The RTC program is implemented in line with the three C's – confidentiality, informed consent (opt out) and counseling/information, as recommended by WHO, and the MOH HIV testing policy. 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 be HIV negative, HIV prevention messages are emphasized to reduce risk of infection. Training in RCT for health providers from other units is ongoing at the request of MOH. The program also implements other HIV testing strategies. MJAP offers VCT to family members of patients who are available in the hospital and has found a high HIV prevalence (24%). 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 counseling and testing are offered within the homes of consenting index clients. This approach identifies other HIV infected individuals in their households, facilitates disclosure of HIV status to sexual partners and identifies many discordant couples. Additionally, testing of family members encourages early entry into care and support for the HIV infected individuals.

In FY 2008 (between April 2008 and March 2009), MJAP will extend RTC services to two additional regional referral hospitals, increasing the number to five. Patients from another three regional referral hospitals will also receive HIV testing through the MJAP integrated TB-HIV services. We will achieve 100% coverage of high-prevalence wards and clinics in Mulago and Mbarara hospitals. The regional hospitals will be selected in collaboration with the MOH. The target is to provide HIV testing to a minimum of 170,000 individuals by March 2009. 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. Discordant couples will be referred to the 'Discordant couples' clubs which are currently being piloted at two sites. To ensure sustainability, MJAP will support the improvement of existing structures and systems within the facilities. The program will support the engagement of PHA to supplement personnel for HIV counseling and testing, provide training for new and existing staff in the facilities (800 health care providers will be trained in the coming year), support logistics management and supplies, quality assurance and support supervision, and enhance the existing referral systems to improve linkage to care for newly diagnosed HIV patients. The program will also support the improvement of data management/ M&E and reporting to all stakeholders within the districts and MOH.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8316

Related Activity: 13272, 13274, 13276, 13278,
13279, 13280, 13271, 13275,
13273

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20766 | 4033.20766.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,400,000 |
| 8316 | 4033.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,400,000 |
| 4033 | 4033.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$984,058 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 22 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 800 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 160,600 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4378.08

Planned Funds: \$250,000

Activity System ID: 13246

Activity Narrative: 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 FY08 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.

HIV Counseling and Testing (HCT) will be provided in several forms: 1) early diagnosis of children below 18 months of age with DNA-PCR; 2) Voluntary Counseling and Testing (VCT) for children 18 months to 18 years using EIA antibody testing; 3) in clinic HIV counseling and testing of family/household members of clients attending the clinic ;4) home-based HIV counseling and testing of family/household members (HBHCT) of index patients; and, 5) Community-based HIV counseling and testing in the rural eastern and western regional districts where such services are currently lacking. DNA-PCR testing at the regional referral hospitals will be supported through the MOH in collaboration with JCRC and is aimed at improving early infant diagnosis of HIV nationwide. The target populations that will benefit from these services include vulnerable infants, children and youth, and adults in HIV/AIDS-affected families. The MOH has developed infant and early HIV diagnosis guidelines and monitoring tools that are going to be disseminated to all providers in the coming year. HIV exposed infants are identified in the postnatal, immunization, and other child clinics are screened for HIV infection at 6 weeks (or earliest contact between 6 weeks and 18 months) using DNA-PCR testing. Blood specimens for DNA-PCR are collected using Dried Blood Spot (DBS) technique and transported to the regional referral laboratories for testing. HIV infected infants are linked to palliative and ART services while the HIV negative have enhanced prevention messages during post test counseling. Specialized infant feeding counseling messages are provided to HIV+ mothers who continue to breastfeed their HIV- infants to reduce future possibilities for HIV transmission to the infant.

In FY08, it is estimated that approximately 38,000 children and adults will be screened for HIV through various urban and rural clinics. More than 9,500 of the 38,000 screened are anticipated to be infants <18 months. These infants will require DNA-PCR testing. In line with HIV counseling and testing (HCT) policy of 2005, the program will also support the roll-out of Pediatric HIV routine counseling and testing (RCT) in all the facilities in Uganda. Additionally, linkages and training opportunities with other NGOs and service organizations to assist in the development of pediatric HIV counseling and testing capacity will be conducted. For these capacity building initiatives, it is estimated that approximately 600 health professionals will be trained. The program will contribute to the development of pediatric counseling and testing expertise throughout the country. Health professionals will benefit from pediatric-specific HIV/AIDS training and capacity building in the form of didactic trainings, support supervision, and clinical attachments to high volume pediatric HIV specialty centers like the Mulago PIDC. Through the UNICEF/Clinton Foundation collaboration, IEC materials aimed at informing the population on linking PMTCT to HIV care and infant feeding are being designed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8282

Related Activity: 13242, 13243, 13244, 13245,
13247, 13248, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20062 | 4378.20062.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$250,000 |
| 8282 | 4378.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$250,000 |
| 4378 | 4378.06 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 3331 | 1186.06 | Pediatric Infectious Disease Clinic | \$175,261 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 8 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 360 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 9,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9212.08

Mechanism: Integrated Community-based Initiatives

Prime Partner: Integrated Community Based Initiatives

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8296.08

Planned Funds: \$389,000

Activity System ID: 13252

Activity Narrative: This initiative will establish 100% access to confidential home-based HIV counseling and testing services in selected high HIV prevalence districts in the central region of Uganda. The program will ensure that the entire adult population and their family members are offered confidential counseling and testing services in their home-settings as outlined in the national HIV counseling and testing policy guidelines and establish a systematic approach to reach all households using outreach teams comprising counselors, laboratory assistants, and community mobilizers. Following the national rapid testing algorithm, these teams will be trained to work throughout the community, visiting each home to offer confidential counseling and testing services. To ensure the accuracy of this home-based testing a laboratory quality assurance process will be developed in collaboration with the national reference laboratory. A consistent supply chain for essential HIV testing commodities will be established and maintained for sustainability after the end of the project period. In addition, routine program data will be collected to inform program implementation and management, identify gaps in services, and address reporting requirements.

Communities will be mobilized and sensitized about the program using appropriate media channels in the district with the assistance of community based volunteers. HIV counseling and testing activities in the field will be supervised by a qualified lab technician, counselor and project coordinator. A sample of tested specimens will be routinely stored on filter paper and transported to the national reference laboratory for quality assurance testing. This system will ensure accurate performance of the HIV tests in a field setting. By offering counseling and testing services to 100% of the population, the program will dramatically increase the number of people testing for HIV in a short time thus identifying HIV positive clients for care and treatment early enough.

In FY 2008, the program will continue to implement these activities in the region ensuring individuals are offered home based counseling and testing and for those testing positive, a basic care preventive care package as well as effective referral to appropriate health services. The program will also continue to development and implement community support networks as needed for HIV positive individuals and their families in the communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8296

Related Activity: 16731, 16753, 13250, 13251

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--|---------------|
| 13250 | 8297.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$306,000 |
| 13251 | 8563.08 | 9212 | 9212.08 | Integrated Community-based Initiatives | Integrated Community Based Initiatives | \$80,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 15 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 80 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 80,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Coverage Areas

Kiboga

Luwero

Mpigi

Mubende

Nakasongola

Wakiso

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4024.08

Planned Funds: \$521,850

Activity System ID: 13236

Activity Narrative: 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 HIV 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.

The program will provide HIV counseling to individuals in the general community of Rakai and Lyantonde districts, pregnant women, family members of HIV infected persons, and children born to HIV infected mothers. Community members will be tested through the VCT approach, while family members will be reached through the Home based HIV Counseling and testing approach. Infants and children born to HIV-positive mothers will be tested for HIV using ELISA and PCR as appropriate.

Upon receipt of the FY07 plus-up funding to this partner will provide circumcision services to ~2700 men residing in Rakai District, in the first year of the initiative. The services will be offered within the Rakai Health Sciences Center (RHSC) which contains three fully equipped operating theaters, a recovery room, sluice, autoclaves and sterile storage, and a dormitory for overnight stay for men who reside far from the facility. Men will be offered free VCT prior to surgery, but this will not be mandatory. Patients will remain in the RHSP dormitory overnight and will be discharged after examination for short-term complications. Arrangements will be made for patients to contact RHSP in case of complications after discharge. Furthermore, men will be asked to return four weeks post-surgery to certify wound healing. Patients will be instructed in wound care and be told to abstain from sexual intercourse until full wound healing is certified. Records will be maintained of any adverse events related to surgery and compliance with instructions on abstinence until complete healing is achieved. After resumption of intercourse, men and their partners will be advised to practice safer sex (i.e., abstinence, monogamy with an uninfected partner, or use of condoms).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8329

Related Activity: 13231, 13232, 13233, 13234, 13235, 13237, 13238, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21220 | 4024.21220.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$150,000 |
| 8329 | 4024.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$521,850 |
| 4024 | 4024.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$119,400 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 16 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 10 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 6,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Coverage Areas

Rakai

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8670.08

Prime Partner: Kalangala District Health Office

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9429.08

Activity System ID: 13225

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$400,000

Activity Narrative: Kalangala District, located in Central Uganda is comprised of one large island and several smaller islands in Lake Victoria. Kalangala's unique geographical location has resulted in limited health and human services to this marginalized population of 36,661 (2002 Census). The district is served by only nine health units: two Health Centre (HC) IVs, four HC IIIs and three HC IIs. There is no hospital located within the district. Referrals for patients with complicated health problems are made to the mainland Masaka Regional Referral Hospital which is 50 kilometers from the main island.

Results from the 2005 Uganda National Health and Behavioral Survey (USHBS) demonstrate that the central region, in which Kalangala is located, has the highest HIV prevalence in the country, reported at 8.5%. The secondary analysis of the USHBS central region data indicate that Kalangala District, has a prevalence of 27% which is approximately five times the national average, thus this population of fishermen and their families have been identified as a very-high risk group. Because of their mobility, fishing communities are often among the highest risk groups with susceptibility to HIV stemming from the complex interactions of occupational mobility, large amounts of time spent away from home, easy access to cash income, and the easy availability of commercial sex in fishing ports. All of these factors are exacerbated by the fishermen subculture of risk-taking and hyper-masculinity. In addition, the fishing landing sites are perceived to be a greater source of economic potential than village environments. Because fish, the main source of income is a natural resource, it is believed that fishermen can spend their money unsparingly, knowing they will have access to more care the next day. Finally, it is believed that life at the landing sites is 'anonymous' as many fisherman who have lost their spouses to HIV/AIDS seek refuge in these areas and frequently engage in high-risk sexual activities resulting in the continued spread of HIV and resulting in the high prevalence.

With FY 2007 funding a program to support the initiation of door-to-door HIV Counseling and Testing (HCT) targeting all eligible family members will be initiated. Following the successful implementation of the full-access programs in Bushenyi and Kumi Districts, where acceptance of HCT in homes was greater than 98%, this door-to-door HIV Counseling and Testing initiative will be provided throughout Kalangala. The program will recruit, train and support staff to carry out HIV/AIDS education, home-based HIV Counseling and Testing (HBHCT) as well as community and family based HIV/AIDS activities including the provision of the basic care package, linkages to care and treatment and integration of HIV testing and TB screening. Field HIV Counseling and Testing (HCT) teams comprised of a counselor and laboratory assistant will conduct counseling and testing services in clients' homes. Community mobilization and support will be conducted by Community Owned Resource Persons (CORPS) that have been identified by the communities served. Counseling and testing in-home environment has been indicated to improve community knowledge and communication about HIV/AIDS among family members and in turn contribute to the reduction of stigma and discrimination. In addition, as demonstrated in the other districts implementing this approach, there is a greater potential when targeting the family in their home to identify undiagnosed HIV among family members especially the identification of discordant couples. Results from the 2004-2005 Uganda HIV/AIDS sero-behavioral survey report that 85% of HIV positive people have not been tested for HIV and approximately half of HIV+ married/co-inhabiting individuals are sero-discordant creating a high potential for transmission. This program will also promote participation of and enhanced partnerships with community based organizations (CBOs) and non-governmental organizations (NGOs) operating in HIV/AIDS services delivery in the district, thus building capacity and infrastructure for sustainable services.

In FY 2008, the program will continue the door-to-door HCT initiative in Kalangala to increase the number of individuals who receive HCT in the district. The number of HCT teams trained to provide HBHCT will be increased and the program will continue community mobilization through the CORPS to provide support and reduce discrimination, stigma and negative attitudes about HIV and HCT. The program will also work to strengthen partnerships with other CBOs and NGOs providing health services in the district to increase the capacity to provide comprehensive HIV/AIDS services as needed to individuals in the district.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9429

Related Activity: 13221, 13222, 13223, 13224

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------------|---------------------|--------------|---|---------------|
| 20755 | 9429.20755.09 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 9125 | 8670.09 | Provision of Full Access Home-based Confidential HIV Counseling and Testing and Basic Care Services in Kalangala District and the Surrounding Fishing Communities | \$400,000 |
| 9429 | 9429.07 | HHS/Centers for Disease Control & Prevention | Kalangala District Health Office | 8792 | 8792.07 | | \$400,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------------------------|---------------|
| 13221 | 9456.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |
| 13222 | 9458.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$70,000 |
| 13223 | 9434.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$286,000 |
| 13224 | 9443.08 | 8670 | 8670.08 | | Kalangala District Health Office | \$80,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 35 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 80 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 16,100 | False |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kalangala

Table 3.3.09: Activities by Funding Mechanism**Mechanism ID:** 5737.08**Mechanism:** Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**Prime Partner:** The AIDS Support Organization**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Counseling and Testing**Budget Code:** HVCT**Program Area Code:** 09**Activity ID:** 8359.08**Planned Funds:** \$986,475**Activity System ID:** 13228

Activity Narrative: This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bed nets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility, community, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

The implementing partner will establish a comprehensive counseling service and build human capacity in the delivery of counseling services. Counseling will be provided to clients and their family members at facilities, in the community, homes and other venues. It will be provided through one-to-one sessions, couple sessions and group sessions to address individual and couple concerns, as well as provision of general information to clients. Counselors will provide information on HIV prevention, STI, family planning, and PMTCT with special focus on sexually active clients; nutrition, basic care package, and OI including tuberculosis. Counseling sessions will also support clients to disclose their sero- status to family members and particularly sexual partners.

Strategies for establishing Positive Prevention services will include staff training in Positive Prevention; training PHA networks and peer support groups in HIV prevention; sensitizing leaders in HIV prevention; sensitizing HIV discordant couples on Positive Prevention; educating partners of clients on discordance and Positive Prevention; promoting safer sex, including condom use among discordant couples; establishing discordant couple clubs; establishing peer support mechanism for sexually active PHAs; providing condoms to sexually active discordant couples; and supporting sexually active clients to disclose sero-status to their sexual partners. Out of and in school youth will be given abstinence messages.

Regarding gender issues, couples counseling will provide information on risk assessment, risk reduction and aim to promote an environment for stigma reduction. Clients, women in particular will be supported to address negative outcomes of disclosure by linking them to appropriate support systems. Particular emphasis is taken to address high risk sexual behavior, including multiple partners, wife inheritance. Clients will also be linked to income generating activities in order to reduce economic dependency that may result in failure to choose safer sex options.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8359**Related Activity:** 17058, 13227, 13229, 13230, 17055, 13226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|-------------------------------|---------------------|--------------|---|---------------|
| 8359 | | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 5737 | 5737.07 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$986,475 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 45 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 600 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 47,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 629.08

Mechanism: Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services

Prime Partner: National Medical Stores

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4030.08

Planned Funds: \$4,103,523

Activity System ID: 13304

Activity Narrative: 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 and distributed over 4,00,000- persons HIV tests accounting for more than half of the national testing requirements. 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 FY07, NMS procured \$3,000,000 worth of HIV test kits and accessories. Following the approved MOH HIV testing algorithm for serial rapid HIV testing this supported 1.8 million person-tests which were distributed to 1,080 health facilities: 842 public government sites, 220 faith-based/non-government facilities and 18 counseling and testing program, including the established 20% for JMS supported health centers. This represents an increase of approximately 40% over the 780 health center supplied in 2006 of which 640 were public government facilities and 140 faith-based/non-governmental centers. However, with the continuous increase of number of health facilities providing HIV counseling and testing in FY07, this supply did not fully meet national demand. Also in FY07, the MOH health commodities technical review conducted in April 2007 resulted in the official implementation of 'The 3-Year Procurement Plan for Essential Medicines and Health Supplies:2006/07-2008/09' that clearly articulates the GoU stand that "all parties to the sector procurement of medicines and supplies shall commit to support the national medicines procurement system through predominantly dedicated financial support to the NMS/JMS through pre-financing and budget support...". To that end, USG will continue to work through the national system and contribute to strengthening institutional capacity for sustained services in the long-term.

In FY08, the MOH projects that all health center III facilities at the at sub-country level will have the capacity to perform HIV testing and outreach HCT services which will increase the total number of sites to 1,840, representing an increase of over 100% since the inception of the project in 2004. This increase is attributed to the increased scale-up Practitioner-Initiated Opt-Out Routine Counseling and Testing in the health facilities, home-based HCT and expansion of the PMTCT activities across the country. During the FY 2008 period, National Medical Stores will finalize the integration of the ordering/distribution of HIV testing kits, EID accessories and other accessories with other laboratory commodities under the lab credit line; and, initiate support in logistics management in all of the 83 districts, the home-based counseling and testing programs, various HCT programs implemented by other local institutions. The national FY08 projected HIV testing kits needs are over seven million person tests; this budget provision will provide 2.6 million thus meeting 33% of the projected requirements.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8351

Related Activity: 13302, 13303, 13305

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------|---------------------|--------------|---|---------------|
| 20819 | 4030.20819.09 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 9133 | 629.09 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | \$4,103,523 |
| 8351 | 4030.07 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 4810 | 629.07 | | \$3,645,000 |
| 4030 | 4030.06 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 3178 | 629.06 | | \$1,950,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 13302 | 12377.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$753,936 |
| 13303 | 12443.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$750,000 |
| 13305 | 4027.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$3,400,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | N/A | True |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | N/A | True |

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1255.08

Prime Partner: Research Triangle
International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4045.08

Activity System ID: 13316

Mechanism: Expansion of Routine
Counseling and Testing and
the Provision of Basic Care in
Clinics and Hospitals

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$850,000

Activity Narrative: 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. During FY07, RTI in partnership with AIDS Healthcare Foundation (AHF) supported the Uganda Ministry of Health (MOH) to provide Routine HIV Counseling and Testing (RCT) and basic care (BC) services to patients in district 16 hospitals and health center (HC) IV facilities in six districts of Kaberamaido, Kasese, Kabarole, Masindi, Mubende and Mpigi. With supplemental funding, two additional districts of Pallisa and Bugiri will be added by the end of FY07. This activity contributes to the national response & the PEPFAR strategy to increase knowledge of people's HIV status.

Since program inception, a number of accomplishments have been made in the program area of CT: (a) RTI contributed to the development of materials for use in training and implementing RCT 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. Since project inception in March 2005, the project has trained more than 900 health workers in RCT/BC implementation; (b) By the end of July 2007, an estimated 62,500 persons had been counseled, tested for HIV and received their results in eight supported health facilities located in Kaberamaido, Masindi and Mpigi districts. Eight new health facilities in Kasese, Mubende and Kabarole districts will commence providing RCT services by September 2007 following the completion of training and setting up of testing points in those facilities. It is hoped that by the end of FY 2007, more than 81,000 persons will have been provided with CT services under this program using the current funding. RTI has also applied for supplementary (plus -up) funding, will enable the project to train an additional 250 health workers and further increase the coverage of the program to twenty health facilities, reaching more than 100,000 persons by March 2008. (c) The project has also conducted several Information, education and communication (IEC) activities to increase program awareness. These include IEC materials produced in English and local languages that are distributed and posted in conspicuous places within supported health facilities and sensitization meetings with health facility, district and community leaders, so as to further inform the target audience about the program. (d) The project has adapted MOH health management information (HMIS) tools to generate accurate RCT/BC data.

In FY08, RTI will expand CT services to 16 facilities in four new districts as part of program scale-up. This activity proposes to reach 100,000 individuals with CT services between 1st October 2008 and 30th September 2009. Final selection of districts for expansion will be done in consultation with MOH. The districts currently being considered include Sembabule, Mityana, Kyenjojo, and Iganga. This scale up will lead to a total of 30 health facilities where the program will be working in FY 2008, each with an average attendance of 1,100 patients per month. In-service training will be provided in the new facilities while technical support supervision will continue in the existing districts. Training and supervision will build the capacity of health workers to implement CT and to maintain a high quality of service delivery. Quality Assurance for the counseling and testing process will be emphasized and external quality control for HIV testing will be conducted. The project will also train and provide technical support supervision to adhere to guidelines related to proper management and disposal of medical waste. Standard operating procedures and protocols for implementation of RCT and waste disposal will be distributed to the new sites. Where necessary, RTI will provide materials for destroying medical waster. RTI will also support the setting up of, or strengthening of clinic-based support groups and post-test clubs to assist in providing post-test counseling and psychosocial support to persons who test for HIV. Family-member HIV testing will be strengthened through use of index patients as a point of entry for spouses and children. Emphasis will be placed on couple counseling, disclosure of HIV testing and support for discordant couples. In the case of infant testing, the program will partner with other implementing agencies working in this area especially the Pediatric Infectious Diseases Clinic (PIDC) to provide CT services to children. While our support will be varied depending on level of presence of PIDC and/or similar partners in the facility, we anticipate supporting activities that could include the specialized training of select health workers in infant and child counseling and testing. Where necessary, the project will support the transporting of 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. RTI will work closely with the district health teams and health unit CT focal persons to enhance ownership and sustainability of the service. RTI will produce IEC materials on routine CT which will be disseminated in the health facilities, community leaders and clients. Frequent stock-out of essential HCT commodities is anticipated and we will collaborate with other MOH, National Medical Stores (NMS) and Supply Chain Management Systems (SCMS) to strengthen logistics management 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8518

Related Activity: 13314, 13315, 13312, 13313

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20872 | 4045.20872.09 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 9147 | 1255.09 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | \$850,000 |
| 8518 | 4045.07 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 4872 | 1255.07 | Routine Counseling and Testing in Two District Hospitals | \$750,000 |
| 4045 | 4045.06 | HHS/Centers for Disease Control & Prevention | Research Triangle International | 3184 | 1255.06 | Routine Counseling and Testing in Two District Hospitals | \$233,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13312 | 8540.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$180,000 |
| 13313 | 9636.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |
| 13314 | 4044.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$550,000 |
| 13315 | 8539.08 | 6439 | 1255.08 | Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals | Research Triangle International | \$100,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 30 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 600 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 97,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kaberamaido

Mpigi

Kasese

Masindi

Bugiri

Iganga

Kabarole

Kyenjojo

Mityana

Mubende

Pallisa

Sembabule

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 693.08

Prime Partner: The AIDS Support
Organization

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8363.08

Activity System ID: 13318

Mechanism: Strengthening HIV Counselor
Training

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$600,000

Activity Narrative: The Strengthening HIV Counselor Training Project (SCOT) is collaboration among organizations with a stake in HIV counselor training in Uganda. It aims at improving the quality of HIV counselor training through standardizing curricula, building the capacity of institutions to utilize standardized curricula, supporting the development of accreditation and certification criteria for HIV counselor training institutions, supporting advocacy for the counseling profession and developing a standardized monitoring and evaluation system for HIV counselor training. SCOT has continued to work very closely with the Ministry of Health (MOH), Uganda AIDS Commission (UAC), Uganda Counseling Association (UCA), other line ministries, Forum for People Living with HIV/AIDS (NAFOPHANU), HIV counselor training institutions and development partners to improve the quality of HIV counselor training and practice in the country.

In FY07, the Home Based HIV Counseling and Testing (HBHCT), Routine Counseling and Testing (RCT) and HIV Counseling and Testing (HCT) curricula have been updated, printed and distributed to implementing partners. The curricula for HIV Counseling Supervision, Counseling for ART and Positive prevention counseling have been finalized and training service providers is going on in various sites. Accompanying training materials (HBHCT video, cue cards and posters) have been completed and are ready for mass production and distribution to implementing partners. Twenty national level trainers were oriented in the use of RCT curricula and have so far trained 296 health workers in Jinja and Soroti Regional Referral Hospitals. In order to build capacity for rolling out training for the recently developed curricula (ART counseling, HIV counseling supervision and HCT) 20 national level trainers will be trained per curricula who will in turn train over 800 service providers throughout the country. A total of 85 counselors from various AIDS care organizations received specialized training in child counseling and 79 health workers in government health facilities were trained in HIV/AIDS counseling. Over 263 scholarships for training counselors are available to support training of service providers in various HIV/AIDS courses accredited by MOH. SCOT has also equipped the resource centre with computers and furniture and is in the process of procuring additional resource materials

In FY08, SCOT will continue to improve the quality of HIV counselor training and service delivery in Uganda. The following targets shall be reached:

- 20 trainers and 200 counselors trained in ART counseling
- 100 counselors trained in HBHCT;
- 400 service providers for RCT in 2 regional hospitals selected by MOH trained.
- 1000 manuals for each of the six curricula developed by SCOT will be Printed and distributed to partners implementing different curricula.
- 150 scholarships will be given to individuals from stakeholder organizations to attend accredited HIV counseling courses provided by SCOT partners.

SCOT shall also focus attention on building the capacities of People with Disabilities (PWDs) to deal with HIV/AIDS related challenges; 20 PWDs will be trained as trainers in HCT and who will in turn train 100 counselors within the PWD fraternity. The National Strategic Plan for HIV/AIDS activities 2007/8-2011/12 prioritized male circumcision as an evidence based and cost effective strategy for HIV prevention that complements the ABC approach and early knowledge of HIV status. Currently, the Government is conducting national dialogue on male circumcision and it acknowledges the challenges of delivering the intervention including: lack of a policy framework, inadequate infrastructure and human resource capacity to ensure equitable safe delivery of the intervention, addressing potential gender undertones and behavioral dis-inhibition due to a false sense of security among circumcised males. In order to achieve the desired outcomes and targets, SCOT has a role in updating the training curricula and accompanying IEC materials for counselors and community mobilisers. In addition, a training needs assessment conducted by SCOT in 2006 revealed inadequate skills in areas of child and adolescent counseling, couples counseling and nutritional counseling. SCOT will work in collaboration with MOH, Mildmay, PIDC, TASO, and Uganda Association of Nutritionists (UGAN), to develop new curricula in the identified areas and train 20 trainers for each new area. The 20 trainers will in turn train 200 service providers per new curriculum.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8363

Related Activity: 13319

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|-------------------------------|---------------------|--------------|-----------|---------------|
| 8363 | | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 4814 | 693.07 | TASO CDC | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--------------------------------------|-------------------------------|---------------|
| 13319 | 4426.08 | 6441 | 693.08 | Strengthening HIV Counselor Training | The AIDS Support Organization | \$700,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | N/A | True |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 995 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1250.08

Prime Partner: Uganda Blood Transfusion Services

Funding Source: Central GHCS (State)

Budget Code: HVCT

Activity ID: 8585.08

Activity System ID: 13321

Mechanism: Rapid Strengthening of Blood Transfusion Services

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$0

Activity Narrative: Provision of safe blood is an essential component of Uganda's Health Sector Strategic Plan (2006-2011) as indicated in the minimum health care package of the plan. It is also one of the main strategies of the country's HIV/AIDS prevention and care. PEPFAR support to the Uganda Blood Transfusion Service (UBTS) and sub-partner, the Uganda Red Cross Society (URCS) has enabled them to maintain and increase the supply of safe blood to 166 hospitals in the country by 45.6% and reduce the HIV prevalence among the blood donor population from 1.7% in 2004 to 1.36% in 2006 (a reduction of 20%). It is estimated that over 21,000 new HIV infections have been prevented through provision of safe blood since the beginning of the PEPFAR support to UBTS; 75% of these infections would have occurred in children and pregnant women who receive most of the blood transfusion.

In FY08 existing blood donor clubs will be encouraged to recruit more members, and new donor clubs will be formed. The URCS plays a key role in the blood donor recruitment, counseling activities as well as overseeing and maintaining the blood donor clubs. The main objective of pre-donation counseling is selection of low-risk healthy blood donors, whereas post-donation counseling (donor notification) gives opportunity to blood donors to learn their health status and make informed decisions about their lives, be encouraged to continue donating blood, as well as preventing infected blood donors from donating once again. UBTS and URCS collaborate with several AIDS Support Organizations in the country and refer identified HIV positive blood donors for care and support. During FY08 the percentage of blood donors who receive post-donation counseling will increase from the current 70% to at least 80%. Currently, 100% of donors in Uganda are voluntary, non-remunerated individuals; this trend will be maintained in FY08. For every 100 persons that receive HIV health education aimed at recruiting blood donors, only 10 donate blood.

Although HIV counseling and testing is not the main activity for the Blood Safety program, but key to the provision of adequate amounts of safe blood, UBTS and URCS indirectly contribute to this program area. UBTS and URCS have to provide health education to 1,300,000 individuals in order to obtain 100,000 blood donors. These donors will receive HCT; most of them are young people above 17 years in education institutions, and others in rural communities and urban work places. Through the blood donor mobilization and recruiting activities, UBTS/URCS reach large numbers of individuals as far as HIV prevention campaign is concerned.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8585

Related Activity: 13320, 13317, 15908

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------------------|---------------------|--------------|---|---------------|
| 20886 | 8585.20886.09 | HHS/Centers for Disease Control & Prevention | Uganda Blood Transfusion Services | 9151 | 1250.09 | Rapid Strengthening of Blood Transfusion Services | \$0 |
| 8585 | 8585.07 | HHS/Centers for Disease Control & Prevention | Uganda Blood Transfusion Services | 4817 | 1250.07 | | \$0 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13320 | 4014.08 | 6442 | 1250.08 | Rapid Strengthening of Blood Transfusion Services | Uganda Blood Transfusion Services | \$3,000,000 |
| 13317 | 10334.08 | 6440 | 5457.08 | Track 1.0 | Sanquin Consulting Services | \$500,000 |
| 15908 | 11496.08 | 7289 | 5792.08 | Technical Support to Uganda Blood Transfusion Services Laboratories Construction and Renovations | Regional Procurement Support Office/Frankfurt | \$1,400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 173 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 30 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 100,000 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3440.08

Mechanism: Laboratory Quality Assurance-Cooperative Agreement

Prime Partner: Uganda Virus Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 12494.08

Planned Funds: \$400,000

Activity System ID: 13322

Activity Narrative: The Uganda Virus Research Institute (UVRI) is a department of Government of Uganda (GOU), dedicated to conduct research on viral diseases since 1936. UVRI has conducted research in isolation and characterization of HIV strains, understanding better the epidemiology before and after the introduction of ART, HIV vaccine and microbicide evaluation, PMTCT, HIV sero-behavioural survey, and provided the Ministry of Health (MOH) with HIV surveillance data from ANC and STI clinics. UVRI is mandated by MOH to provide Quality Assurance/Quality Control (QA/QC) to all HIV serological testing sites both public and private.

This activity plays a vital role in the provision of accurate results that is essential for diagnosis, care and treatment of the HIV infected. While the existing M&E plan will guide implementation of activities, partnerships will be established with government structures at district level through the health facility hierarchy i.e. from national to Health Center III level. This will entail combined training of their staff, support supervision visits, provision of proficiency testing (PT) and providing QA/QC services.

In 2006, MOH developed an HIV prevention strategy which places special emphasis on HIV testing especially for the epidemic drivers (fishermen, commercial sex workers discordant couples, those with multiple sexual partners, transactional sexual relationships, etc). This calls for increased testing at health facilities, home and through outreach/mobile clinics.

UVRI shall ensure quality HIV testing is offered to individuals through training, support supervision and continuous assessment of laboratories for QA/QC in all laboratories testing for HIV, TB, STI and Malaria. Through these means we shall support the TB, leprosy, and malaria strategic plans.

Training of counselors, phlebotomists, and the laboratory staff will be key in achieving the targets in the Health Sector Strategic Plan II and HIV/AIDS National Strategic Plan [2007-2012), with GOU aiming to test millions of people and thus influence health seeking and safe behavior practices. The restructured GFATM round three, phase one, plans to test about 2,200,000 people by the end of June 2008, and, an additional 58,000 started on ART.

While in-service training will be reinforced to ensure high standards are maintained, TOT conducted in 2007 will be further augmented in 2008 taking into account lessons learnt. We shall work with the District Laboratory Focal Person (DLFP) to ensure that his activities are incorporated in the annual district plan, and engage with the district leaders on the importance of high quality laboratory results in the prevention, care and treatment of HIV/AIDS. By maintaining and developing strong linkages with key service providers and trainers, we shall support integrated training especially in the diagnostics of HIV, malaria, syphilis and tuberculosis thus maximizing benefits out of the available resources.

UVRI shall maintain and develop new partnerships in collaboration with CDC-Uganda and key PEPFAR funded partners e.g. CPHL/MOH, AMREF, NUMAT, MJAP, JCRC, NMS, MUWRP, RHSP, RTI, and other stakeholders in laboratory services and CT to ensure sustainability of internal and external quality assurance at regional and district levels using Regional Laboratory Coordinators (RLC) and DLFP as change agents. During supervision visits to the testing sites in collaboration with CPHL/MOH, Malaria Control Program, National Tuberculosis and Leprosy Program and other stakeholders, we shall identify needs in infrastructure, staffing, laboratory management, commodity availability, storage capacity, recording keeping, availability and implementation of SOPs, M&E tools and customer service satisfaction. Supply chain management of HIV commodities, will be addressed to avoid duplication. UVRI will draw up a consumption plan of HCT commodities and work with NMS to ensure their availability. Buffer stock will be budgeted for to avoid any disruption of services.

Due to the scarcity of trained laboratory staff and the need to get millions of people counseled and HIV tested, MOH has decided to provide quality training to non-laboratory staff including PHAs to conduct HIV rapid testing. This cadre of health workers will receive constant supervision to ensure they provide quality results. In collaboration with RLC and DLFP we shall develop a strategy to achieve this. We shall liaise with CPHL/ MOH to train non-laboratory staff performing HIV testing. We shall emphasize during training the need for these groups providing complementary services to coordinate their activities.

The UVRI clinic shall continue providing apprenticeship to both counselors and laboratory trainees. Training sessions for personnel at CT sites will emphasize the need for QA/QC in whatever service they render. The SOP for counseling and testing will be integrated for the benefit of the counselors, phlebotomists, and laboratory staff.

UVRI shall prepare and distribute PT panels to all testing sites and obtain the results immediately. Concerted efforts will be made to ensure that specimens are received from the original sentinel sites including ANC, STI, and PMTCT sites across the country but expand to cater for more private and public sectors facilities. QC samples will be obtained, retested and return the results within six weeks. These outcomes will be used to measure the effect of pre-analytical and analytical QA/QC training on the quality of results provided to clients.

Medical waste generated at UVRI will be disposed of using disinfectants, incineration and sharps containers as appropriate. Hospitals will be requested to support other testing centers in their area of jurisdiction for incineration of medical waste. These issues will be emphasized during training and support supervisory visits.

UVRI shall work with MOH and Health Services Commission (HSC) to recruit project staff into Public Service thus allowing long term sustainability of QA/QC for the country. The current salaries will be made competitive supplemented by other forms of motivations for right caliber staff to be retained. The TOT provided to support supervisors (RLC and DLFP), our supervisory visits, training RLC in preparation and characterization of PT panels, their distribution and interpretation of the results will further contribute to sustainability of the program. By opening direct channels of communication with RLC and DLFP we shall learn more about activities in health facilities for us to influence HIV testing.

An annual report will be shared with MOH AIDS Control Program officials, covering our activities at HIV testing sites in the country, needs assessment and work with them to ensure that CPHL/MOH as the regulatory body accredits laboratories to ensure quality of HIV testing to the public.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12494

Related Activity: 13323

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20887 | 12494.2088 7.09 | HHS/Centers for Disease Control & Prevention | Uganda Virus Research Institute | 9152 | 3440.09 | Laboratory Quality Assurance-Cooperative Agreement | \$400,000 |
| 12494 | 12494.07 | HHS/Centers for Disease Control & Prevention | Uganda Virus Research Institute | 4816 | 3440.07 | Laboratory Quality Assurance-Cooperative Agreement | \$350,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13323 | 4709.08 | 6443 | 3440.08 | Laboratory Quality Assurance-Cooperative Agreement | Uganda Virus Research Institute | \$325,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 500 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | N/A | True |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | N/A | True |

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5028.08

Mechanism: HIPS (Health Initiatives in the Private Sector)

Prime Partner: Emerging Markets

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 9080.08

Planned Funds: \$100,000

Activity System ID: 14173

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

Stakeholder consultations have consistently identified the work place as a major entry point to counseling and testing. Since workers spend most of their time in the work place, their behaviors are largely influenced in the work place.

In FY08, the activities that will be implemented include but not limited to the following:

- Support the development of work place policies and programs aimed at reducing stigma and increasing access and utilization of CT services
- Train peer educators and HIV/AIDS champions in the work place to break the silence on HIV/AIDS from a personal-private to the public policy sphere and act as change agents
- Support post test counseling services to those that agree to test and receive results. Those who test HIV+ will be facilitated to access referral care and treatment services
- Support the promotion of CT outreach services to benefit employee dependants and the surrounding community. For the communities 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9080

Related Activity: 14169, 14170, 14171, 14172, 14174, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21756 | 9080.21756.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$100,000 |
| 9080 | 9080.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$100,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 30 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 100 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 2,800 | False |

Target Populations

Other

Business Community

Table 3.3.09: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 1258.08 | Mechanism: ROADS - SafeTstop Project |
| Prime Partner: Family Health International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Counseling and Testing |
| Budget Code: HVCT | Program Area Code: 09 |
| Activity ID: 4509.08 | Planned Funds: \$375,000 |

Activity System ID: 14196

Activity Narrative: This activity relates specifically to activities funded under Abstinence/Being Faithful (AB), Other Prevention (OP), Palliative Care and Orphans and Vulnerable Children (OVC). 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 Burundi, Democratic Republic of the Congo, Djibouti, Kenya, Rwanda, South Sudan, Tanzania and Uganda. With FY 2008 funds, ROADS will extend and strengthen ongoing activities in Busia, Malaba and Katuna. In FY 2008, ROADS will expand services to a fourth site in the interior of the country to scale up the program. 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.

Busia, Malaba and Katuna, ranging from 10,000-30,000 people?? not including the mobile populations that spend time there?? are sizable and characterized by high HIV prevalence relative to the national estimate. 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. Counseling and testing (C&T) services in Busia, Malaba and Katuna remain underdeveloped and should be scaled up further to meet demand generated by ROADS community mobilization and outreach. For example, in Malaba the dearth of quality C&T has led many residents to cross into Kenya for this service. Upgrading of Malaba Health Centre 3 is improving the situation though there is still a need for C&T at fixed outreach sites during hours convenient for MARPs. In Busia, lack of quality C&T likewise leads many people to cross into Kenya for services. 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 ROADS' 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 available. 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 approximately 17,000 people for C&T, while training 22 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 community- and faith-based groups, has generated significant interest in and demand for C&T. With FY 2008 funds the project will continue to establish and build demand for C&T, reaching 3,000 people with this service between September 1, 2008 and September 1, 2009. Recognizing the shortage of trained counselors in the sites the project will train 60 individuals in C&T during this same period. Training will include counseling skills to serve discordant couples, identify and counsel C&T clients with hazardous drinking behavior, and discuss family planning. ROADS will actively promote testing to all family members where the index patient is found to be positive. With FY 2008 funds, ROADS will establish 30 C&T outlets in Busia, Malaba, Katuna and fourth site to be determined, with hours and locations appropriate for MARPs, particularly truck drivers, their sexual partners and out-of-school youth. Sites will include the SafeTStop resource centers, which serve as alcohol-free recreation sites and a venue for a range of HIV services. 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 pilot C&T services in pharmacies/drug shops. ROADS will continue to support Malaba Health Centre 3, including purchase of test kits and limited equipment procurement. As part of ROADS' effort to involve FBOs in C&T provision, the project will work with Friends of Christ – Revival Ministries in Busia to expand their C&T outreach service. Importantly, ROADS will organize meetings between C&T staff, health providers and community caregivers to ensure C&T clients and family members are referred to and from services. As a wrap-around to C&T, the project will address gender barriers to uptake of C&T and safe disclosure of results. **SUSTAINABILITY:** Almost all partners on the project are local entities that exist without external funding, including private and most public outlets that offer C&T services. As a result project activities are highly sustainable. Indigenous volunteer groups partnering with the project, including those that can provide community-based C&T (e.g., FBOs), were established without outside assistance and will continue functioning over the long term. It is critical to manage the roster of volunteers so that individual volunteers are not overburdened and do not drop out of the program. ROADS has developed strategies to motivate volunteers (non-monetary incentives, implementing activities with people in their immediate networks) to minimize attrition and enhance sustainability.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity

Continuing Activity: 8417

Related Activity: 14192, 14193, 14194, 14195

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 8417 | 4509.07 | U.S. Agency for International Development | Family Health International | 4833 | 1258.07 | Northern Corridor Program/Uganda Section | \$375,000 |
| 4509 | 4509.06 | U.S. Agency for International Development | Family Health International | 3366 | 1258.06 | Northern Corridor Program/Uganda Section | \$75,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------|-----------------------------|---------------|
| 14192 | 9169.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$300,000 |
| 14193 | 4508.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$750,000 |
| 14194 | 4510.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$550,000 |
| 14195 | 9176.08 | 6736 | 1258.08 | ROADS - SafeTstop Project | Family Health International | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 30 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 60 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 2,900 | False |

Indirect Targets

Friends and family members of direct targets, i.e., children (under 5 through 9), adolescents (10-24), adults (general population), business leaders, discordant couples, PHA, pregnant women and religious leaders (other) and truckers, people who abuse alcohol, persons in commercial/transactional sex, and street youth (MARPs).

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Busia
Kabale
Tororo

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3166.08

Mechanism: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

Prime Partner: International HIV/AIDS Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8900.08

Planned Funds: \$200,000

Activity System ID: 14203

Activity Narrative: This activity is a continuation of activities that are implemented in FY 07.

In FY2008, in addition to the 21 districts and over 200 PHA groups and networks covered, the program will support over 100 PHA groups in 7 new districts to facilitate family based HIV/AIDS counseling and Testing (HCT) for members in their households. There will be special focus on couples' counseling and testing, disclosure of sero-status to spouses and support for discordant couples. The PHA groups and networks will be trained to provide couples counseling, counseling of OVC and provision of support for discordant couples. The groups and their representatives at health facilities, also known as Network Support Agents (NSAs) will ensure that all those that test HIV-positive are linked to palliative care and treatment services.

The PHA groups and networks will also work closely with several HCT providers namely AIC, PREFEA, JCRC, TASO to provide community outreaches for HCT services. The Network Support Agents will be trained to carry out HIV/AIDS Counseling and Testing and work closely with the Strengthening Counselor Training (SCOT) program for certification. The NSA will also integrate TB/HIV, family planning, nutritional assessment and counseling and, reproductive health counseling in HCT services

Post-test clubs (PTC) have for a long-time acted as 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.

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 health workers and PHAs – as auxiliary health workers or expert clients under the task shifting policy in the health sector. 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.

Lastly, one 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 including IGAs.

Emphasis Areas: Select and BOLD all that apply

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8900**Related Activity:** 14200, 14201, 14202, 15634**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------------|---------------------|--------------|---|---------------|
| 24483 | 8900.24483.09 | U.S. Agency for International Development | International HIV/AIDS Alliance | 10471 | 3166.09 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | \$184,000 |
| 8900 | 8900.07 | U.S. Agency for International Development | International HIV/AIDS Alliance | 4851 | 3166.07 | Expanding the role of People Living with HIV/AIDS Networks | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 14200 | 4688.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$640,000 |
| 14201 | 4690.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$400,000 |
| 14202 | 4693.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$250,000 |
| 15634 | 4695.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$1,200,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 80 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 200 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 15,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Adjumani
Arua
Busia
Hoima
Iganga
Jinja
Kabale
Kalangala
Kasese
Katakwi
Kibale
Kotido
Kumi
Luwero
Masindi
Mbale
Mbarara
Mubende
Mukono
Nebbi
Rukungiri
Yumbe
Soroti

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4961.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8882.08

Activity System ID: 14233

Mechanism: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$440,000

Activity Narrative: The Supply Chain Management System (SCMS) was established to strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV and AIDS. In collaboration with in-country and international partners, SCMS works toward deploying innovative solutions to assist programs to enhance their supply chain capacity; ensuring that accurate supply chain information is collected, shared and used; and providing quality, best-value, health care products to those who need them.

The Ministry of Health, with support from the PEPFAR program and the Abbott donation program has expanded HIV counseling and testing from ~2.5 million people tested in 2007 to a target of 4.3 million people tested in FY 2008. Additional support from Global Fund (GFATM) is expected to begin in September 2007.

With plans to scale-up program activities, and the introduction of routine counseling and testing, it is important to ensure that commodities are available to sustain the program growth. We are currently working with the Ministry of Health (MOH) and central public health laboratory (CPHL) towards integration of the HIV test logistics system into the existing lab logistics system, and will continue this support in FY 2008. This will involve making adaptations to the HIV test logistics system, training MOH trainers in the changes, sensitization of district officials and health care workers, support supervision visits together with MOH to provide continuous training and improvement of logistics management & data quality, refining quantification procedures, introduction of improved quantification tools, and provision of procurement services when requested. SCMS will continue to provide support and capacity building in logistics data capture and management, forecasting, procurement planning, and coordination of emergency responses to product shortfalls. The continuation of technical assistance started in FY 2007 to National Medical Stores into FY 2008 will strengthen the inventory management and distribution of commodities, which has been a challenge. Building capacity in the above areas will help programs forecast and cost their program needs for budget planning, gap identification, and hence improved target setting based on available funding. Inadequate funding commitments to meet national targets, as well as delays in release of committed funds have been a major issue in the national program. SCMS will work with programs and the pharmacy department to ensure forecasts and gap analysis are shared and used for decision making.

SCMS has worked closely with MOH pharmacy department to build capacity in logistics management of HIV/AIDS commodities and will continue in FY 2008 through training, and advocacy work, as well as supporting additional human resources to strengthen the pharmacy department in FY 2008. Targets: for HIV test kits the target for the MOH program is 4, 320,000 persons of test kits for FY 2008 where quantified with an estimation of 360,000 tests per month

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8882

Related Activity: 14230, 14231, 14232, 14234, 14235, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 8882 | 8882.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$390,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | N/A | True |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | N/A | True |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | N/A | True |

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of
Uganda

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4365.08

Activity System ID: 14210

Mechanism: IRCU

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$600,000

Activity Narrative: 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 address mutually identified development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. In June 2006, IRCU initiated a program to scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by the United States Government (USG) under the President's Emergency Plan for AIDS Relief (PEPFAR).

HIV counseling and testing (HCT) coverage in Uganda still remains low. The National HIV Sero-Behavior Survey 2004/05 showed that only 13% of women aged 15-49 years and 11% of men in the same age group had been tested. The Uganda Demographic and Health Survey (UDHS) 2006 further indicates that 71% of women and 77% of men in Uganda have never tested at all. The same survey indicated, interestingly, that over 80% of the population knew where to get an HIV test. This implies that constraints related to physical access to facilities is a major issue. In 2005, the Ministry of Health launched the new National Policy Guidelines for HIV Counseling and Testing with the vision of putting high-quality voluntary counselling and testing (VCT) services within the reach of every Ugandan. The policy further acknowledges that with the advent of affordable treatment options, there is urgent need to increase access to HCT in order to reach those who need treatment, care and support. Therefore, MOH has moved on to adopt new approaches to delivery of HCT, including routine testing in clinical settings, as well as home and family-based counselling and testing. These approaches are designed to remove some of the barriers to testing imposed by the VCT approach. IRCU works through its faith-based partners to support the MOH in operationalising its vision of scaling up HCT coverage, especially to rural and underserved areas.

Using FY 2006 funds, IRCU rolled out counseling and testing in 22 faith-based sites based in 17 districts in Uganda. Through these sites, over 30,000 individuals were counseled and tested of which 95% were adult clients. IRCU also supported these sites with improvements in infrastructure, strengthening human resources through training in new HCT technologies. IRCU worked extensively with the Program for Supply Chain Management Systems (SCMS) to develop a logistics log frame for the implementing sites to facilitate proper forecasting and ordering of HIV test kits. This resulted in greater improvements in the supply and distribution of HIV testing kits and other associated supplies. This partnership will continue to be strengthened through FY 2007 and FY 2008. With FY 2007 funds, IRCU will continue to expand access to quality HCT services through the existing networks of faith based organizations (FBOs). Currently IRCU is in the final stages of site assessment which will culminate into adding ten new sites to those currently supported. This will facilitate delivery of quality HCT services to approximately 160,000 individuals by the end of FY 2008.

IRCU initiated the newly introduced provider-initiated testing and counseling model, commonly known as Routine Testing and Counseling (RTC) as part of the routine clinical care at all it is hospital based sites. RTC has been initially implemented in high HIV prevalence units of these hospitals such as the medical wards and STI clinics. With the new PEPFAR guidance to monitor individuals with TB that access HCT, IRCU will move rapidly to expand RCT to cover TB wards. Focal persons at these units will continue to coordinate the testing and counseling process. IRCU will also continue to consolidate and streamline the existing referral systems between HCT, care, treatment and PMTCT units to ensure access to comprehensive HIV/AIDS services for its clients.

HCT services are provided in accordance with the Ministry of Health (MOH) guidelines. For instance the HIV testing algorithm is aligned with the national policy which emphasizes a three tier protocol using Determine® to screen for HIV infection, Statpac® to confirm infection and Unigold® as a tie breaker. IRCU procures and stores the HIV kits at Joint Medical Stores and the distribution process is manned by the logistics officer working at the IRCU secretariat. As part of the quality assurance, all sites implementing HCT are required to send 10 samples of specimens out of every 100 tests performed for re-testing at other major HCT providers in Uganda. Using FY 2006 funds, IRCU trained scores of religious leaders at community level who have played vital roles in raising community awareness and referral for HCT.

In FY 2008, IRCU in partnership with other USG-funded partners, including the Strengthening of Counseling and Testing Training (SCOTT) and Mulago-Mbarara Joint AIDS Program (MJAP), will continue to build the capacity within its supported health facilities to deliver quality HCT by focusing on training more staff and in particular lay providers like PHAs involved in the out reach VCT clinics in new HCT technologies.

In FY 2007, IRCU provided support to form Post-Test Clubs composed of individuals who are found to be HIV positive through the HCT services. These cadres of volunteers are used to further raise advocacy for HCT in the communities surrounding the health units and also act as a support system for living positively in the community. In FY 2008, IRCU will continue to consolidate these programs.

Some of the main challenges the IRCU HCT program has faced relate to limited pediatric counseling skills and poor integration of PMTCT. This has led to low coverage of both pediatric HIV testing and PMTCT at the implementing sites. In FY 2008, IRCU will focus on these issues as to increase the number of mothers and children in care. IRCU in FY 2008 targets to counsel and test 160,000 clients, train 240 counselors, 250 district leaders and 1,270 religious leaders.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8424

Related Activity: 15889, 14206, 14207, 14208, 14209, 14211, 14212, 14213

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26784 | 4365.26784.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8424 | 4365.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$600,000 |
| 4365 | 4365.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$600,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 32 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 1,760 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 150,000 | False |

Indirect Targets

In FY 2008, IRCU will support 32 sites to deliver HCT services. At these sites, IRCU will indirectly serve over 10,000 clients seeking care at these centers.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3340.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Mechanism: Health Comm Partnership;
AFFORD

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 12492.08

Planned Funds: \$400,000

Activity System ID: 14224

Activity Narrative: This is a continuation from FY 2007. During FY2007, HCP received Plus Up funds to support the National HIV counseling and testing (HCT) Coordinating Committee to design and implement a communication campaign to promote couple counseling and testing and disclosure of HIV status, linked to HCT testing days. During FY2008, HCP will continue to support the national HCT testing campaign, contributing to the goal of reducing HIV prevalence by 25% stated in Uganda's HIV/AIDS National Strategic Plan 2007/8 – 2011/2012 (NSP).

According to the Uganda HIV/AIDS Sero-Behavioural Survey 2004-05 (HSBS), only 10 – 13% of men and women have ever tested for HIV, although approximately 70% would like to test. The national HCT testing campaign will make free testing and counseling services available on specific days throughout the year, and would target cohabiting couples for testing. As more than 50% of cohabiting adults who are HIV-positive have an HIV-negative partner, and most new infections are occurring within marriage (HSBS), this intervention is aimed at protecting the uninfected partners in discordant relationships.

HCP will utilize a mixture of communication approaches to attract couples for HCT, and to promote disclosure of HIV status among cohabiting partners, including mass media, client education and information, and community outreach. Communication will target communities within easy access of HCT services. HCP will also conduct assessments of the effectiveness of HCT communication that took place during FY2007, to inform the design of HCT communication in FY2008.

It is anticipated that the HCT communication campaign will reach a minimum of 10 million adults throughout Uganda through the mass media, and a minimum of 1,000 men and women per district with interpersonal communication about HCT between 1 October 2008 and 30 September 2009.

HCP will strive to build the capacity of a Ugandan non-governmental partner and the Ministry of Health AIDS Control Program to design and implement national HCT days coupled with communication and education. In this way, the HCT campaign will become a sustainable activity of the Ministry of Health and its HCT partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12492

Related Activity: 14225, 14217, 14218, 14219,
14220, 14221, 14222, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 12492 | 12492.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$400,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | N/A | True |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | N/A | True |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | N/A | True |

Indirect Targets

The communication campaign is expected to reach 80,000 men and women through interpersonal communication promoting HCT and 10 million men and women through the mass media events .

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

Discordant Couples

Religious Leaders

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1245.08

Mechanism: Makerere University Walter Reed Project (MUWRP)

Prime Partner: Walter Reed

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 8543.08

Planned Funds: \$300,000

Activity System ID: 15712

Activity Narrative: This activity is a continuation from FY2007 with the following updates:

During 2008, MUWRP will work with District health authorities to rollout fixed site HCT services to six Health Center IIIs in order to strengthen linkages between TB and HIV as well as PMTCT and HIV. This will be accomplished by: (1) working alongside other health agencies in Kayunga so as to ensure that pregnant mothers and individuals being screened for TB will be concurrently be tested for HIV and referred to HIV services if HIV-positive, and (2) training District lay workers, treatment club members, youth volunteers and PHA groups in CT service delivery to meet staffing demands. Due to the fact that availability of commodities in Uganda remains a problem, MUWRP will provide supply chain technical support as well as back-up commodity support to all of the CT sites to ensure that there will be no stock outs of CT commodities. Working along-side MUWRP's prevention program, MUWRP's mobile CT program will also expand programs during 2008, targeting out of school youth, youth in schools, and also high-risk fishing village populations along the Nile and at the inlet to Lake Kioga. Another new aspect of the CT program in FY2008 will be to implement a District-wide post-exposure prophylaxis program for victims of rape, defilement, or for any other person who has had immediate exposure to HIV.

In 2008, funding will support services at eleven fixed CT sites, two mobile CT sites, and three RCT sites. More specifically, funds will be earmarked for trainings, back-up commodity supplies, supportive supervision and on-going technical assistance. Furthermore, funds will be utilized to modify infrastructure to ensure confidential counseling space, scaling up CT services to six rural health center IIIs, and mobile resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8543

Related Activity: 15709, 15769, 15710, 15711,
15713, 15714, 15715, 15716,
16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20036 | 8543.20036.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$297,000 |
| 8543 | 8543.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$216,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

- * Child Survival Activities
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 12 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 50 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 0 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

Coverage Areas

Kayunga

Mechanism ID: 1284.08

Mechanism: Full Access Counseling and Testing

Prime Partner: Kumi Director of District Health Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4046.08

Planned Funds: \$0

Activity System ID: 15906

Activity Narrative: 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 (Atatur, 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 Psychosocial 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 to 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.

During FY08 the Kumi District Local government will complete all program activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8313

Related Activity: 15904, 15905, 15907

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|------------------------------------|---------------|
| 8313 | 4046.07 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 4804 | 1284.07 | Full Access Counseling and Testing | \$480,000 |
| 4046 | 4046.06 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 3185 | 1284.06 | Full Access Counseling and Testing | \$400,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------------------------|---|---------------|
| 15904 | 4049.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15905 | 8550.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15907 | 10038.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$50,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 16 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 58 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 50,000 | False |

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

Kumi

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6181.08

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

Prime Partner: Deloitte Touche Tohmatsu

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3194.08

Planned Funds: \$0

Activity System ID: 15484

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism.

National level indigenous organization previously supported through UPHOLD, including Straight Talk, AIC and TASO, will now be supported through the Civil Society Fund, with earmarked funding, in support of overall coordination and harmonization of donor support to civil society. AIC is supported by several development partners, including USAID, through this mechanism. All partners will be supporting one comprehensive workplan and budget to avoid duplication and gaps in funding. Routine monitoring and evaluation activities of grantees will also be supported with these resources.

AIC is a Non-Governmental Organization established in 1990 to provide 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 also uses HIV/counseling and testing (HCT) as an entry point for the provision of and referral to HIV/AIDS service-provider initiated services including prevention of HIV transmission, treatment of opportunistic infections, PMTCT and ART services as well as other care and support services. In FY 08 AIC will continue contributing towards the national goal of reducing the new infections particularly among the youth and adults.

The Uganda Behavioral sero-survey 2005 indicates that 79% of Ugandans who would want to know their HIV status are unable to access HCT and yet the knowledge of one's sero status is an entry point for effective prevention, treatment, care and support. In Uganda the prevalence of HIV has been stable over the past five years at 6.4% - 6.7%, a decline from 18% recorded in the 1990s. However there is evidence that the rate of new infections estimated at 132,000 Ugandans annually, will lead to an escalating prevalence if not checked. Sexual transmission remains the main form of transmission of HIV in Uganda. HIV is also higher among the women whose prevalence is 9.5% as compared to the males whose prevalence is 5.5%. Women continue to be more exposed due to their biological nature and also because they can not negotiate for sex and in most cases lack economic and social independence. The epidemic is higher in the urban as compared to the rural areas. In terms of age, the epidemic is concentrated in the age groups 25-49 years which is also the productive age. Some of the drivers of the epidemic include; early initiation of sex, casual sex, multiple sex partners, extra marital sex, ulcerative Sexually Transmitted Infections, Herpes Simplex Virus, domestic violence, transactional sex and intergenerational sex, alcohol and alcohol abuse. Among the individuals who are likely to spiral the epidemic are commercial sex workers, fishing communities, the military & other uniformed services, truck drivers, orphans and vulnerable children.

In FY07, AIC trained 902 individuals in counseling and testing to reach 329,155 clients with HCT services. As a continuation of the FY07 activities, AIC will continue to increase access and utilization of HCT services using FY08 resources through a variety of approaches:

- AIC will provide VCT services through 8 stand alone AIC branches to reach 100,000 clients.
- Routine counseling and testing at health centre III level will target 150,000 clients in 56 health centers.
- Outreaches targeting the Most at Risk Populations (MARPS) will reach 150,000 individuals.

Over the years, AIC has learned that the provision of HCT needs to be complemented with integrated services to increase HCT uptake. Service integration creates a positive impact that improves the quality of life of the HIV positive clients while at the same time reinforcing prevention messages to the HIV negative clients. In all AIC service points including outreach sites and mobile VCT, AIC will complement HCT with AB, OP and palliative care activities funded by other USG and/or other donors. Individuals will be able to know their sero-status, encouraged to adopt prevention options of their choice and receive a minimum palliative care package and referred where necessary. In the outreach sites and mobile VCT, AIC will operate mobile clinics/pharmacies that will provide the client with a first doze of septrin for one month and additional referral information for further on-going prophylaxis. Treatment of Opportunistic Infections will also be carried out at these sites.

AIC's outreach activities will include those held in schools, fishing landing sites, military/police establishments, mobile populations including internally displaced persons (IDPs), truck drivers' stopping points such as Katuna, Mbiko and Naluwerere, institutions of higher learning, as well as corporate employers. AIC will use the peers trained for AB and OP to mobilize for HCT among their peer populations. Mobile (home to home) VCT will be implemented in selected areas covering a total of 10,000 clients. In the MVCT approach, AIC will use the finger stick method of testing.

In line with PMTCT and HIV prevention AB and OP, AIC will make a deliberate effort to target pregnant women to come for HIV testing with their partners. AIC will promote and offer free HIV testing for pregnant women and their partners at the AIC branches. This will support AIC's efforts in PMTCT as more clients will be identified for PMTCT. Those found to be eligible for ART will be referred to the AIC facility that will soon start to offer the service, while those in upcountry locations will be referred to the nearest facilities offering ART. It is estimated that AIC will extend HCT to 5,000 pregnant women during FY08. The pregnant women will be part of the 100,000 clients served at the main branches.

The HIV incidence escalation among the married/cohabiting couples will ensure that AIC offers free HIV testing and counseling for couples on specific days and strengthen couple club activities in all the branches. Activities supported for the couple clubs will include providing training in key communication skills, prevention of gender-based violence among couples and promotion of disclosure. These couple clubs will also be a vessel in mobilization and promotion of HCT uptake by their fellow couples. AIC will support couple clubs meetings and use these avenues to promote faithfulness. It is estimated that 5,000 couples (10,000 individuals) will benefit from free couple HCT.

Activity Narrative:

As a continuation of the activities implemented in FY07, AIC will increase its target for youth to access HCT services. With fully functional youth wings at all the branches by the end of FY 07, AIC will continue to attract youth for HCT through provision of free and confidential youth-friendly services. Abstinence messages will be given to the youth coming for HCT at the youth corners. Treatment of OIs and STIs will also be available while those found in need of other services such as ART, will be referred to the AIC facility that is soon starting the service. Youth accessing HCT services from AIC upcountry branches will be referred to the nearest ART facilities. It is estimated that through the youth wings, AIC will provide HCT to 30,000 youth both in and out of school.

Through all the above approaches, AIC will reach 450,000 individuals (an estimated 112,500 clients per quarter) who will be counseled, tested and receive results through the 64 static sites and 112 outreach sites. It is estimated that 2,000 out reaches will be conducted. Overall 176 service outlets will be supported for HCT service delivery.

AIC will also support the training of partners' service providers, counselors and laboratory technicians, and supervisors. AIC staff will receive refresher training in the new approaches for HCT service delivery. AIC will continue to receive requests from partners to assist in training of service providers in HCT. Personnel to be trained will include 600 counselors, 200 lab technicians, 200 HCT Supervisors (includes 50 lab technicians 100 counselors and 50 HCT Supervisors). An additional 500 HCT service providers will be trained from organizations that provide HCT services and request for technical assistance from AIC. To ensure the provision of quality HCT services, quarterly monitoring and support supervision visits will be conducted in the 200 service outlets. An estimated overall total 1,700 service providers for AIC and partners will receive training and appropriate support supervision to meet the increasing demand for counseling and testing services

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8404

Related Activity: 15991, 15993, 15996, 14189, 15491, 16001, 15859

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-------------------------|---------------------|--------------|--------------------------------|---------------|
| 8404 | 3194.07 | U.S. Agency for International Development | John Snow, Inc. | 8791 | 8791.07 | Uganda Health Services Project | \$3,345,000 |
| 3194 | 3194.06 | U.S. Agency for International Development | AIDS Information Centre | 2758 | 1016.06 | AIC USAID | \$2,765,557 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 176 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 1,700 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 450,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

Arua

Jinja

Kabale

Kampala

Kamuli

Kayunga

Mbale

Mbarara

Nebbi

Soroti

Tororo

Rukungiri

Adjumani

Apac

Busia

Gulu

Kaberamaido

Kanungu

Kapchorwa

Kasese

Kisoro

Kitgum

Kotido

Kumi

Lira

Luwero

Masaka

Masindi

Moroto

Moyo

Nakapiripirit

Nakasongola

Ntungamo

Pader

Pallisa

Rakai

Sembabule

Sironko

Yumbe

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7156.08

Mechanism: NUMAT

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4702.08

Planned Funds: \$570,000

Activity System ID: 15486

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions.

In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations.

In FY 07 meetings with district leaders to start HIV/AIDS Counseling and Testing (HCT) activities were completed, preparatory work for starting Post Test Clubs (PTCs) were carried out in 5 districts and several PTCs were formed and equipped. In FY 07, over 8,000 people accessed HCT services from project supported sites.

Activities for FY08 will build on FY 07 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. The Project will put primary emphasis on scaling up HCT services to reach peripheral communities, including those still in Internally Displaced People (IDP) camps. The project will implement a variety of complementary service delivery models, including Routine HIV/AIDS Counseling and Testing (RHCT) in established health units, integrated outreach including HCT, and other innovations that will be considered appropriate by the stakeholders. For RHCT, the project will work with hospitals, Health Centre (HC) IVs and IIIs, to develop systems that target the most at-risk clients including those on medical wards, presenting with STDs and TB patients.

NUMAT will also scale up HCT to selected level HC IIIs. The project will train staff, perform modest rehabilitation, equip laboratories and form alliances with CBOs to provide counseling and referral to test sites. Counselors will also be trained to deal with pediatric and couples counseling. Promote integrated outreach to remaining IDP camps and/or peripheral communities through mobile HCT offered by hospitals and HCs IV and III as well as CBOs currently providing HCT. 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. We will support facilities with acceptable logistics to reach the IDPs. Logistical support will be provided by NUMAT district staff.

In Acholi, where possible, outreach will be done in HCIII. However for the population that is still living in 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. In order to ensure the smooth flow of supplies for uninterrupted service delivery, the project will invest in logistics training of the concerned health workers with support from Deliver and MOH.

The project will also support the District Directors of Health services and CSO providers of HCT access to supplies and test kits from National Medical Stores. The project will support procurement of US and Ugandan government approved test kits and work with the existing distribution systems to ensure their constant availability at all supported sites. The Project will support targeted HCT promotion and community mobilization. Targeted populations will include groups at most risk like discordant couples and those engaged in transactional sex. The project will support a wide distribution of existing IEC materials in all target communities. Where appropriate materials do not exist for certain populations or language groups, either existing materials will be translated and/or adapted or new materials will be developed using a participatory process. NUMAT will establish PTCs 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 form a drama group for sensitizing and mobilizing people to access HCT, availed psychosocial support counselors to offer ongoing counseling to members, provided with regular educational talks and indoor games and also provided with training in peer education and other activities. Working with PTCs and through strengthening referral mechanisms, those who test positive from the HCT sites will be supported and linked to a wide range of palliative care and other wrap around services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity**Continuing Activity:** 8470**Related Activity:** 15481, 15495, 15466, 15468,
15473, 15480, 15197, 15488,
15490, 15494**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21728 | 4702.21728.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$560,000 |
| 8470 | 4702.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$500,000 |
| 4702 | 4702.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$400,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 86 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 70 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 54,000 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Apac

Gulu

Kitgum

Pader

Amolatar

Amuru

Dokolo

Oyam

Lira

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7624.08

Mechanism: New Partners Initiative:Visions in Action

Prime Partner: Visions in Action

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 17260.08

Planned Funds: \$0

Activity System ID: 17260

Activity Narrative: A large IEC campaign will be launched to coincide with the opening of the ABC campaign, and will continue throughout the three year program. The campaign will seek to promote youth awareness of the importance of ABC and provide information on where and when to get HIV testing. This will include radio spots, posters, billboards, banners, newsletters, colorful stickers and brochures targeted at youth to be distributed widely throughout the region, in both English and Acholi. The ABC approach will be emphasized, especially a women's right to say no to sex before marriage. For young men, the focus will be on not giving in to peer pressure from other men to have sex with their partners before marriage. The newsletter will be published twice a year, and will feature a comic strip portraying an exemplary unmarried Ugandan Acholi couple that is abstaining from sex, and their interactions with other friends who may not be so resolute. School and community theatre productions dramatizing the need to be tested, and actions taken afterward, will be performed by youth in the IDP camps. An annual VCT drama competition among secondary schools will be organized. Billboards & Banners will be placed in strategic locations with high traffic on main roads leading in and out Gulu and Kitgum, and near testing centers. Banners in both Acholi and English, though are not as long lasting, will be used during key dates (such as World AIDS Day) and to promote specific events and youth workshops. Posters will be placed in all the VCT Centers, the four referral hospitals, and all Health Center 2, 3 and 4 & Clinics in the two districts. One of the popular posters seen recently in Gulu and Kitgum shows a happy couple with the words "We were tested together. Knowing our status improves our lives." Another shows a lone carpenter working, and states "I am HIV+. I am working and caring for my family. I am healthy, thanks to treatment". Similar posters will be distributed especially in the IDP camps. Newsletters will be published twice a year, and distributed through the junior and senior secondary schools. These will feature basic facts on HIV/AIDS, living positively, STIs and OIs, questions and answers on HIV from the editor, a comic strip of a model Acholi couple who abstain from sex, and creative campaigns involving youth in local high schools contributing to the newsletter. Brochures will be available at the VCT Centers, and to the communities visited. A video/DVD player will show informational videos while the clients are waiting to be tested or for their results.

One of the greatest constraints to scaling up HIV interventions in Northern Uganda is the lack of trained HIV/AIDS Counselors. TASO Gulu and Gulu Hospital will assist VIA in providing training to new peer HIV/AIDS Counselors. Counselors will provide youth counseling and testing services, including medical referrals for STIs and OIs e.g. TB. At the VCT Center, free condoms and educational material will be available, and videos on HIV/AIDS will run continuously in the waiting room. Youth in the area will have access to our free services, and can voluntarily become aware of their HIV status. Those that test positive will be offered education on the disease and counselors will provide appropriate referrals that will allow youth to have access to free or affordable drugs, medical supervision, food and tuition assistance. Those that test negative will be given information on how to remain HIV negative. All clients may join support groups. Each person will be given a rapid blood test using the national algorithm. If negative, they will be counseled, given information, and encouraged to bring their sexual partners for a free test, if they have not already done so. Condoms will be readily available, and youth will be encouraged to use them. Those testing positive will be counseled and referred to 1 of the 4 referral hospitals in Gulu and Kitgum districts. They will often be escorted there by VCT Center staff, to ensure that they receive adequate treatment. The contact details of every HIV+ person in the center is confidentially recorded, if the person wishes, to enable adequate follow up by counseling staff. They are also referred to an HIV Peer Support Group in their community, if they wish to disclose their status and join the group. All HIV+ patients are strongly encouraged to return with their partner, and Dyere Tek staff will be utilized to reach into the communities at the family level to follow up on such cases. HIV positive and very sick patients will be immediately referred to Gulu Regional Referral Hospital, St. Mary's Lacor Hospital, St. Joseph's Mission Hospital or Kitgum Public Hospital for free ART. The hospitals now have CD4 testing equipment, and it is standard procedure in Lacor to give a CD4 test to all HIV positive patients before deciding if the patient should go on ARV treatment. Lacor is almost reaching its ceiling of 1500 persons actively on ARVs. Other hospitals and TASO have adequate ARVs and can absorb a larger caseload. All the hospitals have sufficient supplies of Septrin to curb opportunistic infections. Each center is projected to test 25 persons per day, and with four centers in operation, VIA centers will test 100 persons a day. With an expected HIV+ test rate of 8%, VIA will add 8 new HIV+ persons to its caseload each day, 40 per week and 2000 each year, for a total of 6000 over the three-year project period. VIA will closely collaborate with the 4 referral hospitals and other HIV/AIDS NGOs working in AIDS (TASO, AVSI, IRC) to provide care and support. VIA will implement an internal QA system to ensure quality HIV testing. Senior staff with years of experience in HIV testing will monitor the work of junior staff on a regular basis, and will be evaluated monthly by the Head Counselor and VCT Center Manager. Peer counselors will be evaluated regularly via client evaluation forms filled out after C&T. Peer counselors will be mentored by the Senior staff, and those that are not meeting quality standards will be given special attention and additional training. If quality does not improve over several months, they will be replaced. As well, samples of the tests will be sent to the Uganda Virus Research Institute in Entebbe each month for quality verification. Counseling & Voluntary Testing Signs will be placed all the VIA VCT Centers. Treat for Life campaign is used to inform the general public of the health centres that provide ARV treatment. VIA will work with these centres to assure that they have a high profile, and that the HIV+ clients from the VCT centres know how to find these centres. One of the greatest problems faced by the 4 hospitals now providing ARVs to the population is poor adherence; many people do not come back for drug refills, or they do not take the medication regularly as required. This is so true in the rural areas. Therefore during mobile clinic visits to IDP camps and remote areas, VIA and Dyere-Tek staff will sometimes take the ARV medicines directly to the patients homes to ensure that they adhere. This arrangement will be made in close collaboration with the hospital that has prescribed the ARV treatment originally. The hospitals in the region have suggested to VIA that this would be a valuable and much needed service, as they do not have the capacity to follow up on cases outside of the hospital. Lacor does not put any patient on ARV treatment if they live more than 40 kilometers from the hospital, as they have seen the adherence rates for this group plummet as they can rarely make it back for follow up medication after one or two months. Most of the hospitals start a patient with a one month supply of ARV medication, and then provide it in three month increments from the second or third month. Once a month, an external organization will test every tenth HIV test from each VCT center for QC. This will be done at Lacor Hospital in Gulu and/or Uganda Virus Research Institute in Entebbe. The public hospitals in both districts have the facilities to dispose of the medical waste products from the testing processes at the VCT Centers. VIA will operate two mobile VCT Clinics in the IDP camps in Gulu and Kitgum Districts. Each of the 50+ camps will be visited once a month, as each VCT Mobile Centre will visit one camp per day, given the current security situation. Precautions will be taken to arrange visits to IDP camps in convoys with other NGOs when possible, and with protection from the Ugandan army along the route if necessary. One of the major considerations is the distance from the communities to the Hospitals distributing ARVs, as the transport costs from the villages and IDP camps to the hospitals can be prohibitive. St. Mary's Lacor Hospital, for example, has a limit of a 40km radius for

Activity Narrative: the provision of home care and follow up of ARVs, since this is the maximum distance their outreach workers can travel in a day by bicycle. They have stated that they are in great need of an NGO that could reach beyond this radius and reliably provide monthly ARV drugs to patients as they cannot afford to come to the hospital once a month for drug refills. Through the use of motorcycles and vehicles, VIA will be able to respond to this need by directly providing the ARVs to existing patients in distant places as prescribed by the major hospitals. Dyere-Tek is the sub-partner for the Voluntary Counseling and Testing activity. Dyere-Tek will receive training and support from VIA throughout the program, so that they will be able to carry on their work in VCT after this program is completed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17152, 17253, 17463

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------|---------------|
| 17152 | 17152.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17253 | 17253.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17463 | 17463.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 4 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 72 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 30,000 | False |

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amuru

Gulu

Kitgum

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 690.08

Mechanism: N/A

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3970.08

Planned Funds: \$138,000

Activity System ID: 16071

Activity Narrative: 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 throughout 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 07:\$250K for ARVs, \$250K for services).

The USG is the primary supporter of HIV CT services within the armed forces. With support that began in 2003, the number of HIV CT service centers has grown from 0 to 13, based in the major military bases and spread throughout the country. There has been a strong uptake of testing, which has in part been facilitated by the awareness and counseling services of the Post Test Clubs. Over 8,000 persons were reached in these centers in 2005. In 2006, along with supporting the on-going centers, the process of extending HIV CT services into hospitals and clinics (RTC) began.

Currently there is continued support for the 13 established C & T centers, continuation of RCT, with a new activity of adding mobile testing and counseling services. This allows 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. There is also focus on quality assurance.

For FY 08 we plan to continue with the support for the 13 established C & T centers and continuation of RCT.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8388

Related Activity: 16066, 16067, 16068, 16069, 16070, 16072, 16073, 16074, 16065, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 8388 | 3970.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$138,000 |
| 3970 | 3970.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$138,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 13 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 30 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 8,000 | False |

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3834.08

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4814.08

Activity System ID: 16084

Mechanism: Refugee HIV/AIDS services in Kyaka II Settlement

USG Agency: Department of State / Population, Refugees, and Migration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$49,744

Activity Narrative: The proposed project will take place in Kyaka II settlement of Kyenjonjo district. The area of implementation has 27,609 people, 10,540 are host population and 17,069 (UNHCR, August 2007) are refugees, predominantly Congolese. Females make up 50% of the total population in the settlement. GTZ (German Development and Technical Cooperation) is implementing health services for UNHCR in Kyaka II settlement through one health center, which offers curative, preventive, VCT, PMTCT, and ART services. From FY 2006 to FY 2007, IMC extended HCT services to over 7,000 refugees using one service outlet and 9 community outreaches.

In FY 2008, the project will expand services to Mukondo HCII, therefore having 2 service outlets and 9 community outreaches. VCT will continue to be the primary point for delivering HVCT services although RCT will continue to be used within the context of PMTCT. In addition routine testing and counseling (RTC) will be offered as part of clinical evaluation along with any other tests or investigations recommended by health providers. Health staff will receive refresher trainings on HIV counseling as well as ethical issues associated with RTC and routine counseling and testing (RCT). Selected individuals will be trained as Counseling Aides to support the HVCT unit to better the counselor-client ratio and improve the quality of HVCT provided, especially at outreach sites where many people turn up demanding for counseling and testing services. HIV test kits and related materials will be obtained from the health sub-district but IMC and GTZ will procure some to prevent stock outs. In addition to promoting the available services, periodic community awareness campaigns especially around key international events like World AIDS Day – December 1st, will address issues related to disclosure of status to partners and families and the need for couple counseling and testing. In order to promote and better provide couple counseling, health staff will be trained to carry out couple counseling. In addition tokens in the form of T-shirts, fast services, refreshments etc. will be provided to couples that turn up for HVCT. Community Educators will emphasize the importance of testing for children at risk of infection as part of this campaign. HVCT for children will be done mainly within the PMTCT context where babies born to HIV positive mothers or those with symptoms of HIV/AIDS will be tested at 18 months. GTZ will also explore the possibility of working with JCRC in Fort Portal to provide PCR in the long run. Other children will be tested as part of clinical evaluations while those above 12 years will be sensitized in school or during community sensitizations. In addition those above 12 years can access VCT at the different outlets or outreaches. Market days and church activities will continue to provide an entry point to HVCT. Links between the ongoing SGBV program and market/church activities will be key 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. All individuals who test HIV positive will be counseled and informed about available care and support services for PHAs including treatment for OIs, ART, PMTCT and palliative care services and enrolled on to the care and support program. All expectant mothers who present at VCT sites will be referred to the health centers to receive ANC services and PMTCT services. This activity will reach out to 4000 individuals between September 2008 and September 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8304

Related Activity: 16078, 16079, 16080, 16081, 16082, 16083

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------|---------------------|--------------|--|---------------|
| 25181 | 4814.25181.09 | Department of State / Population, Refugees, and Migration | International Medical Corps | 10706 | 3834.09 | Refugee HIV/AIDS services in Kyaka II Settlement | \$47,408 |
| 8304 | 4814.07 | Department of State / Population, Refugees, and Migration | International Medical Corps | 4801 | 3834.07 | Refugee HIV/AIDS services in Kyaka II Settlement | \$49,744 |
| 4814 | 4814.06 | Department of State / Population, Refugees, and Migration | International Medical Corps | 3834 | 3834.06 | Refugee HIV/AIDS services in Kyaka II Settlement | \$57,551 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-----------------------------|---------------|
| 16078 | 4795.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$60,000 |
| 16079 | 4799.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$29,949 |
| 16080 | 4803.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$24,506 |
| 16081 | 4806.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$40,000 |
| 16082 | 4808.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$70,000 |
| 16083 | 4810.08 | 7337 | 3834.08 | Refugee HIV/AIDS services in Kyaka II Settlement | International Medical Corps | \$52,191 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning
- * Safe Motherhood

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| Number of individuals trained in logistics pull system for VCT | N/A | True |
| 9.1 Number of service outlets providing counseling and testing according to national and international standards | 2 | False |
| 9.3 Number of individuals trained in counseling and testing according to national and international standards | 30 | False |
| 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) | 3,730 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Coverage Areas

Kyenjojo

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: \$39,201,152

| | |
|---|-------------|
| Percent of Total Funding Planned for Drug Procurement | 89% |
| Amount of Funding Planned for Pediatric AIDS | \$6,969,576 |
| Estimated PEPFAR contribution in dollars | \$0 |
| Estimated local PPP contribution in dollars | \$0 |

Program Area Context:

Context. The procurement and distribution of antiretroviral drugs (ARVs) is a critical component of the Emergency Plan in Uganda which supports the MOH National Plan for the roll-out of ARV treatment. The focus areas of the ARV Drugs/Treatment Program are: a) to work within the recently instituted Ugandan National Plan for Procurement of Essential Medicines and Health Supplies (EMHS); b) to help ensure timely procurement, distribution, monitoring and quality assurance; and c) to facilitate and support the provision of appropriate HIV/AIDS related drugs and commodities to treatment partners. The cost of second line therapy and pediatric ARV formulations has not declined to the same extent as first-line adult regimens. However, USG has leveraged other sources and donors, including drugs from the Global Fund for HIV/AIDS, TB and Malaria (GFATM), less expensive FDA-approved generic ARVs, and pediatric and second line drugs donated through the Clinton Foundation. This has increased the number of people on first line therapy, addressed the need for second line and salvage therapies, and increased the number of children on ARV treatment. According to the FY07 Semi Annual Progress Report (SAPR07), April 2007, 66,621 people in Uganda received ARV treatment with direct USG support, and an additional 30,000 were indirectly supported through USG inputs in national logistics systems, training, quality assurance and policy.

The National Procurement Plan. In 2007, the MOH Medicines and Health Supplies Technical Working Group developed a National "Three-year Rolling Procurement Plan for Essential Medicines and Health Supplies" for FY2006/07-2008/09 (EMHS). All development partners including USG and its implementing partners share their procurement plans with MOH and these are consolidated into one national procurement plan. The plan is intended to identify all projected procurements of health and HIV/AIDS commodities by organizations and donors so that MOH can coordinate and systematically address gaps in a timely manner. SCMS, with USG support, will assist the Medicines and Health Supplies Technical Working Group to forecast and quantify the national HIV/AIDS commodity needs.

Identified Focus Areas. In order to plan for FY08, the USG Country Team: a) carried out a program review of the USG treatment portfolio, b) held a stakeholders consultative meeting, and c) performed a critical analysis of the 2004/05 Sero-behavioral Survey, the 2006 Demographic Health Survey, and the SAPR07. This process identified four (4) key areas that require support to ensure an uninterrupted supply of essential medicines and laboratory supplies:

- 1) Work within the recently instituted Ugandan National Plan for procurement of Essential Medicines and Health Supplies which will enable the government to develop the capacity for long-range planning and forecasting, and prevent emergency procurements and frequent stock-outs of ARV drugs;
- 2) Harmonize procurement mechanisms and consolidate orders across PEPFAR, GFATM, Government of Uganda (GOU) and other development partners;
- 3) Adhere to stringent quality assurance processes and standards, while procuring generic ARVs whenever possible;
- 4) Support GOU to build effective and efficient warehousing, distribution and Logistics Management Information Systems (LMIS).

Procurement Mechanisms. There are four (4) main ARV procurement mechanisms in Uganda (see list below). The first three pre-date PEPFAR and were established to respond to Uganda's initial ARV roll out. The last mechanism, Supply Chain Management Systems (SCMS), was developed by OGAC primarily to support supply chain management in the 15 PEPFAR focus countries. In Uganda, USG, with support from SCMS, will focus on strengthening the national procurement system, and improving the efficiency and linkages across the different procurement mechanisms to maximize benefits and cost savings. The four procurement mechanisms address the unique needs of the country and complement one another at the service delivery points.

The four procurement mechanisms are as follows:

- 1) WHO and UNICEF are the procurement agents for GFATM drugs. Clearance, QA, warehousing and distribution are performed by the National Medical Stores (NMS) for the public sector, and the Joint Medical Stores (JMS) for faith based and non-governmental organizations (NGOs).
- 2) The Joint Clinical Research Center (JCRC) and AIDS Relief Consortium (ARC)/Catholic Relief Services directly procure ARVs from manufacturers and deliver directly to designated sites throughout the country. JCRC also supplies ARVs to Department of

Defense and Walter Reed supported ART sites, and also responds to emergency ARV stock outs at MOH sites.

3) Medical Access, Limited, is a non-profit local Ugandan NGO that was formed under the Ugandan Drug Access Initiative in 1998. Medical Access procures and distributes drugs for the following USG partners: Mildmay, TASO, MJAP, Rakai Health Sciences Project, PIDC, and Reach-Out, Mbuya.

4) SCMS procures ARVs and HIV/AIDS commodities for selected projects, primarily the Inter-religious Council of Uganda (IRCU) and the Northern Uganda Malaria, AIDS, and TB (NUMAT). SCMS also provides technical assistance to MOH and USG implementing partners in forecasting, procurement, and distribution of ARVs.

Logistics Management and Distribution. Through SCMS, USG will continue to provide technical support in redesigning the MOH ARV treatment system; specifically to refine forecasting and warehousing and harmonize procurement mechanisms and strengthen distribution systems. SCMS will also provide technical assistance to MOH, JMS, and NMS and help strengthen the LMIS through formal and informal training during supervisory visits. SCMS will support JMS by strengthening its warehousing management system. SCMS will provide training in logistics and information systems to accredited ARV treatment sites, including support for supervision and on-the-job mentoring.

Product/Drug Selection. The Initial Treatment Regimens widely used and recommended in Uganda include stavudine and lamivudine (d4T +3TC), or zidovudine and lamivudine (ZDV +3TC), plus efavirenz (EFV) or nevirapine (NVP). However, these regimens, especially those including d4T, have been associated with drug toxicities that may be irreversible or even lethal. Data from a cohort of 1000 previously ARV patients followed over 36 months found that 36% on d4T-containing first-line regimens developed neuropathy (9% requiring drug switching), 30% developed anemia on ZDV-containing first-line regimens (7% severe), and several clients had fatalities attributed due to lactic acidosis. Patients at highest risk of toxicity were ARV treatment eligible clients with advanced disease (CD4<200 cells/ml) and prioritized for starting treatment. In response, the MOH plans to revise the National ART Guidelines to raise the eligibility cut-off for ARV initiation from CD4<200 cells/ml to 350 cells/ml, and to introduce new first line regimens to include tenofovir (TDF), emtricitabine and EFV. TDF combinations have a low toxicity profile, can be used safely in pregnancy and concurrently with TB medication, and are dosed once-a-day, thereby potentially improving adherence. In addition, using TDF in a first-line regimen reserves thymidine analogues (d4T and ZDV) and protease inhibitors (PIs) for second line therapy. While TDF combinations are higher cost than generic first line regimens, cost savings from the Clinton Foundation donations of pediatric and second line drugs will be used to offset these differences. USG will provide technical assistance to the MOH Technical Working Group that sets national guidelines and determines drug selection for defined regimens. An assessment for introducing a standardized ARV dispensing tool (ADT) has been completed. USG will provide support to the National ART Committee to develop and implement the ADT. This will lay the groundwork for the eventual piloting of a Smart Electronic Card for patients on ART.

Quality Assurance. USG will provide technical support to the National Drug Authority (NDA) to strengthen information systems, will provide equipment and training to expedite drug registration and renewals, and facilitate drug testing for procurements on arrival in country. It is anticipated that timely drug testing will speed entry into warehouse systems and streamline distribution. USG also provides technical and financial support to NDA to establish a system for monitoring and reporting drug adverse events (pharmacovigilance). In addition, healthcare personnel will record and report adverse events and side effects of ARVs. The Uganda pharmacovigilance initiatives will be linked to the WHO International Drug Monitoring Program, which sends periodic reports to the Uppsala Monitoring Center.

FY08 Plans. USG plans to directly support 124,873 people including 12,000 children on ART in FY08.

The total estimated cost of ARV drugs will be \$35,931,628. The USG is committed to building MOH's capacity in supply chain management of health and HIV/AIDS commodities over the long-term. With the 2004 inception of PEPFAR in Uganda, treatment partners maintained a three-month buffer stock of medications, which greatly assisted the national program in overcoming stock outs due to unanticipated and hard-felt disruption in GFATM funding. USG will continue to support a three-month buffer supply, as well as introduce the new FY08 special provision to procure through SCMS, in the event of other emergency needs at MOH-supported facilities. This new provision has a capacity to provide ARVs to 44,000 patients for one month or 4,000 patients for one year.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 7349.08 | Mechanism: HHS/CDC CSCS |
| Prime Partner: US Department of State | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Drugs |
| Budget Code: HTXD | Program Area Code: 10 |
| Activity ID: 18967.08 | Planned Funds: \$0 |
| Activity System ID: 18967 | |

Activity Narrative: Follow-on to current Track 1 AIDSRelief activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9387.08

Prime Partner: Walter Reed

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 17531.08

Activity System ID: 17531

Activity Narrative: FY08 Collaborative Question #2 on "Interventions to Reduce Early Mortality at Initiation of ART" (Sexual Transmission).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15709, 15769, 15710, 15711,
15712, 15713, 15714, 15715,
16075, 15716

Mechanism: Walter Reed

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$174,775

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Human Capacity Development

* Task-shifting

* Retention strategy

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kanungu

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7156.08

Mechanism: NUMAT

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 15487.08

Planned Funds: \$1,100,000

Activity System ID: 15487

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations.

In FY 07, a total of 27 sites were identified to be supported in the upcoming year. Preparatory activities have been carried out including; assessment of site needs, ART and Pead HIV care training for health workers, logistical training in quantification and forecasting for health workers, and formalising the relationship with SCMS and JMS to facilitate procurement and delivery of drugs to the sites. Drugs to support a total of 1681 new patients have been ordered for and will be delivered in FY 07.

In FY 08, the activities will include continuing with the procurement of ARVs through the agreed upon systems and deliver the drugs to the districts, facilities, camps and any other treatment area that would have been accredited. To perfect the system, this may involve strengthening local logistics systems at NMS and JMS. During the period the project will also build the capacity of facilities to monitor patients on ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15467, 15468, 15473, 15480,
15481, 15486, 15488, 15494,
15495

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amolatar
Amuru
Apac
Dokolo
Gulu
Kitgum
Oyam
Pader
Lira

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7207.08

Mechanism: TREAT (Timetable for Regional Expansion of ART)

Prime Partner: Joint Clinical Research Center, Uganda

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 15623.08

Planned Funds: \$3,000,000

Activity System ID: 15623

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY 2008, this activity will focus on strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide.

The program will provide training of over 1,000 health workers in 30 districts in ARV logistics and procurement focusing on forecasting, warehouse management and distribution of ARVs. The program will strengthen the Directorate of District Health Services in the 30 focus districts in ARV drugs procurement and distribution and reporting to Ministry of Health.

The program will procure ARVs to cater for over 20,000 patients on first line treatment and 5,000 on second line. The program will also procure a buffer stock to respond to emergency stock-outs of ARV in the public health sites. The program will introduce a pharmacy dispensing tool to capture and report on clients accessing ARVs, track patients and report on treatment outcomes. Opportunities of introducing a Smart Card will be looked at during this financial year.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15894, 16008, 16007, 15791, 15914

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15894 | 15894.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$300,000 |
| 16008 | 16008.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$340,000 |
| 16007 | 16007.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$225,000 |
| 15791 | 15791.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$4,800,000 |
| 15914 | 15914.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$1,400,000 |

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

Apac
Bushenyi
Gulu
Jinja
Kabale
Kabarole
Kaberamaido
Kalangala
Kampala
Katakwi
Kayunga
Kisoro
Kitgum
Kotido
Kumi
Lira
Luwero
Mbale
Mbarara
Moyo
Mpigi
Mukono
Nebbi
Pader
Pallisa
Rukungiri
Soroti
Tororo
Wakiso

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of
Uganda

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4687.08

Activity System ID: 14211

Mechanism: IRCU

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$1,000,000

Activity Narrative: Activity Narrative:

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. In June 2006, IRCU signed a contract with United States Agency for International Development (USAID) to Scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by the United States Government (USG) under the President's Emergency Plan for AIDS Relief (PEPFAR).

By the end of December 2006, there were 24.7 million HIV infected adults and children living in Sub Saharan Africa (SSA) with 2.8 new infections that year. SSA contributed to 72% of the HIV related deaths in 2006. The HIV epidemic in Uganda has since stabilized at a national prevalence rate of 6.7%. The burden on women still remains high as they are the most infected at a prevalence rate of 8% and most affected as they carry the burden of caring for those with the disease. In Uganda, we have approximately 1.2 million people living with HIV and just over 80,000 of the people living with HIV infection are on the life saving antiretroviral therapy (ART). Though the national scale up of the ART program in Uganda is yield promising results, there are still many HIV infected people still in need of ART but can not access these services.

In FY 2006, IRCU initiated partnerships with 13 implementing sites to offer antiretroviral drugs. To date, we have over 900 new clients on the IRCU program receiving life saving antiretroviral drugs. IRCU is also supporting over 2,000 clients under Ministry of Health (MOH) in various aspects of care. IRCU has intervened by providing ARVs to the Ministry of Health (MOH) in addition to providing ARVs to the MOH clients at our sites. Thus the total number of clients we served by providing drugs was approximately 3070 using FY 2006 funds.

AT the beginning of FY 2006, IRCU initiated a partnership with Supply Chain Management Systems (SCMS) in to procure the required Food and Drug Administration (FDA) approved antiretroviral drugs for the program. SCMS sources the market and procures from well established reliable pharmaceuticals with the cheapest market prices for individual drugs. This is one of their strategies to save as much drug money for the program which allows the program to recruit more clients on ART.

The first procurement assignment arrived in country in January 2007 and consisted only of United states (US) brand ARVs. Our first line choice of therapy is Nevirapine (NVP) + Zidovudine (ZDV) + Lamuvidine (3TC) as a combination pack or blister pack called Combi-pack. We procured the drug items in reference to the Uganda National treatment guidelines which includes first line alternatives. In FY 2006, IRCU through SCMS worked with MOH to provide all the needed second line regimens and pediatric formulations for the implementing partners. The MOH drugs are provided through the country partnership with Global Fund Initiative.

Due to the sudden drop of ARV drug prices worldwide, IRCU is still procuring drugs using FY 2006 funds. In view of this, we have ordered a second consignment of ARV drugs which will contain both US brand drugs as well as FDA approved generics. Triomune (NVP + 3TC + Stavudine (D4T)) manufactured by Cipla © was recently approved by FDA. We have included Triomune 30 in our forecast to cater for the MOH clients and Truvada (TDF/FTC) as an alternate drug for either first or second line therapy. We have also decided to procure our own second line drugs as the MOH supply is not reliable. In regard to pediatric formulations, IRCU will continue to collaborate with the Clinton Foundation Agency, who will provide these drugs for the IRCU related sites. I

Once the drugs arrive in country, they are cleared by the Uganda customs and there after registered by the National Drug Authority (NDA). The drugs are verified and analyzed by NDA at a total of 2% of the drug cost.

In FY 2006, IRCU approached Joint Medical Stores (JMS) to establish a collaboration with them to store and distribute the ARVs to the IRCU implementing partners at 5% of the cost of drugs. IRCU later signed a memorandum of understanding (MOU) with JMS as a sign of commitment.

SCSM trained the technical staff at IRCU in logistic management information systems using a standard soft ware which tracks the consumption rates both at JMS and at the individual sites. The 13 implementing sites providing ARV drugs submit bimonthly reports and forecasts to the logistic officer at IRCU. The reports are feed into supply chain manager software which assess the consumption rates and develops an allocation list which is submitted to JMS for distribution. In addition, IRCU together with SCMS have set up working logistic systems at each site to ensure there is prompt reporting and forecasting of ART usage to IRCU, which will lead to prompt delivery of ARVs from JMS at these sites and will minimize the issue of stock outs of medicines.

IRCU working with SCMS offered technical support and training to the health unit staff in forecasting, supply chain management as well as drug recording and storage using FY 2006 funds. In FY 2007, IRCU is planning to bring on board 10 new sites for the ART program. Using FY 2007 and FY 2008 funds, IRCU will continue to provide targeted training and capacity building for the old and new staff at the implementing sites directly responsible for the ARVs to promptly forecasting and report in order to avoid stock out of drugs which interrupts care and is a renowned factor for ARV drug resistance.

In FY 2006/07, IRCU had two main challenges which included delays in supply of drugs to treat opportunistic infections and lack of ARV drugs for PMTCT and post exposure prophylaxis (PEP). As a strategy to optimally use our FY 2007 fund for drugs as well as try to solve this challenge, IRCU with permission from USAID will procure essential life saving drugs to treat fatal opportunistic infections. In FY 2008, IRCU through SCMS will continue to work at ensuring the timely supply of these drugs.

IRCU also in FY 2007has made provisions in the ARV forecasting and quantifications to include quantities of drugs to cater for PMTC and PEP in cases where the MOH supplies are erratic. In FY 2008, IRCU will continue to consolidate the procurement of these line items and will adjust the forecasts according to the drug needs at the sites

Activity Narrative: Using FY 2008 funds, IRCU will continue to provide the necessary human resource, data systems and logistics to ensure both IRCU and MOH drugs are optimally utilized and accounted for at all sites.

By the end of FY 2008, IRCU will support 1,600 new IRCU adult clients and 500 new Pediatric clients on ART as well as maintain care for the 910 old IRCU clients from FY 2007 and 2100 MOH clients thus IRCU will be providing ARV drugs for over 5,000 clients on ART through this program. An estimated 2% of these clients will be receiving second line drugs through the program. Of the total drug budget, we estimate that IRCU will spend 98% of the money to procure ARV drugs and 2% to procure drugs for treating opportunistic infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8428

Related Activity: 14206, 14207, 14208, 14209,
14210, 14212, 14213

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26785 | 4687.26785.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8428 | 4687.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$1,000,000 |
| 4687 | 4687.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$100,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Arua

Kampala

Kasese

Luwero

Mukono

Nebbi

Wakiso

Mayuge

Oyam

Kumi

Nakaseke

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4961.08 **Mechanism:** Partnership for Supply Chain Management
Prime Partner: John Snow, Inc. **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD **Program Area Code:** 10
Activity ID: 8933.08 **Planned Funds:** \$1,240,000

Activity System ID: 14234

Activity Narrative: Partnership for Supply Chain Management (SCMS) works toward deploying innovative solutions to assist programs to enhance their supply chain capacity; ensuring that accurate supply chain information is collected, shared and used; and providing quality, best-value, health care products to those who need them.

In FY2008, SCMS will continue to provide technical assistance to the Ministry of Health (MOH), Joint Medical Stores (JMS), and National Medical Stores (NMS) as well as some PEPFAR programs. SCMS will continue to provide procurement services for the Inter-Religious Council of Uganda (IRCU), and the Northern Uganda Malaria AIDS and TB program (NUMAT). SCMS will strengthen logistics information system through formal and on-going training during supervisory visits.

As part of supporting MOH efforts to expand anti-retroviral therapy (ART) services to rural health centers, SCMS will provide support for National quantification of anti-retroviral drugs (ARVs) and laboratory supplies, as well as quantification and procurement for IRCU and quantification for NUMAT. Training in logistics and information systems will be provided to accredited ART sites, including support supervision and on job mentoring of health workers. Technical support will continue to be provided to Global Fund (GFTAM) third party procurement agents (WHO&UNICEF). The program will provide support to JMS to strengthen its warehousing management system and support to strengthen NMS will continue.

The program will provide technical support to National Drug Authority (NDA) in information system strengthening and provide equipment and training to expedite drug registration and renewals of registration, drug testing on arrival in country so as to speed up entry into warehouse systems and speed up and streamline distribution.

SCMS will continue to provide technical support in the redesigning of the ART logistics system for MOH program and will continue to play a key role in the proper implementation of the new system and role out process as well as ensuring the system runs smoothly. Challenges include refining Forecasting, Procurement Harmonization and averting stock outs as a result of delayed release of funds for procurement by some funding institutions; Warehousing, enhanced training in Drugs management, and strengthening of the Distribution System. SCMS will continue to work closely with government to develop a logistics Strategy Plan, and will provide secretarial support to the Commodity Security Group.

SCMS will procure ARV drugs and prevention of mother to child transmission commodities for 6,000 patients estimated to receive ART under IRCU in FY2008 and 5,000 patients under NUMAT as well as procure emergency supplies to cater for emergency stock-outs in MOH ART sites.

The SCMS Supervisory Team, working in close collaboration with government, will continue to provide support supervision to the facilities, as well as data management. SCMS provides assistance to the technical working group that sets national guidelines and determines drug selection for defined regimes. This support will continue in FY08 and subsequent years. Training of MOH and NGO staff at facilities in Information systems as well as developing procedures manuals which will help national staff to undertake future training will continue. The need to strengthen district stores in warehouse/inventory management and on-going support to NMS and JMS, and district stores have been identified as key areas for support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8933

Related Activity: 14230, 14231, 14232, 14233, 14235, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 8933 | 8933.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$1,240,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

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

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1270.08

Prime Partner: Medical Research Council of
Uganda

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4692.08

Activity System ID: 13281

Mechanism: Randomized Trial of Home or
Facility - Based AIDS Care

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$150,000

Activity Narrative: 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 trials 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 ART and other related OI drugs for the 1,000 clients recruited as part of the targeted evaluation.

In FY08 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8332

Related Activity: 13282

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|------------------------------------|---------------------|--------------|-----------|---------------|
| 8332 | 4692.07 | HHS/Centers for Disease Control & Prevention | Medical Research Council of Uganda | 4807 | 1270.07 | | \$150,000 |
| 4692 | 4692.06 | HHS/Centers for Disease Control & Prevention | Medical Research Council of Uganda | 3438 | 1270.06 | | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|------------------------------------|---------------|
| 13282 | 4691.08 | 6432 | 1270.08 | Randomized Trial of Home or Facility - Based AIDS Care | Medical Research Council of Uganda | \$650,000 |

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Indirect Targets

Coverage Areas

Jinja

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5737.08

Prime Partner: The AIDS Support
Organization

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4056.08

Activity System ID: 13229

Mechanism: Provision of Comprehensive
Integrated HIV/AIDS/TB
Prevention, Care and
Treatment Services among
People Living with HIV/AIDS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$7,194,288

Activity Narrative: Overall program description: This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY'08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bed nets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility, community, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

Drug procurement and distribution: In Uganda, the USG supports procurement and distribution of commodities through the National Medical Stores (NMS) for government facilities, and the Joint Medical Stores (JMS) for NGOs and FBOs, assisted by the Program for Supply Chain Management (PSCM). The latter provides technical and forecasting support. The applicant will work within the "Ugandan National 3-year rolling procurement Plan," JMS and PSCM to ensure proper forecasting, storage, dispensing, and recording of drugs received and used, and to avoid stock outs. The applicant will make sure that data systems are in place to monitor adherence and timely uptake of drugs by clients. The implementing partner will work actively with and collaborate with other stakeholders providing ART to curb clients from accessing drugs from multiple providers, and to facilitate and keep track of appropriate referrals to other facilities. The overall goal is to support adherence.

Monitoring and QA: The applicant will document, regularly evaluate and audit its procurement and distribution systems for drugs and commodities. The IP will ensure a functional pharmacy information management system including patient management information system both at its central and peripheral facilities. To ensure quality drug supply chain management, the applicant will employ qualified staff and provide ongoing training to existing personnel.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8360

Related Activity: 17058, 13226, 13227, 13228,
13230, 17055

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------------|---------------------|--------------|---|---------------|
| 20879 | 4056.20879.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$6,980,301 |
| 8360 | 4056.07 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 5737 | 5737.07 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$6,766,294 |
| 4056 | 4056.06 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 3188 | 693.06 | TASO CDC | \$6,263,946 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.10: Activities by Funding Mechanism**Mechanism ID:** 5738.08**Mechanism:** Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**Prime Partner:** Makerere University School of Public Health**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** HIV/AIDS Treatment/ARV Drugs**Budget Code:** HTXD**Program Area Code:** 10**Activity ID:** 4020.08**Planned Funds:** \$887,805**Activity System ID:** 13237

Activity Narrative: 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 HIV 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. This program will provide antiretroviral therapy to an existing 1,400 patients. Treatment will be provided at the 16 HUBs after intensive health education, clinical and laboratory evaluation.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8325

Related Activity: 13234, 13231, 13232, 13233, 13235, 13236, 13238, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21221 | 4020.21221.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$887,805 |
| 8325 | 4020.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$887,805 |
| 4020 | 4020.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$637,805 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5342.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXD

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources Services Administration

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Activity ID: 10137.08

Planned Funds: \$3,094,749

Activity System ID: 13259

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care. AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja,, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

AIDSRelief has developed and improved the supply chain management capacity of the 15 sites it supports. AIDSRelief procures Antiretroviral drugs (ARV) through a global procurement mechanism which provides very competitive pricing, with delivery, warehousing and distribution through Joint Medical Stores (JMS). This collaboration builds and strengthens the existing distribution network that specifically works for faith-based healthcare facilities in Uganda. In year 4, AIDSRelief received drugs from Clinton Foundation which enabled the program to scale up treatment despite the flat-lined budget.

Standard Operating Procedures (SOPs) have been developed in accordance with national guidelines that guide supply chain activities from product selection, forecasting, procurement and consumption monitoring. AIDSRelief has ensured excellent supply chain management and uninterrupted ARVs provision through local capacity building at critical points within the supply management chain. In addition, the program has implemented an ARV dispensing software developed by MSH RPM Plus enabling LPTFs to track the use of ARVs; this dispensing tool has enabled LPTFs to enter accurate pharmacy data, forecast drug needs, monitor patient numbers on ARVs and generate accurate pharmacy reports and initiate appropriate stock replenishment. These reports, used to track inventory movement through the chain, permit continuous modulation of patient enrollment to reflect ARV drugs availability and ensure a guaranteed and continuous supply of drugs for each patient initiated on therapy.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 6,608 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

The program will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for adults and children. The AIDSRelief Supply Chain Management Team will assist with capacity building, technical backstopping and on-going training in supply chain logistic management which includes forecasting, stock management, standard operating procedures and use of ART Dispensing Tool at the LPTF level. This will turn the supply situation into a pull system; AIDSRelief has and will continue to support its sites with frequent on-site mentoring, quarterly partner forums 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 HIV patient care. Therapeutic Drug Committees will continue to be rolled out from the country program level to all LPTFs and this will further improve management and forecasting of drugs for better patient outcomes. Technical assistance will also be provided to laboratory, finance and monitoring and evaluation staff.

The Institute for Human Virology 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 and durable regimen available within the national guidelines with the possible toxicity and resistance profile is used. The current choice of primary regimen for AIDSRelief sites consists of Truvada (TVD) combined with Nevirapine (NVP) or Efavirenz (EFV) for patients on Rifampicin containing tuberculosis protocols or intolerant to NVP. Aluvia (lopinavir/ritonavir) is used for those who are intolerant to both NVP and EFV. For those who have renal insufficiency, AZT/3TC will be substituted for TVD. Limited quantities of Stavudine (D4T) to be combined with 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. The choice of regimen is also designed to preserve optimal therapeutic choices for second line regimens, which in the AR program consists of AZT (or D4T in cases of anemia, or TDF in patients failing AZT or D4T as their primary regimen) coupled with 3TC and Aluvia. All drugs with exception of TVD and Aluvia (which are currently not available as generics) are procured in generic form. AIDSRelief provides AZT, 3TC and NVP for children less than 5 years of age, and D4T, 3TC and EFV/NVP for those above 5 years and ABC as an alternative for those affected by severe anemia.

AIDSRelief will continue to work closely with the Ugandan Ministry of Health (MOH), the USG team in-country, and other partners and programs to harmonize and strengthen pharmaceutical supply chain systems. It will coordinate with other procurement and treatment agencies to ensure that LPTFs have access to a stable chain of supply and no occurrence of any stock outs.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in COP07. In COP08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll out of IQCare, an electronic data management software deployed in COP'07, to enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable

Activity Narrative: LPTFs use data for informed clinical decisions and adaptive management. It will ensure that different data systems at health facilities are harmonized for effective and efficient reporting. AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In COP08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of Nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10137

Related Activity: 13260, 13261, 13262, 13263, 13264, 13265, 13266, 13267, 13268, 13269

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20733 | 10137.2073 3.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9122 | 5342.09 | AIDSRelief | \$3,094,749 |
| 10137 | 10137.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 5342 | 5342.07 | AIDSRelief | \$3,332,379 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mukono

Pader

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 4380.08

Planned Funds: \$2,706,832

Activity System ID: 13247

Activity Narrative: 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 FY08 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.

HIV Counseling and Testing (HCT) will be provided in several forms: 1) early diagnosis of children below 18 months of age with DNA-PCR; 2) Voluntary Counseling and Testing (VCT) for children 18 months to 18 years using EIA antibody testing; 3) in clinic HIV counseling and testing of family/household members of clients attending the clinic ;4) home-based HIV counseling and testing of family/household members (HBHCT) of index patients; and, 5) Community-based HIV counseling and testing in the rural eastern and western regional districts where such services are currently lacking. DNA-PCR testing at the regional referral hospitals will be supported through the MOH in collaboration with JCRC and is aimed at improving early infant diagnosis of HIV nationwide. The target populations that will benefit from these services include vulnerable infants, children and youth, and adults in HIV/AIDS-affected families. The MOH has developed infant and early HIV diagnosis guidelines and monitoring tools that are going to be disseminated to all providers in the coming year. HIV exposed infants are identified in the postnatal, immunization, and other child clinics are screened for HIV infection at 6 weeks (or earliest contact between 6 weeks and 18 months) using DNA-PCR testing. Blood specimens for DNA-PCR are collected using Dried Blood Spot (DBS) technique and transported to the regional referral laboratories for testing. HIV infected infants are linked to palliative and ART services while the HIV negative have enhanced prevention messages during post test counseling. Specialized infant feeding counseling messages are provided to HIV+ mothers who continue to breastfeed their HIV- infants to reduce future possibilities for HIV transmission to the infant.

In FY08, it is estimated that approximately 38,000 children and adults will be screened for HIV through various urban and rural clinics. More than 9,500 of the 38,000 screened are anticipated to be infants <18 months. These infants will require DNA-PCR testing. In line with HIV counseling and testing (HCT) policy of 2005, the program will also support the roll-out of Pediatric HIV routine counseling and testing (RCT) in all the facilities in Uganda. Additionally, linkages and training opportunities with other NGOs and service organizations to assist in the development of pediatric HIV counseling and testing capacity will be conducted. For these capacity building initiatives, it is estimated that approximately 600 health professionals will be trained. The program will contribute to the development of pediatric counseling and testing expertise throughout the country. Health professionals will benefit from pediatric-specific HIV/AIDS training and capacity building in the form of didactic trainings, support supervision, and clinical attachments to high volume pediatric HIV specialty centers like the Mulago PIDC. Through the UNICEF/Clinton Foundation collaboration, IEC materials aimed at informing the population on linking PMTCT to HIV care and infant feeding are being designed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8283

Related Activity: 13242, 13243, 13244, 13245,
13246, 13248, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20063 | 4380.20063.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$2,706,832 |
| 8283 | 4380.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$2,306,832 |
| 4380 | 4380.06 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 3331 | 1186.06 | Pediatric Infectious Disease Clinic | \$861,623 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4035.08

Activity System ID: 13278

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$4,242,541

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

Currently, MJAP procures ARV drugs through Medical Access Uganda Limited and distributes them to 10 service outlets as listed above. The 10 service outlets serve over 27,000 patients in care, 4,215 of who have their ARV drugs procured through MJAP funding. The current (June 2007) distribution of these patients are 900 at AIDC, 810 in Mbarara ISS clinic, 885 in Mulago ISS clinic, 352 in Mbarara municipality clinic, 350 in Kawempe KCC, 246 in Bwizibwera HCIV, 72 at Mulago TB/HIV clinic, 200 in Naguru, and >400 at Kiruddu and Kiswa combined. The target is to procure ARVs for up to 7,000 patients by March 2008. The program is currently switching patients from branded ARVs to the available cheaper generic FDA approved ARVs to further reduce the treatment costs. Demand for ART in the clinics continues to increase with the expansion of RTC in the hospitals. The Mbarara ISS and Mulago AIDC will be at maximum capacity as a result by March 2008 if the current trends of enrolment remain constant. Two additional satellite clinics will be operational in Kampala by March 2008 (in collaboration with IDI and KCC), increasing the number of service outlets to 12. Majority of HIV positive patients identified through the RTC program (over 70%) need ARVs (WHO Stages 3 and 4). Currently, we estimate that only about 60% of clinically eligible patients are receiving ART at the clinic sites. MJAP has trained over 500 health care providers in the provision of antiretroviral therapy and strengthened systems for ART delivery including staffing, laboratory support, logistics and data management. The ARVs forecasting is done for the entire year with quarterly revisions, but purchase of drugs including three months buffer stock for each patient are done on a quarterly basis. Drugs are delivered to the program store by Medical Access, checked and received by a pharmacist of the program and storekeeper before storage. An entry is made into the goods received note (GRN) and stock cards for all drug items received. Stocktaking and reporting is done monthly at the service delivery points and quarterly at all stores. 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 >6,500 patients are able to access ARV drugs from MOH/GFATM at the MJAP supported sites. In the past year, due to ARV drug procurement interruptions for Global Fund, MJAP supported the procurement of two to three months' buffer stock for up to 3,000 of these patients.

In FY08 (April 2008 to March 2009), two new satellite care and treatment sites will be opened in collaboration with IDI, bringing the total to 14 sites. With the increased access to FDA approved generic ARVs registered in the country, there is an anticipated increase in number of ART eligible patients who will be able receive treatment; the program will procure and distribute ARVs for at least 10,000 patients by March 2009. Allocation of the slots across the 14 sites in FY08 will be done according to demand (number of eligible patients) and capacity of the facilities. Special attention shall be given to pregnant women attending the HIV clinics or referred from PMTCT sites. MJAP will hire and train new and existing staff to enhance care in the clinics – 300 health care providers will receive training in ART delivery. Training shall be for both program clinics and other national needs. Health care providers in three regional referral hospitals will also receive training in logistics management for ART delivery. Training will ensure quality of services and continued access to GFATM ARVs at the sites. Within Mulago and Mbarara hospitals, the program will target mainly adult patients receiving care from all the clinics (children receive ART from the PIDC, and the Mbarara pediatric HIV clinic); in the satellite clinics MJAP will support some children. The funding for ART drugs will go towards the purchase of ARVs (including three months buffer for MOH/Global fund patients), logistics and ARV drug distribution and tracking. MJAP ARV procurement in FY08 will continue to happen through Medical Access Uganda Limited. The ARVs forecasting, procurement (including a three month buffer stock for all patients) will continue on a quarterly basis. Drugs will be delivered to the program store by Medical Access, checked and received by the program pharmacist and storekeeper before storage. An entry is made into the goods received note (GRN) and stock cards for all drug items received. Monthly stocktaking and reporting will continue at the service delivery points and quarterly at all stores. MJAP will continue to support training of pharmacy technicians, stores and logistics managers in the partners' sites to improve on the overall management of logistics for drugs and other supplies; this activity will continue in FY 2008. It is anticipated that some ARV drugs especially second line regimens will be donated by the Clinton Foundation. In FY08, MJAP anticipates that Ministry of Health and the Clinton Foundation/UNITAID will provide pediatric

Activity Narrative: ARV drugs, for its activities. The cost of pediatric ARV drugs is not included in MJAP's FY08 PEPFAR funding for ARVs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8318

Related Activity: 13272, 13274, 13276, 13277,
13279, 13280, 13273, 13271,
13275

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20767 | 4035.20767.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$4,242,541 |
| 8318 | 4035.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$3,742,541 |
| 4035 | 4035.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$2,725,400 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1290.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4377.08

Activity System ID: 13267

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$4,667,621

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care. AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children. AIDSRelief has developed and improved the supply chain management capacity of the 15 sites it supports. AIDSRelief procures Antiretroviral drugs (ARV) through a global procurement mechanism which provides very competitive pricing, with delivery, warehousing and distribution through Joint Medical Stores (JMS). This collaboration builds and strengthens the existing distribution network that specifically works for faith-based healthcare facilities in Uganda. In year 4, AIDSRelief received drugs from Clinton Foundation which enabled the program to scale up treatment despite the flat-lined budget. Standard Operating Procedures (SOPs) have been developed in accordance with national guidelines that guide supply chain activities from product selection, forecasting, procurement and consumption monitoring. AIDSRelief has ensured excellent supply chain management and uninterrupted ARVs provision through local capacity building at critical points within the supply management chain. In addition, the program has implemented an ARV dispensing software developed by MSH RPM Plus enabling LPTFs to track the use of ARVs; this dispensing tool has enabled LPTFs to enter accurate pharmacy data, forecast drug needs, monitor patient numbers on ARVs and generate accurate pharmacy reports and initiate appropriate stock replenishment. These reports, used to track inventory movement through the chain, permit continuous modulation of patient enrollment to reflect ARV drugs availability and ensure a guaranteed and continuous supply of drugs for each patient initiated on therapy.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 13,418 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

The program will continue to procure adult 1st line, alternative 1st line, and 2nd line therapies for adults and children. The AIDSRelief Supply Chain Management Team will assist with capacity building, technical backstopping and on-going training in supply chain logistic management which includes forecasting, stock management, standard operating procedures and use of ART Dispensing Tool at the LPTF level. This will turn the supply situation into a pull system; AIDSRelief has and will continue to support its sites with frequent on-site mentoring, quarterly partner forums 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 HIV patient care. Therapeutic Drug Committees will continue to be rolled out from the country program level to all LPTFs and this will further improve management and forecasting of drugs for better patient outcomes. Technical assistance will also be provided to laboratory, finance and monitoring and evaluation staff.

The Institute for Human Virology 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 and durable regimen available within the national guidelines with the possible toxicity and resistance profile is used. The current choice of primary regimen for AIDSRelief sites consists of Truvada (TVD) combined with Nevirapine (NVP) or Efavirenz (EFV) for patients on Rifampicin containing tuberculosis protocols or intolerant to NVP. Aluvia (lopinavir/ritonavir) is used for those who are intolerant to both NVP and EFV. For those who have renal insufficiency, AZT/3TC will be substituted for TVD. Limited quantities of Stavudine (D4T) to be combined with 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. The choice of regimen is also designed to preserve optimal therapeutic choices for second line regimens, which in the AR program consists of AZT (or D4T in cases of anemia, or TDF in patients failing AZT or D4T as their primary regimen) coupled with 3TC and Aluvia. All drugs with exception of TVD and Aluvia (which are currently not available as generics) are procured in generic form. AIDSRelief provides AZT, 3TC and NVP for children less than 5 years of age, and D4T, 3TC and EFV/NVP for those above 5 years and ABC as an alternative for those affected by severe anemia.

AIDSRelief will continue to work closely with the Ugandan Ministry of Health (MOH), the USG team in-country, and other partners and programs to harmonize and strengthen pharmaceutical supply chain systems. It will coordinate with other procurement and treatment agencies to ensure that LPTFs have access to a stable chain of supply and no occurrence of any stock outs.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In COP08, Constella Futures will work with the new sites and also carry out site visits to all LPTFs to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll out of IQCare, an electronic data management software deployed in FY'07, to enhance sustainability of PMM systems. The program will

Activity Narrative: promote these systems through a Training of Trainers (TOT) and peer to peer training model in SI, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture, to enable LPTFs use data for informed clinical decisions and adaptive management. It will ensure that different data systems at health facilities are harmonized for effective and efficient reporting. AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of Nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8288

Related Activity: 13261, 13262, 13263, 13264, 13265, 13266, 13269, 13268, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20744 | 4377.20744.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$4,667,621 |
| 8288 | 4377.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$3,667,621 |
| 4377 | 4377.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$3,667,621 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kitgum

Bushenyi

Gulu

Jinja

Kabarole

Kasese

Masaka

Mukono

Pader

Kampala

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 4415.08

Activity System ID: 13289

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Drugs

Program Area Code: 10

Planned Funds: \$4,842,541

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g. 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo). The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HCT, and palliative care among others. By March 2008, an additional 250 children will be receiving ART at Mbuya RO.

TMC currently provides ARV treatment to six sites, which include two TMC rural sites, and three RO sites. During FY 2008 services will extend to three further districts namely Mityana, Luwero and Kamwenge. Procurement is through Medical Access for the PEPFAR ARV drugs, and Joint Medical Stores (JMS) for MOH drugs. Sites also receive ARVs through the Global Fund-MOH programme. Forecasting, procurement, storage, distribution and tracking are performed monthly by TMC pharmacy staff keeping three months buffer stock at the suppliers. The drugs are taken to the sites every two weeks and are delivered by the rural clinics team. All ARVs are procured through Medical Access and JMS. By March 2007, TMC had 2,635 patients receiving ART (1,778 PEPFAR-funded, 521 MOH, and 336 privately sponsored) while RO had 1,370 patients (480 PEPFAR-funded, 814 MOH, and 76 under DAART). The targets for FY 2007 are 5,803 patients on ART (4,688 at TMC and 1,115 at RO). ARVs forecasting is done for the whole year but purchase of ARVs including a three to six month buffer stock is done on a quarterly basis. Stock taking and reporting is done monthly at the points of service.

During FY08 TMC will continue to procure ARVs from Medical Access and JMS and distribute them to all the sites. The target for FY08 is 6,367 patients receiving ARVs; 4687 will be at TMC and 1,680 at RO. Patients newly initiated will be 1,940 (840 at TMC, 500 rural sites, and 600 at RO). The rate of clients lost due to reasons like lack of contacts, dead, transferred out etc is estimated at 7%. Funding under this programme area will mainly go towards procurement and training costs. This is a continuing activity and involvement of rural partners and training will help the sustainability of the activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8625

Related Activity: 13283, 13284, 13285, 13286,
13287, 13288, 13290, 13291,
13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20800 | 4415.20800.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$4,842,541 |
| 8625 | 4415.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$4,842,541 |
| 4415 | 4415.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$3,195,003 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala

Luwero

Mityana

Mpigi

Mukono

Wakiso

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$49,463,504

| | |
|---|-------------|
| Amount of Funding Planned for Pediatric AIDS | \$7,009,508 |
| Estimated PEPFAR contribution in dollars | \$100,000 |
| Estimated local PPP contribution in dollars | \$40,000 |
| Estimated PEPFAR dollars spent on food | \$200,000 |
| Estimation of other dollars leveraged in FY 2008 for food | \$0 |

Program Area Context:

Country Context. With support from the Emergency Plan, Uganda is making significant progress towards its treatment target of providing anti-retroviral therapy (ART) to an estimated 250,000 people in need. Currently, 105,000 people are accessing ART, or slightly more than 40% national coverage. However, only 30% of the 1.1 million infected persons in Uganda know their status and are aware of the need to access care and services. An estimated 40,000 children living with HIV require ART, but less than 9,000 currently receive treatment.

Program Review and Focus Areas. As part of the FY08 planning process, the Country Team reviewed the treatment portfolio, held a stakeholders consultative meeting, and performed a critical analysis of data from the 2004/5 National Sero-behavioral Survey, the 2006 Demographic Health Survey, the National Strategic Plan, and the PEPFAR Semi-Annual Progress Report (SAPR07). This process identified seven (7) key areas that require attention to achieve widespread, sustainable, and high-quality ART: (1) diagnose and treat more children; (2) provide technical, financial and supervisory support to local government facilities to accelerate quality ART access in rural districts; (3) support GOU to address the acute shortage of health workers by

implementing comprehensive human capacity development strategies, including training (pre-service and in-service), task shifting, and use non-health cadres, e.g. People Living with HIV/AIDS (PHAs), for counseling and other tasks; (4) step-up integration of other services with ARV care, including PMTCT, palliative care, OVC, TB, family planning, nutrition, and STI management; (5) support the GOU to strengthen the National ART Committee under MOH, with the goal of developing a management structure to ensure a high quality, sustainable national ART program; (6) strengthen the supply chain management of ART; and (7) step-up continuous quality improvement (CQI) approaches and evaluation of the program.

FY07 USG Program Coverage. Based on the SAPR07, by mid-year PEPFAR/Uganda had achieved 87% of its FY07 ART targets, directly providing ARVs to 66,000 persons, of whom 7,000 (11%) were children. USG currently supports ART services in 144 facilities. The National ART policy is being revised to change the eligibility cut off for ART initiation from 200 CD4 cells/ml to 350 cells/ml. This will increase the number of people who require ART from 250,000 to over 350,000.

FY08 Plans. To help meet the increased need for ART, USG will support expansion of clinical space in 60 rural health centers, help train 3,000 health workers (including PHAs) to provide ART, and support local governments to increase ART access through intra-district expansion of services and regular support supervision. USG will also scale up financial and technical support to workplace, faith-based institutions, and private for-profit health providers to provide ART. It is estimated that these interventions will double the number of ART service outlets from 144 to 300, double the monthly national ART recruitment rate from 2,400 to over 5,000, and provide ART to over 40,000 new clients per year. Plans are to identify 10,000 HIV-infected children who will be started on ARVs. Donations from the Clinton Foundation HIV/AIDS Initiative (CHAI) that provide pediatric ARVs, cotrimoxazole, and food supplements will bolster the pediatric program and help offset costs.

To keep pace with rapid scale-up of ART services, to address shortages in human resources, and to improve outreach and linkages, USG will support programs to build the capacity of PHAs to work with their communities. The goals will be to facilitate: 1) referrals and linkages between facility- and community-based care services; 2) provide adherence counseling and support; 3) increase ART literacy; 4) help identify HIV-infected children in the community and link them to care and treatment; 5) support efforts to improve PWP initiatives; 6) facilitate two-way referral for PMTCT, TB/HIV, family planning, and STI management; and 7) provide family based care. PHAs will be trained as care givers, and a structured support mechanism will be established to mentor them.

Procurement. Currently, Uganda uses multiple ARV procurement mechanisms, and harmonization of these mechanisms is one of the COP FY08 priorities. The plan to achieve harmonization is described in detail in the ARV Drug Program Area Narrative. PEPFAR partners are sharing their procurement plans with the National Procurement and Commodities Committee under MOH. Through its support of the National ART Committee and SCMS, National Medical Stores (NMS) and Joint Medical Stores (JMS), USG will assist MOH to accurately forecast ART needs, and avoid frequent stock-outs that have adversely affected rapid scale-up.

Monitoring, Evaluation, and Quality Control. Capacity-building for ART monitoring will be expanded beyond adult care to include aspects of pediatric ART, PMTCT, and ARV drug resistance surveillance. USG will support the National ART Committee to standardize, print and disseminate standard operating procedures (SOPs) in several areas: a) identifying HIV-exposed children; b) promoting adherence; c) facilitating community linkages; d) improving support supervision; e) data collection and reporting; and f) providing HIV clinical care and treatment to adults and children. USG will support its IPs to focus on procedures for Continuous Quality Improvement (CQI) to ensure high-quality ART programs. Some key areas under CQI include timely and accurate data capture, analysis and reporting. Cohort analysis of ART clients will be introduced to determine treatment outcomes including rates of retention, mortality, and clinical response to ART. To evaluate the quality of services provided at USG supported service outlets, IPs will be asked to document successful strategies. Support will be provided to local governments to setup Quality Improvement Teams for each service outlet. These teams will include "expert clients" and will hold regular meetings, discuss performance and indicator data with staff, and identify ways of improving services at each site.

Linkages. Except for Centers of Referral and/or Excellence, only a limited range of services can be provided at any one health facility. Therefore, one important FY08 focus area is to develop and implement a "network model" to facilitate linkages and referrals between (and within) health facilities and communities. The goal will be to ensure that ART clients have access to STI management, PMTCT and postnatal care, family planning, Prevention with Positives (PWP) services, care and support, and wrap-around services. The objectives are both to reduce patient load at health facilities and to improve access to a comprehensive continuum of care. PHA networks, CBOs and Community Health Workers (CHW) will be trained to facilitate these linkages and help operationalize the network model.

Improving Laboratory Infrastructure to Support Diagnosis and Treatment Monitoring. Another FY08 focus area is to improve laboratory infrastructure, establish a tiered laboratory network at district and regional levels, and ensure quality assurance procedures. This is described in detail in the Laboratory Services Program Area Narrative. Of relevance to treatment, is the need to support the capacity of designated public and private laboratories to serve as hubs for performing CD4 cell counts, viral load measurements, and early infant HIV diagnosis (EID). USG will support the establishment of referral networks between lower health center laboratories and these hubs. Priority will be given to the testing of HIV-exposed infants and pregnant HIV-positive women, to improve both peri-natal and breast milk-associated infant infection.

Pregnant Women and Infants. Increased priority must be given to identifying, and then treating or providing prophylaxis to eligible HIV pregnant women and their exposed infants. Two-way systems of referral between ART treatment sites and ANC/PMTCT clinics need to be developed and strengthened, as described in the PMTCT Program Area Narrative. Systems will be set up so that HIV-infected pregnant women identified through routine ANC HIV testing will be assessed for ART eligibility. Women with CD4 > 350 cells/ml should receive HAART in accordance with the national guidelines. Women with CD4 counts < 350 cells/ml will be offered combination therapy using Combivir, or AZT + NVP. In addition, efforts will be made to identify mothers presenting at post-natal and immunization clinics who are unaware of their status, and offer them routine HIV testing. Newly identified HIV-exposed infants will undergo virologic testing through the EID program supported by MOH and USG. Those who are infected will be referred for HIV care and long term follow-up. An estimated 10,000 infants will be identified through this initiative.

Training and Human Resources. In direct response to the shortage of human resources needed to provide ART services, and in order to build a sustainable quality workforce, USG will provide support to higher academic institutions that train health care workers (including medical students, nurses, pharmacists etc.) to provide pre-clinical training on HIV disease, care and ART. These institutions will be supported to develop internships and placing trainees in various HIV care settings. A structured method of determining the impact of this training, and the quality of care provided by trainees, will be developed. Skills and knowledge of graduates of these programs will be re-assessed, and continuing medical education programs will be created. The program will develop mechanisms for continuous quality improvement of the skills and knowledge of the trainees.

Program Area Downstream Targets:

| | |
|---|--------|
| 11.1 Number of service outlets providing antiretroviral therapy | 277 |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 53125 |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 146826 |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 128915 |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 14257 |

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 1298.08 | Mechanism: HIV/AIDS Project |
| Prime Partner: Mildmay International | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 4414.08 | Planned Funds: \$4,490,301 |
| Activity System ID: 13290 | |

Activity Narrative: 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 38% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g., 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at RO.

TMC provides screening for ART readiness to patients with HIV by testing their CD4 counts to determine their immunity levels. If the CD4 count is below 250 in adults [for children different criteria are used according to age] ART is initiated. Those whose CD4 count is between 250 and 500 will have repeat CD4 tests every six months; those over 500 are tested every 12 months unless there is an obvious indication for an earlier repeat. Patients on ART have their CD4 count checked every six months. They also receive monthly follow-up for toxicity, immunological monitoring, and adherence at the clinic. Furthermore, they are supported through home visits for patients with adherence problems. TMC also integrates HIV prevention strategies into care by emphasising prevention with positives (PWP), and training care providers in ART provision. Adherence initiatives include the recruitment of an adherence and treatment supporter for each patient initiated on ART, and holding adherence support workshops for patients, their supporters and family members. Preparation of patients for ART involves at least three counselling sessions, tracing their sexual partners, and helping the clients disclose to these partners. Adherence to ART is assessed by pill counts, use of the adherence card, and self reports through a seven-day drug recall. Currently all the blood samples for CD4 counts are brought to the TMC laboratory and results are sent back to the respective sites. Patients who miss their visits are followed up initially using a mobile phone contact and if this proves unsuccessful, a home visit is made using the map in their patient record. Viral load testing is carried out for patients going onto second line ART, for pregnant women, and for patients who are not improving while still on first line ART.

By the end of FY 2006, TMC had 2,635 patients receiving ART (1,778 PEPFAR-funded, 521 MOH, and 336 privately sponsored) while RO had 1,370 patients (480 PEPFAR-funded, 814 MOH, and 76 under DAART). All patients including those paying privately were supported to access palliative basic care and laboratory services. At RO, 1,228 were receiving ART, (463 through PEPFAR, 710 through the MOH, and 55 on a Joint Clinical Research Centre (JCRC) DAART study). All patients, attending any of the sites, and who are eligible for ART are offered the appropriate treatment. In FY 2006, 1,450 Health providers were trained at Mildmay in ARV service provision. Training at TMC is a key component of the programme, targeting doctors, nurses, HIV/AIDS counsellors, pharmacists, laboratory personnel, other health workers, schoolteachers and school nurses, religious leaders, and caregivers of patients. TMC views care and training as complementary processes when offering HIV/AIDS services. In FY 2007, the target is to have

Activity Narrative: 5,815 patients on ART, (4,700 at TMC and its rural sites and 1,115 at RO). All patients in care are regularly screened for ART eligibility, and when found eligible, undergo preparatory counselling sessions focusing on ART adherence, behaviour change, partner testing, and disclosure. TMC monitors adherence to ART by patient report and pill counts on drug refill visits. TMC's adherence team holds regular client adherence support workshops to enhance adherence. The same team also carries out the patient tracking. ROs Community AIDS TB treatment supporters (CATTS) carryout home visits to clients to monitor their adherence to drugs. TMC and RO also provide all patients on ART with palliative basic care, TB screening and treatment, and laboratory monitoring.

During FY08 TMC will continue to procure ARVs from Medical Access and JMS and distribute them to all the sites. The target for FY08 is 8,572 patients ever received ARVs; 7703 at TMC and 2549 at RO. In addition, a minimum three months' buffer stock of ARVs will be maintained to cover MOH patients on ARVs at all sites. Patients newly initiated will be 1,940 (840 at TMC, 500 rural sites, and 600 at RO). The rate of clients lost due to reasons like lack of contacts, dead, transferred out etc is estimated at 7%. The target for training in ARV services is 1,450 (1,000 at TMC and 450 at RO). Funding under this programme area will mainly go towards procurement and training costs. This is a continuing activity and involvement of rural partners and training will help the sustainability of the activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8333

Related Activity: 13284, 13285, 13286, 13287, 13288, 13289, 13291, 13292, 13283, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20802 | 4414.20802.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$1,733,256 |
| 20801 | 4414.20801.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$2,599,884 |
| 8333 | 4414.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$4,490,301 |
| 4414 | 4414.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$3,271,807 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
 - *** Pre-Service Training
 - *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 10 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 1,940 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 8,572 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 7,972 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 1,000 | False |

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala
Luwero
Mityana
Mpigi
Mukono
Wakiso

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4407.08

Planned Funds: \$826,918

Activity System ID: 13298

Activity Narrative: In FY08 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

This activity will continue support to training of health workers in district health facilities in comprehensive HIV/AIDS care and management of ART with an emphasis on targeting medical officers, clinical officers, nurses, counselors and nursing assistants who provide direct HIV care and treatment. The MOH treatment unit will also enhance support supervision to all accredited health facilities providing ART services. Finally, the MOH will lead the national treatment workgroup in a review to update and disseminate the national ART policy, treatment guidelines and training materials.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8346

Related Activity: 13293, 13294, 13295, 13296, 13297, 13299, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|----------------------------|---------------------|--------------|---|---------------|
| 8346 | 4407.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$215,418 |
| 4407 | 4407.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$179,515 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 250 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 120 | False |

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 1290.08 | Mechanism: AIDSRelief |
| Prime Partner: Catholic Relief Services | USG Agency: HHS/Health Resources Services Administration |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 4386.08 | Planned Funds: \$4,686,000 |
| Activity System ID: 13268 | |

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 13,418 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover associated ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

The program will continue to provide comprehensive assistance to LPTFs. This includes training and on-site mentorship of medical staff, strengthening of HIV/AIDS community outreach activities, quality assurance/quality improvement of HIV services, strategic information, capacity building of management and financial staff, provision of opportunistic infection drugs, medical supplies and laboratory reagents, and staff and minor infrastructure support. The decentralization of HIV services through 37 satellite sites will increase accessibility of such services to those who live in remote areas. This approach reinforces AIDSRelief's care model with communities, satellite sites and LPTFs strongly interlinked by health providers and community volunteers in order to meet the need of HIV/AIDS patients. AIDSRelief technical staff with significant experience in this area will assist local partners in improving community nursing support, building community health teams, and establishing clinic feedback mechanisms. Hands-on training of trainers will replicate the model throughout the AIDSRelief network, an effort which will have positive benefits for surrounding communities and treatment programs.

AIDSRelief, because of its work through partners who are firmly embedded within communities, has the ability to support involvement of communities. AIDSRelief supported facilities are currently providing varying levels of home based care and community preventative services. Further development of these community health programs to provide integrated HIV care and preventative services is critical to ensuring sustainable treatment programs and maximizing funding investments. Community health programs will be structured to promote family based care through disclosure counseling, secondary prevention, and family based testing and education. In addition, motivated patients who make up most of the LPTFs' community volunteers will be used as resource to support patients on therapy, disseminate HIV care and prevention literacy. AIDSRelief will adapt existing, locally appropriate Information Education and Communication (IEC) and Behavior Change Communication (BCC) materials, as well as to identify gaps in these media and develop materials as needed to be used by health workers and community volunteers.

AIDSRelief will assist LPTF networks with PLHA groups serving as volunteers in the community to strengthen adherence programs, which have been demonstrated to be a key component of good clinical outcomes. Emphasizing the importance of adherence and community linkages at all AIDSRelief supported sites has enabled the program to achieve high and durable viral suppression. The program will also strengthen linkages within the LPTFs, particularly those between PMTCT, TB and CT services with ART services. Emphasis will also be given to build capacity and develop strong linkages with the satellite sites and other community interventions. LPTFs external and internal integration will be reinforced so that core AIDSRelief care and treatment activities will be integrated with ancillary services and program activities of other providers in the same region. A total of 290 facility level staff and 720 community volunteers will be given comprehensive HIV/AIDS training enabling them to fulfill their responsibilities. AIDSRelief will follow-up classroom-based training with on site clinical mentorship for clinicians and site level support for other cadres of workers. Regional CME and quarterly partners' forums will complement LPTF's staff training, allow experience sharing and reinforce knowledge and skill transfer from AIDSRelief technical staff.

Task shifting to maximize human resources will be emphasized at facility and community levels. At the LPTFs, the strategy will be based on using nurses and clinical officers for the routine follow-up of stable patients, using protocol driven nurse and clinical officer management of non-critical acute symptoms and using nurses and pharmacists for routine medication dispensing to stable patients. At the community level, AIDSRelief will encourage the development of community based satellite clinics staffed by clinical officers/nurses/community health workers for the routine care of stable patients and the use of community health teams for the delivery of home based care and for medication delivery.

AIDSRelief will continue to strengthen the health system management of LPTFs. The program will conduct biannual finance and compliance trainings and program finance staff will carry out regular site visits to provide technical assistance. LPTF trained finance staff in key internal control operations will be able to set up appropriate cost accounting systems and adopt a program budgeting approach. LPTFs will also be assisted to develop a more efficient organizational management structure.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will carry out site visits

Activity Narrative: to provide technical assistance that will ensure continued and improved quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop site specific data quality improvement plans. In year 5, AIDSRelief will support the roll out of IQCare, an electronic data management software deployed in FY'07, which will enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and a peer to peer training model, where "expert" LPTF staff will train others in various skills. AIDSRelief will promote the data use culture to enable LPTFs to use data for informed clinical decisions and adaptive management.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of Nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity and to support LPTFs integration of ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8289

Related Activity: 13261, 13262, 13263, 13264, 13265, 13266, 13267, 13269, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20746 | 4386.20746.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$904,398 |
| 20745 | 4386.20745.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$3,617,592 |
| 8289 | 4386.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$4,186,630 |
| 4386 | 4386.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$3,286,630 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 60 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 5,182 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 16,929 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 15,092 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 1,010 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mukono

Pader

Amolatar

Busia

Kalangala

Kaliro

Luwero

Mityana

Mpigi

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4036.08

Activity System ID: 13279

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$2,525,400

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Paediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP ARV services include regular screening for ART eligibility, provision of ART drugs, promotion of adherence to treatment, ongoing counseling on HIV prevention, care and treatment, monitoring of ART both clinically and by laboratory, and training of health care providers. Currently, the MJAP ARV services' activities are implemented at 10 outlets as listed above. The 10 service outlets serve over 27,000 patients in care, 10,641 of who are on ART (4,280 at AIDC, 2,620 in Mbarara ISS clinic, 1,395 in Mulago ISS clinic, 262 in Mulago TB/HIV, 482 in Mbarara municipality clinic, 560 in Kawempe KCC, 282 in Bwizibwera HCIV, 360 in Naguru KCC and >400 in Kiswa and Kiruddu (>6326 of these receive ARVs from MOH/Global fund support). Two additional satellite HIV/AIDS clinics will be established within Kampala district by March 2008, in collaboration IDI and KCC increasing the number of sites to 12. 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 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 two satellite clinics of Bwizibwera and Mbarara municipality offer both paediatric and adult ART. 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 or CD4<200). Majority of RTC recipients that are HIV infected also receive CD4 testing at baseline. The program provides ARV services in line with national treatment guidelines. In the outpatient HIV clinics, 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, ART patient cards and pill counts (patients return the bottles with any remaining pills). CD4 monitoring is performed at least twice a year, CBCs on a quarterly basis and chemistries as needed. In both Mulago and Mbarara AIDS clinics, we estimate that only about 60% 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 500 health care providers in the provision of antiretroviral therapy and strengthened systems for ART delivery including staffing, laboratory support, logistics and data management. By March 2008, the program will be providing ARVs services to an estimated 17,000 (including 10,000 patients who receive ARVs from MOH) in terms of staffing, laboratory and clinical monitoring.

In FY 2008 (April 2008 to March 2009), two new satellite clinics will be established in collaboration with IDI, bringing the total to 14 sites. MJAP will provide ARV services to >25,000 patients by March 2009 (including 10,000 patients who will access ARV drugs from GFATM - Ministry of Health). To ensure sustainability, MJAP will continue to support the improvement of existing infrastructure and systems within the facilities. Funds will go towards additional staffing and training of new and existing staff. There will be continued use of the core staff of the host institutions to reduce on the hiring of new personnel. 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 people living with HIV/AIDS (PHA) in patient care and support. The program will provide care for adult patients in AIDC and Mbarara ISS clinics (children receive ART from 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. Special attention shall be given to pregnant women attending the clinics to ensure that all those who are eligible for treatment receive it. It is expected that many pregnant women will be referred from PMTCT sites and ANC clinics. The funding for ART services will go towards the hiring and training of health care providers, PHA and other support staff, initiation and follow-up of patients on ART, quality assurance, support supervision and M&E.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8319**Related Activity:** 13272, 13274, 13276, 13278,
13280, 13277, 13271, 13273,
13275**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20769 | 4036.20769.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$121,851 |
| 20768 | 4036.20768.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$2,315,160 |
| 8319 | 4036.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$2,025,400 |
| 4036 | 4036.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$1,725,400 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13280 | 4037.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$900,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 14 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 10,000 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 27,000 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 25,000 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 300 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4381.08

Planned Funds: \$2,065,771

Activity System ID: 13248

Activity Narrative:

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 FY08 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.

Only 30 out of 220 accredited antiretroviral therapy (ART) sites provide pediatric services (report of National Strategic Framework evaluation 2001-2006 of June 2007). Challenges related to pediatric ART 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 several rural districts. The program will conduct training for capacity building in ART delivery through didactic methods, clinical attachment, and mentoring and support supervision to reach 600 health care providers. The program will work closely with the PMTCT program and the national early infant diagnosis to identify HIV infected children. ARV Services will emphasize clinical support and care and treatment monitoring to an estimated 5000 children and their parents already receiving care at the various established pediatric clinics. ARV services will include screening for ART eligibility using WHO and MOH national guidelines. Eligible patients and their carers will then receive preparatory counseling focusing on adherence to ART and regular follow-up of patients ensured. Commodity procurement, opportunistic infection treatment and ART monitoring investigations, adherence support and follow-up, personnel, quality assurance and monitoring and evaluation of programming associated with the children and family members on ART will also be covered under this funding. Adherence follow-up and monitoring will be accomplished through enhanced in-clinic counseling and home health services.

It is estimated that no less than 360 health professionals will participate in pediatric-specific training activities supported through this program. Increased numbers of children and families will benefit from quality pediatric HIV care and treatment services through these trainings and capacity building sharing of best practices.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8284

Related Activity: 13242, 13243, 13244, 13245,
13246, 13247, 13249, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20065 | 4381.20065.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$398,694 |
| 20064 | 4381.20064.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$1,594,775 |
| 8284 | 4381.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$1,925,771 |
| 4381 | 4381.06 | HHS/Centers for Disease Control & Prevention | Baylor University, College of Medicine | 3331 | 1186.06 | Pediatric Infectious Disease Clinic | \$368,415 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13249 | 8745.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 8 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 700 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 3,493 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 2,920 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 360 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5342.08

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 10139.08

Activity System ID: 13260

Mechanism: AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$3,169,926

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 6,608 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover associated ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs. At the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites.

The program will continue to provide comprehensive assistance to LPTFs. This includes training and on-site mentorship of medical staff, strengthening of HIV/AIDS community outreach activities, quality assurance/quality improvement of HIV services, strategic information, capacity building of management and financial staff, provision of opportunistic infection drugs, medical supplies and laboratory reagents, and staff and minor infrastructure support. The decentralization of HIV services through 37 satellite sites will increase accessibility of such services to those who live in remote areas. This approach reinforces AIDSRelief's care model with communities, satellite sites and LPTFs strongly interlinked by health providers and community volunteers in order to meet the need of HIV/AIDS patients. AIDSRelief technical staff with significant experience in this area will assist local partners in improving community nursing support, building community health teams, and establishing clinic feedback mechanisms. Hands-on training of trainers will replicate the model throughout the AIDSRelief network, an effort which will have positive benefits for surrounding communities and treatment programs.

AIDSRelief, because of its work through partners who are firmly embedded within communities, has the ability to support involvement of communities. AIDSRelief supported facilities are currently providing varying levels of home based care and community preventative services. Further development of these community health programs to provide integrated HIV care and preventative services is critical to ensuring sustainable treatment programs and maximizing funding investments. Community health programs will be structured to promote family based care through disclosure counseling, secondary prevention, and family based testing and education. In addition, motivated patients who make up most of the LPTFs' community volunteers will be used as resource to support patients on therapy, disseminate HIV care and prevention literacy.

AIDSRelief will adapt existing, locally appropriate Information Education and Communication (IEC) and Behavior Change Communication (BCC) materials, as well as to identify gaps in these media and develop materials as needed to be used by health workers and community volunteers.

AIDSRelief will assist LPTF networks with PLHA groups serving as volunteers in the community to strengthen adherence programs, which have been demonstrated to be a key component of good clinical outcomes. Emphasizing the importance of adherence and community linkages at all AIDSRelief supported sites has enabled the program to achieve high and durable viral suppression. The program will also strengthen linkages within the LPTFs, particularly those between PMTCT, TB and CT services with ART services. Emphasis will also be given to build capacity and develop strong linkages with the satellite sites and other community interventions. LPTFs external and internal integration will be reinforced so that core AIDSRelief care and treatment activities will be integrated with ancillary services and program activities of other providers in the same region. A total of 290 facility level staff and 720 community volunteers will be given comprehensive HIV/AIDS training enabling them to fulfill their responsibilities. AIDSRelief will follow-up classroom-based training with on site clinical mentorship for clinicians and site level support for other cadres of workers. Regional CME and quarterly partners' forums will complement LPTF's staff training, allow experience sharing and reinforce knowledge and skill transfer from AIDSRelief technical staff.

Task shifting to maximize human resources will be emphasized at facility and community levels. At the LPTFs, the strategy will be based on using nurses and clinical officers for the routine follow-up of stable patients, using protocol driven nurse and clinical officer management of non-critical acute symptoms and using nurses and pharmacists for routine medication dispensing to stable patients. At the community level, AIDSRelief will encourage the development of community based satellite clinics staffed by clinical officers/nurses/community health workers for the routine care of stable patients and the use of community health teams for the delivery of home based care and for medication delivery.

AIDSRelief will continue to strengthen the health system management of LPTFs. The program will conduct biannual finance and compliance trainings and program finance staff will carry out regular site visits to provide technical assistance. LPTF trained finance staff in key internal control operations will be able to set up appropriate cost accounting systems and adopt a program budgeting approach. LPTFs will also be assisted to develop a more efficient organizational management structure.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across all LPTFs. AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in COP07. In COP08, Constella Futures will carry out site visits to provide technical assistance that will ensure continued and improved quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop site specific data quality improvement plans. In year 5, AIDSRelief will support the roll out of IQCare, an electronic data management software deployed in COP'07, which will enhance sustainability of PMM systems. The program will promote these systems through a Training of Trainers (TOT) and a peer to peer training model, where "expert" LPTF staff will train

Activity Narrative: others in various skills. AIDSRelief will promote the data use culture to enable LPTFs to use data for informed clinical decisions and adaptive management. AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In COP08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of Nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity and to support LPTFs integration of ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10139

Related Activity: 13259, 13261, 13262, 13263, 13264, 13265, 13266, 13268, 13269, 13267

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20735 | 10139.2073 5.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9122 | 5342.09 | AIDSRelief | \$633,985 |
| 20734 | 10139.2073 4.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9122 | 5342.09 | AIDSRelief | \$2,535,941 |
| 10139 | 10139.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 5342 | 5342.07 | AIDSRelief | \$2,932,296 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |
| 13269 | 4390.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$750,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 60 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 1,710 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 8,338 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 7,434 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 1,010 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

Bushenyi

Gulu

Jinja

Kabarole

Kampala

Kasese

Kitgum

Masaka

Mbarara

Mukono

Pader

Amolatar

Busia

Kalangala

Luwero

Mityana

Mpigi

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4021.08

Planned Funds: \$469,023

Activity System ID: 13238

Activity Narrative: 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 HIV 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.

This program will support activities that include assessment for ART eligibility for HIV-infected individuals either newly diagnosed or in regular care, initiatives that strengthen adherence to ART medication including: repeated health education and counseling, routine and surprise home visits to monitor adherence and toxicity, strengthen family support, and identify family members who may need ART services, regular monitoring of patients on ART either through clinical evaluation of laboratory testing. Community education will be done to strengthen communities to support people taking ART and to reduce stigma and discrimination, mobilize people for VCT and ART services as well as address community concerns about ART. Pregnant women will be prioritized in the initiation of ART in order to minimize the risk of HIV transmission to the unborn foetus. Following delivery, infants will be tested for HIV at the age of six weeks using virologic DNA-PCR testing provided through the national MOH program of early infant diagnosis of HIV.

The Rakai Health Services Project (RHSP) has experienced surgeons and nursing staff to provide training to health personnel.

With the release of the FY07 plus-up funding, this program will train 40 physicians and/or clinical officers (contingent on MOH approval) and approximately 50 theater nurses in the first year of this initiative. Priority will be given to trainees from the five health centers IVs in Rakai district, with appropriate health professionals from neighboring districts included as spaces become available. Trainees will first study the WHO manual and observe surgeries conducted by experienced practitioners. They will then conduct a minimum of 24 supervised surgeries until certified as competent. Records will be maintained on the number of surgeries required to achieve competency, the time required, and on any operative or postoperative complications. Data on the number of supervised surgeries, speed of surgery and rates of post operative complications will be kept for medical officers compared to clinical officers, in order to provide guidance to the MOH and other normative and programmatic agencies. Training of ~50 nurses in theater procedures, asepsis and postoperative care will also be provided during the first year. Each health professional trained will be observed performing circumcisions in the first 3 months after their initial training, in order to assess their proficiency post-training. The follow up may occur in their place of work, or they may be invited back to the training site, depending on logistics. Their surgical records on the MC services they provided will also be reviewed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8326

Related Activity: 13231, 13232, 13233, 13234, 13235, 13236, 13237, 13239, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21223 | 4021.21223.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$90,521 |
| 21222 | 4021.21222.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$362,086 |
| 8326 | 4021.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$469,023 |
| 4021 | 4021.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$386,705 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---|---------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 16 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 400 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 1,474 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 1,400 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 12 | False |

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5737.08

Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS

Prime Partner: The AIDS Support Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4057.08

Planned Funds: \$4,086,632

Activity System ID: 13230

Activity Narrative: Overall program description. This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY'08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing, and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members(?) will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bednets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility-, community-, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

In addition to the services described above, the applicant will also focus on the following. Efforts will be made to increase coverage to children: by training and supporting health care providers to extend services to pediatric clients rather than refer them; by improving referrals with OVC services; and by encouraging community networks to help identify children in need. Linkages with PMTCT services need to be improved and extended. These will require 2-way referrals of HIV+ pregnant women to PMTCT clinics, as well as ensure that women who are identified as HIV+ through testing at ANC, are screened for ART eligibility and treated appropriately. This requires that testing CD4 testing and treatment slots are made available to women in a timely manner, and improved planning takes place so that CD4 cytometry is available regionally. Planning for expansion of services will be required, if national guidelines for initiation of ART are changed from 200 CD4 cells/ml to 350 CD4 cells/ml. Linkages with TB services need to be enhanced, and screening and management should become a routine component of HIV care. To address shortages in health care personnel, ongoing training will take place, and greater use of PHA networks will be used. Various types of training will take place so that staff, health care workers, PHA, and community liasons are available to address the expanded services described above. Support supervision will be provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8361

Related Activity: 17058, 13226, 13227, 13228, 13229, 17055

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|---------------------------|--------------------|--|-------------------------------|----------------------------|---------------------|---|----------------------|
| 20881 | 4057.20881.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$788,720 |
| 20880 | 4057.20880.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9149 | 5737.09 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$3,154,880 |
| 8361 | 4057.07 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 5737 | 5737.07 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | \$3,786,632 |
| 4057 | 4057.06 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 3188 | 693.06 | TASO CDC | \$2,460,072 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 17055 | 17055.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$568,268 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

* Safe Motherhood

* TB

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 11 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 4,250 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 20,000 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 15,750 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 25 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8655.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4423.08

Activity System ID: 13325

Mechanism: UCSF

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$120,000

Activity Narrative: In FY08 the university technical assistance (UTA) mechanism will be competed to continue provision of high quality expert technical support for PEPFAR programs in Uganda. The focus of this assistance will be in four key program areas.

The PMTCT component of UTA will continue to provide technical guidance to the Ministry of Health (MOH) national prevention of mother-to-child HIV transmission program and scale up of services in rural districts. Focus will be to identify best practices for community and clinical PMTCT interventions and assistance the MOH with national policy to implement technical, operational and, training guidelines.

Treatment services technical assistance will be concentrated on enhancing comprehensive care and treatment interventions to strengthened partners' clinical programs. In FY08 the primary focus will be to review patient management and record keeping systems at treatment sites and identify areas and implement improvements in the clinic operations to substantially improve patient outcomes.

The strategic information component of UTA will be to assist the PEPFAR program in using the substantial amounts of program area data collected over the past five years in combination with country surveillance data to provide a better understanding of PEPFAR outcomes and contributions to the national portfolio. Examining the data from multiple sources will provide the country team will a more comprehensive analysis to assist with future programming directions.

For systems strengthening/policy development the UTA technical expertise will be transferred to local partners through a series of in-country workshops for advanced data analysis and triangulation and training on how to interrupt the results for policy guidance and program direction; and, training on how to prepare technical presentations and manuscripts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8371

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|---|---------------|
| 8371 | 4423.07 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 4818 | 1273.07 | University of California San Francisco - UTAP | \$120,000 |
| 4423 | 4423.06 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 3345 | 1273.06 | University of California San Francisco - UTAP | \$120,000 |

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | N/A | True |

Table 3.3.11: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 3481.08 | Mechanism: CDC GHAI |
| Prime Partner: US Centers for Disease Control and Prevention | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 4433.08 | Planned Funds: \$835,412 |
| Activity System ID: 13339 | |

Activity Narrative: FY 2008 activities will continue to build on and follow the FY07 HBAC 1000 ART clients and 30 additional individuals initiated on ART. In addition in FY07, 59 HIV infected children of index clients were receiving ART and an additional 7 started ART during this period. The first 3 years of this evaluation was completed and investigators found small, but significant increases in the risk of death or new opportunistic infections among participants who were randomized to receive clinical monitoring without any routine laboratory tests. No significant differences in mortality or new opportunistic infections were found between participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and viral load testing. Dissemination of the 3 year HBAC results occurred through small workshops or seminars conducted with stakeholders in Tororo, Entebbe, and Atlanta and at the HIV implementers meeting in Kigali, Rwanda.

Based on the 3 year results, an amendment to the current protocol has been submitted to continue this PHE for an additional 3 years to start in FY 2008. This 2-arm trial will fully answer the question of the added value of viral load testing, in addition to CD4 cell count monitoring. In addition a new proposal is being developed to evaluate the utility for additional prophylactic treatment against TB and cryptococcal disease which will enroll another 1000 ART patients through the Tororo Field station. We expect that approximately 30 HIV infected house-hold members of the existing 1000 ART patients will become ART eligible and start therapy in FY08. An additional 1000 clients will be recruited into the new evaluation isoniazid preventive therapy (IPT and fluconazole prophylaxis (HBAC II). An additional 30 HIV infected house-hold members of the newly recruited 1000 clients will also be expected to become ART eligible and start therapy in FY08. We expect to continue to provide ART for 66 children, with another 8 becoming ART eligible in the next year. New households enrolled into HBAC II are likely to have 50 ART eligible children who will also be provided with ART as part of the program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8380

Related Activity: 13337, 13338, 13340, 13331, 16093, 16085

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--------------|---------------|
| 8380 | 4433.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$835,412 |
| 4433 | 4433.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$835,412 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13337 | 4431.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$170,000 |
| 13338 | 4432.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$150,000 |
| 13340 | 4434.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$129,599 |
| 13331 | 4821.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$2,400,000 |
| 16093 | 16093.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$349,852 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 1 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 1,060 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 2,282 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 2,060 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 2 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Busia

Mbale

Tororo

Manafwa

Butaleja

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 10163.08

Activity System ID: 13329

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$0

Activity Narrative: FY07 COP activity number - 10163

Title Developing a Collaborative Cohort of USG-Supported ART programs in Uganda to assess Costs and Clinical Outcomes Associated with Different Programmatic Approaches

Time and money summary: Year 2 of activity; 2007 - 2009; Expended \$0 to date, Expected \$440,000 needed for completion (including FY08 request)

Local Co-investigators: Jordan Tappero, CDC Uganda, co-PI; Krysia Lindan, CDC Uganda, co-PI

Project description: PEPFAR currently provides funding for ART for more than 66,600 HIV-infected individuals through more than 10 implementing partners 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. This project will 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. This project should provide data for the proposed FY08 multi-country PHE entitled "The cost and cost-effectiveness of HIV treatment and care in resource-limited settings".

Status of study: The study concept was presented to a meeting of implementing partners in April 2007 to solicit participation and input into protocol development. The protocol is still under development and has not yet been submitted for research ethics board approval.

Lessons Learned: Awaiting project implementation.

Information Dissemination Plan: Dissemination of results will occur through workshops and seminars conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders. In addition, it is expected that this project will facilitate the ability of implementing partners to present their own clinical and cost-effectiveness data at international conferences and through the publication of research papers in the scientific press.

Planned FY08 activities: The study protocol will be finalized and submitted for local and CDC research ethics board approval and a local steering committee will be formed to advise on project implementation and approve any proposed data analyses. While the goal is to complete this for all USG ART sites, it will be difficult to do so for all sites in the first year of this activity. To optimize data that has been previously collected as part of an OGAC centrally funded costing study, this collaborative cohort will prioritize 9 pilot sites – those same facilities where cost data was collected in summer 2006 to evaluate the following questions for a cohort of 10,000 Ugandan clients in FY 2007. Some additional sites of participating implementing partners may be included in the first year of the project, since work with satellite sites of some partners (eg. TASO, MJAP) will likely require involvement of central informatics management. Standardized informatics tools to collate program descriptive data, supplemental cost data and clinical and sociodemographic data from individual participants from implementing partner programs will be developed. Participation in this collaboration will be voluntary for all implementing partners and all analyses will be approved by a steering committee made up of participating programs, representatives of CDC, USAID and the Ugandan Ministry of Health.

The first round of data merging will occur by end of June 2008 and if successful, further rounds for merging will be proposed on an annual basis. These rounds of data collection will seek to gather data on PEPFAR funded ART clients from program initiation to the end of December 2007. With assistance from members of the informatics team at CDC, implementing partners will compile standardized data in Epi-Info or Access data files which will be transferred through a secure, password protected system to the CDC Uganda offices in Entebbe.

Data collection will rely on existing data sources. However, some assistance will be available to support programs without active follow-up of clients in order to determine the status of patients who are lost to follow-up. Names will be removed from these files prior to transmission and new patient IDs will be assigned based on birthdates, gender, program site and year of enrollment. These files will then be translated into SAS data files for further merging, recoding and analysis.

Budget Justification for FY08 monies:

| | |
|---------------------------|-----------|
| Salaries/fringe benefits: | \$133,000 |
| Equipment: | \$25,000 |
| Supplies: | \$0 |
| Travel: | \$42,000 |
| Participant Incentives: | \$0 |
| Laboratory testing: | \$0 |
| Other: | \$0 |
| Total: | \$200,000 |

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10163

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|-----------|---------------|
| 10163 | 10163.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$0 |

Emphasis Areas

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | N/A | True |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Bushenyi
Kampala
Luwero
Mbarara

Table 3.3.11: Activities by Funding Mechanism

| | |
|--|--|
| Mechanism ID: 1124.08 | Mechanism: HOSPICE |
| Prime Partner: HOSPICE AFRICA, Uganda | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 4824.08 | Planned Funds: \$525,000 |
| Activity System ID: 14198 | |

Activity Narrative: Since October 2005, Hospice Africa Uganda (HAU) has been in partnership with USAID/Uganda to expand access to and scope of quality palliative care to PHA and their immediate families. HAU has adopted three approaches, namely, (i) direct service delivery and (ii) indirect expansion through training and supporting AIDS care and support organisations, including public and private agencies to integrate pain management, symptom control and end of life care into their services, and (iii) advocacy in palliative care to scale up access to palliative care. Over the last two years of partnership with USAID/Uganda, HAU has grown as an accredited leader and the only institution in Uganda with technical expertise to provide and build capacity for pain and symptom management services. HAU has grown into a beacon service modeling affordable and culturally acceptable palliative care and a 'centre of education' to enable increased access to comprehensive palliative care and education in Uganda.

The Hospice Cooperative Agreement ends in September 2008. However, as access to ART continues to improve with increased resources, the need for HAU services becomes more real. Under the current HAU program, the symptom burden of PHA on ART remains significant, with a high incidence of pain and multiple symptoms. Some of the symptoms result from side effects of ARVs, and in many cases, they are so distressing that they cause patients to stop their medications which jeopardizes their health. Almost half of the PHA under HAU care requires oral morphine for severe pain. In consideration of this reality, USAID/Uganda plans to initiate a follow on program to sustain the services initiated by HAU and to further expand access in tandem with the growth in the number of PHA initiating ART.

The follow on program (TBD) will work with MOH and other HIV/AIDS service organizations in Uganda to ensure that PHA receiving palliative care are assessed for ART and are appropriately supported and where necessary referred to specialized ART institutions. A good number of PHA currently receiving ART present with acute pain such as peripheral neuropathy that is unresponsive to weaker analgesics. The follow-on program will be required to solicit and receive MOH accreditation to dispense oral morphine as treatment for severe pain. Treating such symptoms has proved to restore comfort among PHA, allowed them to live more normally and assisted with adherence to anti-retroviral therapy. The new program will be required to strengthen volunteer networks through which it will be able to reach families in order to effectively address issues of stigma, disclosure, and testing and support treatment adherence, not only for HIV/AIDS but also for other critical illnesses such as TB. The program will be expected to facilitate formation of mutual support groups such as community based day care centers for individuals receiving ART, which will enhance mutual care, sharing of ART experiences at community level.

Currently approximately 60% of PHA served by HAU receive shared care, through sourcing various services from multiple PEPFAR supported providers. For instance, HAU refers PHA to ART providers for initiation of ART while the same providers also refer to HAU the PHA that need pain and symptom control as well as psycho-social support to enhance adherence to ART and prophylactic care, such as, cotrimoxazole and fluconazole. HAU also networks 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 initiatives need to be sustained beyond the current HAU program. Therefore the new partner will be required to further develop close linkages with existing health care units and other support NGOs, in order to provide joint care, complement each others work, maximize synergies, and reduce duplication of care, as well as enable PHA to access broad spectrum of services such as ART, nutritional support, and OVC support.

The new partner (TBD) will support the strengthening of the direct provision of specialist palliative care consultations using modern methods of pain and symptom control and end of life care to an estimated 2000 PHAs, at times and places convenient for the PHA and their caregivers, and in a culturally and socially sensitive manner. Home based care and ART adherence support will form the backbone of care services and especially for PHAs during the critical stages of illness.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8420

Related Activity: 14197, 14199

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|------------------------|---------------------|--------------|-----------|---------------|
| 8420 | 4824.07 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 4834 | 1124.07 | HOSPICE | \$525,000 |
| 4824 | 4824.06 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 3161 | 1124.06 | | \$525,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|------------------------|---------------|
| 14197 | 3990.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$811,000 |
| 14199 | 9100.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$50,000 |

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 100 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gulu
 Hoima
 Kampala
 Mbarara
 Mukono
 Rakai

Table 3.3.11: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 5028.08 | Mechanism: HIPS (Health Initiatives in the Private Sector) |
| Prime Partner: Emerging Markets | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 9077.08 | Planned Funds: \$1,100,000 |
| Activity System ID: 14174 | |

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating tuberculosis (TB), reproductive health and family planning (RH/FP) and malaria services.

In FY08, the activities that will be implemented include but not limited to the following:

- Leveraging resources from new and previously supported USAID Global Development Alliance (GDA)/ Private Public Partnerships (PPP) to increase access to ART availability through establishing in-house AIDS treatment programs for their employees and dependants
- Training of peer educators from predominantly semi-urban and rural industries. The peer educators will be responsible for the dissemination of company funded information, education and communication / behavior change communication (IEC/BCC) materials to address ART literacy, palliative care and CT for employees, dependants and members of the community surrounding the company
- Training of approximately 100 private sector providers in AIDS treatment. Trainees will include physicians, clinical officers and nurses in the provision of up-to-date guidelines on AIDS treatment.
- Expansion and monitoring of support provided to insurance based work carried out by the previous program. The insurance firms based in both urban centers and local rural areas will be supported to provide AIDS treatment as part of the standard benefits package.
- Provide support to private sector health facilities in the acquisition of ART accreditation through working closely with the Ministry of Health (MOH) to strengthen the mechanism for certification of private sector provider clinics that have staff trained to provide ART in line with national standards.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9077

Related Activity: 14169, 14170, 14171, 14172, 14173, 14175

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21757 | 9077.21757.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$1,061,500 |
| 9077 | 9077.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$1,100,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14175 | 9082.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$100,000

Estimated local PPP contribution in dollars \$40,000

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 1,500 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 3,500 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 2,500 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 100 | False |

Indirect Targets

Target Populations

Other

Business Community

Table 3.3.11: Activities by Funding Mechansim

| | |
|--|--|
| Mechanism ID: 5034.08 | Mechanism: Food and Nutrition program for People Living with HIV/AIDS |
| Prime Partner: University Research Corporation, LLC | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 9102.08 | Planned Funds: \$950,000 |
| Activity System ID: 14179 | |

Activity Narrative: In FY2008 food and nutrition intervention for People Living with HIV/AIDS (PHAs) program will continue to provide technical and financial support to Ministry of Health (MOH), CBOs/NGOs, Networks of People Living with HIV/AIDS and USG implementing partners and sub-grantees, in twenty districts to integrate food and nutrition interventions in HIV/AIDS prevention, care and treatment programs. The program aims to improve quality of life of PHAs and increase adherence to ARVs and ARV efficacy, and implements three major food and nutrition interventions namely: food and nutrition assessment that determines nutrition status, food access and availability, and household and community coping capacity, nutrition Counseling and Care including infant and young child nutrition feeding options and targeted food and nutrition support that includes food supplements for vulnerable groups including OVCs, HIV-positive pregnant and lactating mothers and those with mild-to-moderate malnutrition, therapeutic foods for moderately and severely malnourished PHAs, micronutrient supplementation and replacement feeding for infants.

Linkages will be made to programs that provide supplementary feeding, food assistance and livelihood assistance programs for households of People Living with HIV/AIDS. The programs include among others, World Food Program (WFP) and ACDI-VOCA under the Title II, Food for Peace Program, Save the Children and World Vision. The program primarily targets four population groups, namely; PHAs including adults and children in care, support and treatment programs, OVCs, particularly children born to HIV positive mothers that are identified through and linked to PMTCT, community outreaches and other OVC programs. This will also include nutritionally vulnerable children identified in households of PHAs, HIV-positive pregnant and lactating women and, infants and HIV-positive children identified through feeding centers in conflict affected districts.

The program will develop a nationally acceptable Ready to Use Therapeutic Foods (RuTF) reconstituted out of locally available foods and establish a system for effective development and delivery of RuTF to severely malnourished PHAs. The private sector and Networks of People Living with HIV/AIDS will be engaged in leveraging resources to develop and sustain programs for the nutritional rehabilitation of PHAs in the community.

In FY2008 the program will develop a training curriculum for targeting special population groups and integrating food and nutrition in HIV/AIDS services developed, guidelines for linking food and nutrition to care and treatment programs developed and train 600 healthcare providers and caregivers in nutritional assessment, care and management of malnourished PHAs. It is estimated that by end of the FY2008, the program will have over 240 HIV/AIDS service providers that carry out nutritional assessments, provide nutritional counseling and care and nutritional supplements covering a total of 40,000 PHAs.

The program will develop and disseminate guidelines on therapeutic feeding for PHAs and integrate them in the National food and nutrition guidelines for PHAs, develop and document a nationally acceptable recipe for locally produced RuTF with details of nutrient content and production methods. Guidelines on setting up and managing a community therapeutic system and a framework for monitoring and evaluation of therapeutic feeding will be developed and implemented. 10,000 patients with evidence of severe malnutrition will receive RuTF and over 20,000 OVCs including infants receiving replacement feeding, receiving food and nutritional supplementation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9102

Related Activity: 14177, 14178

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------------------|---------------|
| 14177 | 9099.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$750,000 |
| 14178 | 9101.08 | 6725 | 5034.08 | Food and Nutrition program for People Living with HIV/AIDS | University Research Corporation, LLC | \$150,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 1,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3444.08

Mechanism: HIVQUAL

Prime Partner: New York AIDS Institute

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9137.08

Planned Funds: \$500,000

Activity System ID: 13306

Activity Narrative: The HIVQUAL Program in Uganda (HIVQUAL-U) is executed under the leadership of the Ministry of Health AIDS Control Program (ACP) in close collaboration with CDC-Uganda for program management and technical support. This activity complements other quality monitoring activities supported by WHO, UNICEF, and the USG in Uganda focusing on facility level data collection, data management, and building capacity for quality management activities at the clinic level, feeding directly into the activities for quality assurance, monitoring and evaluation under the stewardship of MOH. During FY 2007, pediatric care and treatment indicators were introduced to 20 public and NGO ART sites in collaboration with UNICEF in Northern Uganda.

In FY 2008, HIVQUAL-U will expand upon work initiated in FY 2006 and continued in FY 2007, from 100 facilities to 128 facilities. Indicators measured through HIVQUAL-U include continuity of care, ART access, CD4 monitoring, TB Screening, prevention education, adherence assessment and cotrimoxazole prophylaxis. In concert with UNICEF, pediatric indicators were developed that also measure growth monitoring, provision of bednets and referrals from PMTCT programs. The specific emphasis of this activity is at the clinic-level adapting methods of quality improvement (QI) 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 measure growth of capacity while also guiding coaching interventions. HIVQUAL has a unique and strong infrastructure component that emphasizes internal organizational growth and systems development that aims to integrate quality management into routine activities of care programs. Documentation systems are enhanced through these activities leading to development of tracking systems that can improve tracking of patients and monitoring retention in care. Facility-specific data are aggregated to provide population-level performance data that indicate priorities for national and regional quality improvement activities. Both internal and external factors are identified that can be improved: the former within the clinic and the latter by raising issues to the MOH HIVQUAL-Uganda team. HIVQUAL-U uniquely targets regional networks of providers to who are engaged in QI activities fostering coordinated approaches to address challenges unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies and donors, as well as community follow-up and adherence services. Expansion will occur within 50 facilities to monitor both pediatric care and treatment indicators in addition to the adult indicators.

Meetings of providers will be held to share best practices and QI strategies. Sponsorship by district health officers will be encouraged. Additional QI training will be provided jointly with Ugandan HIVQUAL-U partners to adult and pediatric providers. A training-of-trainers will be conducted in-country to expand the capacity of QI trainers within Uganda. The US HIVQUAL team will continue to mentor the HIVQUAL-U team to deepen its skills to oversee quality management programmatic activities, evaluate the progress of the HIVQUAL-U program, and recommend growth and improvement activities to the HIVQUAL-U team. Pilot of HIVQUAL in PMTCT programs will begin during this year.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9137

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------|---------------------|--------------|-----------|---------------|
| 24819 | 9137.24819.09 | HHS/Health Resources Services Administration | New York AIDS Institute | 10564 | 3444.09 | HIVQUAL | \$96,500 |
| 24818 | 9137.24818.09 | HHS/Health Resources Services Administration | New York AIDS Institute | 10564 | 3444.09 | HIVQUAL | \$386,000 |
| 9137 | 9137.07 | HHS/Health Resources Services Administration | New York AIDS Institute | 4811 | 3444.07 | HIVQUAL | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 128 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 400 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Gulu
Kitgum
Masaka
Mukono
Amolatar
Amuria
Amuru
Apac
Busia
Dokolo
Iganga
Kaabong
Kamwenge
Kanungu
Kapchorwa
Kasese
Kotido
Moroto
Nakapiripirit
Nebbi
Oyam
Pader
Pallisa
Sironko
Yumbe

Table 3.3.11: Activities by Funding Mechansim

| | |
|---|--|
| Mechanism ID: 5091.08 | Mechanism: NDA |
| Prime Partner: National Drug Authority | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 9226.08 | Planned Funds: \$300,000 |
| Activity System ID: 14168 | |

Activity Narrative: National Drug Authority (NDA) is mandated by the Uganda National Drug Policy and Authority 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. Currently Uganda has over 300 sites accredited to provide anti-retroviral drugs (ARVs) and over 100,000 people on ARV, and in FY2008, the number of service outlets and people accessing ARVs will increase to an all time high of 500 and 180,000 respectively. This makes the detection, assessment, understanding and prevention of adverse effects of ARVs absolutely essential to avoid harm to patients. NDA/NPC will establish a system for collecting, monitoring, researching, assessing and evaluating information from healthcare providers and patients on the adverse effects of ARVs with a view to identifying new information about hazards associated with medicines and preventing harm to patients. 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 reports on adverse drug reactions and provide necessary feedback to health care providers. The pharmacovigilance initiatives in Uganda will be linked to the WHO International Drug Monitoring Program and reports will be generated and sent to the Uppsala Monitoring Center for processing.

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.

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 and health workers on how to use the equipment and provide the proper care to patients.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9226

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------|---------------------|--------------|------------------------------------|---------------|
| 21794 | 9226.21794.09 | U.S. Agency for International Development | National Drug Authority | 9445 | 5091.09 | NDA | \$300,000 |
| 9226 | 9226.07 | U.S. Agency for International Development | National Drug Authority | 5091 | 5091.07 | Support to National Drug Authority | \$300,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | N/A | True |

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

| | |
|---------------------------------------|--|
| Mechanism ID: 4961.08 | Mechanism: Partnership for Supply Chain Management |
| Prime Partner: John Snow, Inc. | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 12489.08 | Planned Funds: \$300,000 |
| Activity System ID: 14235 | |

Activity Narrative: This activity will support the National Anti-Retroviral Treatment Committee under the Ministry of Health (MOH) to develop and disseminate treatment guidelines, monitoring and evaluation framework including activities to measure quality of ART programs including cohort reporting, consolidation of procurement mechanisms for ARVs and CD4 machines, and build capacity of local partners in supply chain management of HIV/AIDS commodities.

The Ministry of Health in collaboration with development partners are in the process of scaling -up access to comprehensive HIV/AIDS services including care and treatment with ARV. This will involve a greater number of clients, facilities, health care providers and drugs and supplies. Coupled with the anticipated expansion of the information system required to handle this scale-up, it is imperative that the coordination of the program requires a bust in support to maintain and improve on the current level of coordination. Through technical support to the National ART Committee and placement/secondment of technical staff to the MOH AIDS Control program (MOH/ACP), SCMS will ensure that coordination is strengthened.

The National ART committee and its eight sub-committees (Policy, Adult ART Management, Pediatric ART Management, Finance and Logistics, Human Resource and Capacity Building, Laboratory, Quality Assurance and M&E, and HIV Drug Resistance) will be revitalized and made functional. The sub-committees will meet once a month, and on a quarterly basis, report to the parent national policy committee. This will be coordinated by a secretariat based at the MOH/ACP offices.

The coordination will be done through scheduled meetings, supervisory visits, close door sessions to develop/review policy documents and standards, and the provision of updates on developments to all centers and partners. The expected deliverables will include, but not limited to: effective and functional coordination mechanism being in place; inter-site coordination meetings held, and referral linkages within and between facilities and the communities developed and implemented; ART policy reviewed periodically; guidelines developed/updated and implemented; framework for adherence monitoring developed and implemented; site accreditation process improved and accelerated; ART resource tracking system developed (internal and external support for HIV activities tracked and disseminated; status of commodity security tracked through the commodity security committee; data collection tools standardized across programs and HIV information shared with all programs.

The program will also develop mechanisms for responding to emergency stock outs of ARVs in public health facilities. This will include procurement of a buffer stock of ARVs. The program will also support MOH in developing a surveillance mechanism for HIV-drug resistance. In FY2008 SCMS will develop and roll-out an anti-retroviral therapy dispensing tool (ADT) and a structured patient tracking system. Progressively the program in collaboration with National ART Committee of the Ministry of Health, will explore possibilities of introducing a Smart Card for patients on ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12489

Related Activity: 14230, 14231, 14232, 14233, 14234, 14236

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 12489 | 12489.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14236 | 8984.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$650,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 300 | False |

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 6177.08

Prime Partner: Regional Center for Quality Health Care

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12472.08

Activity System ID: 14239

Mechanism: Pediatrics HIV/AIDS Training

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$450,000

Activity Narrative: The Regional Centre for Quality of Health Care operates in 27 countries and aims to provide leadership in building regional capacity to improve quality of health care by promoting evidence based practices through networking, strategic partnerships, education, training and research.

Working with Ministry of Health (MOH), districts and pediatric care and treatment providers including Mildmay, Joint Clinical research center(JCRC) 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 develop 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). This will activity will build capacity of health workers to identify and diagnose or refer HIV-exposed and infected children for care and treatment.

The program will develop a structured system for providing support supervision and mentoring of health workers that care for HIV-exposed and infected children to improve treatment outcomes. It is estimated that over 2,000 health workers ranging from physicians, nurses, counselors, community health workers and expert clients will be trained.

One key activity for this program will be to develop a training curriculum for people living with HIV/AIDS to do community mobilization for increased utilization of pediatric care and treatment services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12472

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 12472 | 12472.07 | U.S. Agency for International Development | Regional Center for Quality Health Care | 6177 | 6177.07 | Regional Center for Quality Health Care | \$250,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 2,000 | False |

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 3370.08 | Mechanism: AIDS Capacity Enhancement Program (ACE) |
| Prime Partner: Chemonics International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 4530.08 | Planned Funds: \$200,000 |
| Activity System ID: 15629 | |

Activity Narrative: ACE provides organizational development technical assistance and engages 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. ACE works with the Joint Clinical Research Centre (JCRC), Hospice Africa Uganda (HAU), the Inter-Religious Council of Uganda (IRCUC), the Uganda AIDS Commission (UAC), and the Ministry of Health Resource Centre (MOH-RC), among others.

In FY 2008, ACE will work with IRCU ART grantees, providing technical support in organizational development, building financial and accounting systems for new grantees selected by IRCU. Additionally, ACE will work with all the ART sub grantees to strengthen their service provision. The program will facilitate the development of programs to ensure that quality of care standards are adhered to and that service providers receive the necessary training needed to maintain these standards. ACE will partner with organizations, like the Infectious Disease Institute (IDI) that are specialized in ART services provision training so as to source their services. Cross learning from partner organizations that have carried out ART programs much longer than IRCU will be sought and encouraged. The program will work to ensure that a network that facilitates the sharing of critical managerial and technical information, lessons learned, and the dissemination of best practices is developed and supported. The program will also continue to support the core function of the IRCU secretariat: governance and management; grants systems; financial systems, M&E; and communications as these are all vital for the success of ART services provision.

In FY 2008, ACE will continue to upgrade the data collection systems across JCRC sites and will help JCRC to set up a master database that can import and aggregate data from all the sites. ACE will also work with JCRC Headquarters (HQ) staff to improve communication systems between Regional Centers of Excellence (RCE) 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 ART service quality. ACE will work with JCRC in recruiting and training finance officials at RCEs so that there is better reporting and accountability of use of resources of the ART program.

In FY 2008, ACE will continue to consolidate its work in these core areas of organizational development, M&E, communications and other management systems such as finance and ICT so that both the headquarters and the RCEs will be able to further strengthen and expand their services to other areas. ACE will continue to work with JCRC and the RCEs in investing in the development of the human capacity that delivers ART services. ACE will continue to work with JCRC to ensure that all systems developed will continue to support the smooth running of the ART program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8459

Related Activity: 15627, 15628, 15630, 15631

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------|---------------------|--------------|--|---------------|
| 26766 | 4530.26766.09 | U.S. Agency for International Development | Chemonics International | 11122 | 3370.09 | AIDS Capacity Enhancement Program (ACE) | \$0 |
| 4530 | 4530.06 | U.S. Agency for International Development | Chemonics International | 3370 | 3370.06 | Capacity Building of Indigenous Institutions | \$75,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 15627 | 4525.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$650,000 |
| 15628 | 12500.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15630 | 4531.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$1,205,630 |
| 15631 | 4532.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$600,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | N/A | True |

Indirect Targets

ACE reaches a number of indirect target populations through their client organizations. Through support to JCRC, IRCU and HAU, ACE reaches adults, adolescents and children, discordant couples, pregnant women, orphans and vulnerable children, religious leaders, and some internally displaced persons.

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of Uganda

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4366.08

Activity System ID: 14212

Mechanism: IRCU

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,010,000

Activity Narrative: 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 address mutually identified development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. 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 June 2006, IRCU initiated a program to scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by USAID under the President's Emergency Plan for AIDS Relief (PEPFAR).

By the end of December 2006, there were 24.7 million HIV infected adults and children living in Sub Saharan Africa (SSA) with 2.8 new infections that year. SSA contributed to 72% of the HIV related deaths in 2006. In Uganda, we have approximately 1 million people living with HIV and of these, just over 80,000 are on the life saving antiretroviral therapy (ART). Despite the national scale up of the ART program in Uganda, there are still many HIV infected people in need of ART but can not access the services. The burden on women still remains high as they are the most infected at a prevalence rate of 8% and most affected as they carry the burden of caring for those with the disease. In view of this, IRCU has established linkages with faith based organizations in 12 districts in Uganda to build the capacity of specific health facilities and their catchment communities as means of improving the channels and access to HIV related services and in particular ART services.

To date, IRCU has worked with 13 sites to provided ART services and drugs to 2,900 PHA. Of these, 900 were new (treatment naïve) clients. IRCU supported these sites through a sub granting mechanism which supported reinforcement of human resources, limited refurbishment of the clinical rooms and patient waiting areas, provision of drugs, support for laboratory tests and training of various cadres of staff including community workers and religious leaders affiliated to the sites. In partnership with the Joint Clinical Research Center (JCRC) IRCU also trained 40 laboratory staff. To reinforce the adherence monitoring program, IRCU procured motorcycles and other relevant equipment for the sites. IRCU is currently assessing ten additional sites which will bring the total number of supported sites to 23 by the end of FY 2008. The sites have mainly been selected from areas recovering from war and conflict particularly the north and north-eastern regions of Uganda.

The IRCU approach is to integrate the ART services with existing HIV care and overall health services at the implementing facilities to mitigate pressure on the already overstretched capacity of our partners. In FY 2008, IRCU will consolidate the ART services at these 23 sites with emphasis on quality of care.

In FY 2008, the ART services shall continue to be integrated and linked to counseling and testing services; PMTCT; palliative care and prevention programs through inter departmental referrals and linkages to ensure that all HIV positive individuals are screened for ART and those eligible treated. All sites carry out WHO clinical staging and baseline CD4 count for each client referred and enrolled into care. Sites will be encouraged to adhere to the guidelines of initiating ART through support supervision and training.

IRCU like other partners delivering ART has invested resources in setting up optimal adherence monitoring systems. In FY 2008, IRCU will focus on strengthening the human capacity, development of logistics systems, strengthening laboratory systems as well as building networks at community level to build a strong and coordinated adherence monitoring mechanism. IRCU will support each site to establish an adherence team comprising of 10 members constituted by a mix of health professionals, PHAs (expert clients), family members and religious leaders. These teams will monitor adherence at the family and community level.

Currently IRCU uses two adherence monitoring methods at the sites, namely, pill counts and three day self recall methods. In FY 2008, IRCU will train clinical teams on site to use the visual analogue scale (VAS) instead of 3 day self recall method and continue to carry out pill counts at drug refills. We will also initiate the use of electronic pharmacy records in this period. For the latter, IRCU will engage the technical assistance of Supply Chain Management System (SCMS) to install the needed soft ware and train the dispensing staff at the units to ably use the new program using FY 2008 funds.

The number of children with HIV infection is steadily growing with a paradoxical low growth in pediatric care services. In FY 2008, IRCU will continue to target children for ART as a special and vulnerable population and to take a leadership role in expanding access to pediatric ART beyond the major urban areas. In FY 2008, IRCU will continue training all cadres of staff in comprehensive pediatric HIV care including pediatric counseling skills. IRCU is working with the Infectious Disease Institute (IDI) and Mildmay International, both PEPFAR partners, to offer this specialized training. IRCU is currently setting up systems at the 23 sites to enhance pediatric care, in particular ART, by initiating HIV testing for all exposed infants. To date, IRCU has tested over 50 and will continue to consolidate these services in FY 2008. IRCU is targeting to test over 600 infants by the end of FY 2008. These children will be enrolled into care and also assessed for eligibility for ART.

IRCU has been strengthening PMTCT activities at all 13 implementing sites. These sites carry out both clinical and community based PMTCT services. Using FY 2008 funds, IRCU will set up PMTCT-support clubs at the sites to support the newly diagnosed mothers and also encourage male involvement. For mothers not returning for set antenatal and postnatal appointments, the PMTCT team will track the mothers and once found, they will either counsel the mother to continue seeking care at that particular health unit or refer them to the nearest center.

IRCU has worked closely with the administration at all units to reinforce Post Exposure Prophylaxis (PEP) for the health workers. In FY 2008, IRCU will continue to ensure that the sites have the needed protocols, information about PEP, ARV drugs, and we will identify PEP focal persons to coordinate these activities. In FY 2008, IRCU will continue to upgrade the skills of 127 cadres of staff running the HIV/ART clinics in all its 23 supported sites. 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. A total of 1,270 religious leaders will also be trained in adherence monitoring and in mobilization skills to encourage the people to seek services.

Activity Narrative:

IRCU has initiated partnership with IDI to ensure quality assurance and capacity maintenance. In FY 2008, IRCU will continue to work with IDI in monitoring the quality of care at the 23 sites and continue to carry out baseline resistance studies as biomarker of quality. Currently we annually take 20 blood samples from patients who have been on ART for at least six months at the sites including women referred from the PMTCT program to determine the extent of Nevirapine resistance. In FY 2008, IRCU plans to work with SCMS to streamline the procurement and timely supply of these drugs.

In FY 2008, IRCU will support 1,600 new adult clients and 500 new Pediatric clients on ART as well as maintain care for the 3,010 IRCU clients from FY 2006/07. By the end of FY 2008, we shall have over 5,110 clients on ART through this program. IRCU plans to train a total of 127 health workers in ART care and will continue to carry out training of the 1,270 religious leaders carried forward from FY 2007.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8425

Related Activity: 14206, 14207, 14208, 14209,
14210, 14211, 14213, 15889

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26786 | 4366.26786.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 8425 | 4366.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$1,010,000 |
| 4366 | 4366.06 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 3327 | 3327.06 | IRCU | \$1,010,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14213 | 9455.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * TB

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 23 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 2,100 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 5,110 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 5,300 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 200 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Arua
Kampala
Kasese
Luwero
Mukono
Nebbi
Wakiso
Mayuge
Oyam
Kumi
Lyantonde
Nakaseke

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3340.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4697.08

Activity System ID: 14225

Mechanism: Health Comm Partnership;
AFFORD

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$500,000

Activity Narrative: This activity is a continuation of activities implemented in FY2007. Health Communication Partnership (HCP) has been providing technical assistance to the Joint Clinical Research Center (JCRC), the Ministry of Health, and other HIV/AIDS treatment partners to improve the quality of anti-retroviral therapy (ART) client education and adherence counseling, provide public education about ART, increase the uptake of HIV services among children with HIV/AIDS, and reduce stigma and discrimination against people living with HIV/AIDS. In FY 2006 and 2007, HCP has assisted JCRC to develop adherence counseling training materials for community volunteers and clinical providers, design and launch a national pediatric ART uptake campaign, and is developing a national campaign to combat stigma and discrimination.

In FY 2008, HCP will continue working with JCRC and other HIV/AIDS partners to implement a stigma reduction campaign targeting stigma in health facilities, at community level, and in the media. Activities will include interpersonal communication, training for community volunteers, community leaders, and media personalities, as well as media materials. HCP will document and package community based stigma reduction activities that are effective, and distribute these through the Uganda AIDS Commission partnership of organizations working at community level.

According to qualitative studies, stigma is one of the main reasons given for not getting tested for HIV, and for ART clients to stop taking their drugs. Stigma is also a major reason given by HIV-positive men and women for not disclosing their HIV status to partners and for not using condoms. This activity aims to improve uptake of HIV counseling and testing, to improve ART adherence, and to increase condom use by reducing stigma associated with HIV/AIDS. According to Uganda's HIV/AIDS National Strategic Plan 2007/2008 – 2011/2012 (NSP), stigma is an underlying factor that must be addressed in order to reach national goals for treatment and prevention.

HCP will provide technical assistance and training in strategic communication for JCRC, the Ministry of Health AIDS Control Program, and other HIV/AIDS partners. Through these capacity building activities and provision of communication tool kits, HCP will build a sustainable cadre of community facilitators who can organize HIV/AIDS stigma reduction activities in other communities in future.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8438

Related Activity: 14217, 14218, 14219, 14220, 14221, 14222, 14224, 14226

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|----------------------------------|---------------|
| 8438 | 4697.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$500,000 |
| 4697 | 4697.06 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 3334 | 1032.06 | Health Communication Partnership | \$500,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14226 | 12433.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$216,587 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | N/A | True |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3166.08

Mechanism: Expanding the Role of Networks of People Living with HIV/AIDS in Uganda

Prime Partner: International HIV/AIDS Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4695.08

Planned Funds: \$1,200,000

Activity System ID: 15634

Activity Narrative: In FY2008, in addition to the 21 districts and over 200 PHA groups and networks covered, the program will support over 100 PHA groups in 7 new districts to improve linkages between facility-and home-based management of ART. 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 through the provision of technical and financial support through sub-grants, 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 mechanisms to link their members, families and the communities to HIV/AIDS treatment services.

This activity will use the Community Engagement in ART training course developed by the International HIV/AIDS Alliance to train 180 PHAs from over 60 sub-district PHA networks and groups as expert clients. In support of the task shifting initiatives, the program will train clients to work as treatment supporters and involve them in providing support for adherence and tracking of patients in the community leading to lower default rates. The Network Support agents (NSAs) will be trained to support the network model and ensure that those on treatment are linked to prevention with positives initiatives, PMTCT, TB/HIV assessments and management, disclosure of sero-status, HIV/AIDS counseling and testing for partners, STI diagnosis and management, 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 and PSI (for health marketing activities).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8465

Related Activity: 14200, 14201, 14202, 14203

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---------------------------------|---------------------|--------------|---|---------------|
| 24484 | 4695.24484.09 | U.S. Agency for International Development | International HIV/AIDS Alliance | 10471 | 3166.09 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | \$128,000 |
| 8465 | 4695.07 | U.S. Agency for International Development | International HIV/AIDS Alliance | 4851 | 3166.07 | Expanding the role of People Living with HIV/AIDS Networks | \$1,000,000 |
| 4695 | 4695.06 | U.S. Agency for International Development | International HIV/AIDS Alliance | 3166 | 3166.06 | PHA Network | \$580,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------------------------|---------------|
| 14200 | 4688.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$640,000 |
| 14201 | 4690.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$400,000 |
| 14202 | 4693.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$250,000 |
| 14203 | 8900.08 | 6738 | 3166.08 | Expanding the Role of Networks of People Living with HIV/AIDS in Uganda | International HIV/AIDS Alliance | \$200,000 |

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 500 | False |

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Budaka

Bugiri

Butaleja

Hoima

Iganga

Jinja

Kabale

Kalangala

Kaliro

Kamuli

Kasese

Katakwi

Kayunga

Kibale

Kumi

Luwero

Manafwa

Masindi

Mayuge

Mbale

Mbarara

Mubende

Mukono

Namutumba

Nebbi

Pallisa

Rukungiri

Yumbe

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7207.08

Prime Partner: Joint Clinical Research Center,
Uganda

Mechanism: TREAT (Timetable for
Regional Expansion of ART)

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 15791.08

Planned Funds: \$4,800,000

Activity System ID: 15791

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY2008, this activity will focus on training health workers, strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide, and infrastructure development for increased clinical space for ART in rural health centers and improved laboratory infrastructure and services for diagnosis and monitoring of treatment for tuberculosis(TB) and HIV.

The program will train physicians and non-physicians to provide ART services. The program will also support groups of People Living with HIV/AIDS (PHAs) to provide services as expert clients in the health facilities and in the community. PHAs will facilitate referrals and linkages between facility-based and community-based care, ART literacy, food and nutrition support, support for adherence to anti-retrovirals (ARVs), counseling for prevention with positives and linkages to basic preventive package and wrap-around services.

In the selected 25 focus districts and over 90 sites, the program will support infrastructure development for ART services and build capacity of the Directorate of Health Services to manage ART services in the district. The program will provide technical and financial support for districts to carry out quarterly support supervision activities. It is estimated that a total of 6,000 new patients will be initiated on treatment bringing the total number of patients supported to over 24,000.

Critical emerging issues like adherence, surveillance for resistance, Infant Diagnosis using DNA-PCR and screening of patients under palliative care for ART eligibility will be supported. The program will provide financial support in form of grants to Civil society organizations and Networks of PHAs to carry out activities that support improved ART literacy, adherence, patient tracking, prevention with positives and linkages to wrap around services.

A key area of focus for this program will be support for the scale-up of access to ART for pregnant women by ensuring that ARVs are available in the ante-natal clinics and that staff in the antenatal clinics are trained to counsel, initiate and manage ART in pregnant women. The program will also work closely with the maternity ward and pediatrics unit to identify HIV-exposed and infected children, provide infant-diagnostic services and provide care and ARVs for those that are eligible.

The program will scale-up TB/HIV integration activities including setting up facility infection control procedures in facilities supported, provider-initiated counseling and testing for TB-registered clients and ensuring referral and retrieval referrals between TB and HIV clinics and services.

In FY2008, the program will continue to support the Department of Defense (DOD) ART programs through Walter Reed in Kayunga district and Uganda People Defense Forces (UPDF) in Gulu, providing ART to 2,000 additional clients.

In conjunction with Supply Chain Management Systems (SCMS), the program will continue to explore the introduction of the Smart Card and an ART Dispensing Tool in all public health ART sites. This will improve patient tracking.

To complement these efforts, this new activity will also focus on integrating family planning and HIV/AIDS services. Such integration has the potential to create synergistic relationships between programs, reduce missed opportunities, and ultimately maximize the effectiveness and impact of services by providing comprehensive reproductive health care that holistically addresses clients' dual risks of HIV infection and unintended pregnancy. With increased access to HIV/AIDS treatment, more people living with HIV/AIDS are regaining their sexual activity. Among HIV-infected women, the prevention of unintended pregnancies is essential and highly cost-effective for prevention mother-to-child transmission of HIV and reducing the number of children orphaned when parents die of AIDS-related illnesses.

The program will develop programmatic strategies for strengthening linkages between family planning and HIV/AIDS services such as voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), and antiretroviral treatment (ART). This activity will leverage USAID funding for family planning and ensure that linkages between HIV/AIDS and family planning are established and institutionalized.

The program will disseminate the recently developed tools and materials that contain guidance for providers who offer contraceptive counseling to clients with HIV, including those on ARV therapy. The information will be designed to be used in a variety of settings by providers who regularly offer family planning services and by those who want to begin integrating contraceptive services with HIV treatment and care services.

300 health workers will be trained to integrate family planning in HIV/AIDS care and treatment services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15894, 16008, 16007, 15623, 15914

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15894 | 15894.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$300,000 |
| 16008 | 16008.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$340,000 |
| 16007 | 16007.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$225,000 |
| 15623 | 15623.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$3,000,000 |
| 15914 | 15914.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$1,400,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 60 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 6,000 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 27,600 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 28,000 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 1,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Arua
Bushenyi
Gulu
Ibanda
Kaabong
Kabale
Kabarole
Kampala
Kamuli
Kanungu
Kapchorwa
Kasese
Kayunga
Lira
Luwero
Mbale
Mbarara
Mpigi
Mubende
Nebbi
Ntungamo
Pader
Rukungiri
Soroti

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7156.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4705.08

Activity System ID: 15488

Mechanism: NUMAT

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$800,000

Activity Narrative: This activity also relates to Prevention /Abstinence and Being Faithful, Prevention Other, PMTCT, Palliative care: Basic health care, Counseling and testing, Laboratory infrastructure, Strategic Information and policy analysis system and strengthening. The NUMAT project, which covers the sub regions of Acholi and Lango, was awarded in August 06 with FY 06 resources. The project covers 9 districts in the post conflict region of Northern Uganda with an overall goal of expanding access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in Northern Uganda. This activity is a continuation from FY2007.

A differentiated strategy is applied 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 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while others have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations.

Planned activities for this period 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.

The project will:

- 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 ART.
- 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. Continue to build partnerships with other ART USG funded projects

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8472

Related Activity: 15467, 15468, 15473, 15480,
15481, 15486, 15487, 15490,
15494, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21730 | 4705.21730.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$617,600 |
| 8472 | 4705.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$800,000 |
| 4705 | 4705.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$755,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15487 | 15487.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,100,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 30 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 3,974 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 5,000 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 4,416 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 100 | False |

Target Populations

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amolatar

Amuru

Apac

Dokolo

Gulu

Kitgum

Oyam

Pader

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7257.08

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 15773.08

Activity System ID: 15773

Mechanism: HCI (Health Care Improvement Project)

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$2,700,000

Activity Narrative: The Health Care Improvement (HCI) Project is a follow-on of the Quality Assurance Project (QAP) implemented by University Research Corporation (URC). With FY 2008 funds, HCI project will rapidly scale-up the Quality-of-Care-Initiative to 60 additional sites bringing the total number of sites supported to 180. This will cover 70 percent of the anti-retroviral therapy (ART) accredited sites in the country. During FY 2008, learning sessions will be expanded to cover PMTCT and ART linkages, TB/HIV integration, laboratory logistics and role of tiered- quality-assured laboratory networks, clinical monitoring and cohort analysis and reporting on patients in palliative care and on ART.

In FY 2008, specific attention will be made to strengthen and scale-up pediatric AIDS care by supporting (1) identification of HIV-exposed children, (2) access to infant diagnosis of HIV-infection through on-site DNA-PCR and/or referral systems and networks to maximize use of PCR, (3) training and mentoring of service providers in initiating and managing pediatric HIV/AIDS treatment, and (4) provide site-level support in logistics management to reduce on pediatric ART stock-outs. The Quality Improvement (QI) coaches and teams will scale-up work with community-based organizations (CBOs) who support orphans and vulnerable children (OVC) within their districts and link them with health facilities providing pediatric ART. Health providers will be supported as they develop local and sustainable solutions to integrate HAART in antenatal care for HIV-positive mothers as part of PMTCT.

As part of a new initiative to institutionalize and make activities more sustainable, the main focus of activities in COP 2008 will be to develop capacity at the district level to ensure that health facilities are able to appropriately use established clinical guidelines, patient monitoring tools, improve data collection and quality, and to continually self-evaluate against selected targets. To this end, District Quality Improvement Teams will be established in all 80 districts. The district QI teams will be supported with additional continuous quality improvement (CQI) training and helped to hold monthly meetings that review activities and challenges related to provision of quality HIV/AIDS services in their districts, share information and coordinate planning of the month's activities. District QI teams will support site QI teams at the 180 sites through monthly support supervision visits, and help site teams to promote local institutionalization of the culture of continuous quality improvement. National and regional quality improvement teams will support these district teams in line with the Health Sector Strategic Plan 2005/2006 – 2009/2010 (HSSP II) goal of developing a healthcare delivery system that is effective, equitable and responsive.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | N/A | True |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | N/A | True |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | N/A | True |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 2,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1245.08 **Mechanism:** Makerere University Walter Reed Project (MUWRP)
Prime Partner: Walter Reed **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services
Budget Code: HTXS **Program Area Code:** 11
Activity ID: 4507.08 **Planned Funds:** \$613,757

Activity System ID: 15713

Activity Narrative: This activity is a continuation from FY2007 with the following updates:
 During FY2008, MUWRPs intends to expand ARV services to the north of Kayunga District, to the rural, underserved, fishing communities of Galiya. This will be done by supporting an HIV clinic at the Galiya Health Center III, training local clinicians and capacity building. Supportive supervision will be expanded during FY2008 for all MUWRP supported HIV clinics, to four visits per week. This will include two MUWRP supported nurses and one medical officer. One of the primary focuses of the MUWRP FY2008 ARV services program will be to train district lay workers, treatment club members, youth volunteers and members of PLW groups to deliver the most basic of ARV services. Another primary focus will be to form more solid linkages with PMTCT groups so that HIV+ mothers will be firmly linked into HIV clinics. This will be accomplished by partnering with other agencies already working in Kayunga, such as PREFA and the anti-natal clinic at the Kayunga District Hospital. In addition, a treatment best practices guide, including standard operating procedures, will be developed through technical experts, site visits, and focus groups. Because ART supplies are not stable in Uganda, MUWRP will serve as a back-up source for ART to ensure that neither PEPFAR nor GOU MOH Kayunga patients experience ART stock outs. Finally MUWRP intends to implement a Post Exposure Prophylaxis Program for victims of rape, defilement, or any other person who has had immediate exposure to HIV. Funding will principally support emphasis areas which include expansion of staff, infrastructure remodeling, capacity building at the Galiya Health Center III, training of clinicians as well as District lay workers, logistics, ongoing technical assistance, supportive supervisory visits and transportation of staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8527

Related Activity: 15709, 15769, 15711, 15712, 15714, 15715, 15716, 15710, 16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20038 | 4507.20038.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$118,455 |
| 20037 | 4507.20037.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$473,820 |
| 8527 | 4507.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$523,787 |
| 4507 | 4507.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$39,655 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 5 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 400 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 1,300 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 1,100 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 15 | False |

Indirect Targets

Target Populations

Other
 People Living with HIV / AIDS

Coverage Areas

Kayunga

Table 3.3.11: Activities by Funding Mechansim

| | |
|--|--|
| Mechanism ID: 6159.08 | Mechanism: EGPAF |
| Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: HIV/AIDS Treatment/ARV Services |
| Budget Code: HTXS | Program Area Code: 11 |
| Activity ID: 15921.08 | Planned Funds: \$2,039,364 |
| Activity System ID: 15921 | |

Activity Narrative: The Elizabeth Glaser Pediatric AIDS Foundation (Foundation) supports the Uganda National PMTCT program to prevent HIV infection among infants and utilizes the PMTCT program as a point of identification of HIV-infected and affected individuals to provide care and support and access to HIV treatment services for families. The Foundation works closely with the Uganda Ministry of Health (UMOH) and other PMTCT and treatment partners in Uganda to coordinate support and maximize coverage of PMTCT and treatment services.

The Foundation directly supports districts to provide VCT, ARV prophylaxis, psychosocial support, community mobilization, training, adequate counselor and laboratory technician staff, upgraded laboratory facilities and counseling rooms, management information systems and strengthened MCH/family planning (FP) services.

Within the Foundation's Uganda Program, among the 8,230 HIV-positive women identified during the past six months, only 31% were screened and staged for ART eligibility. At the moment, anti-retroviral drugs (ARVs) are primarily offered only at the hospital level, while most women and children are identified at the primary care level within health centers. While many Ugandan health centers have been authorized to provide care and treatment (including ARVs), they are unable to do so given inadequate training and supervision, lack of a regular ARV supply and other logistical challenges.

To address these critical gaps, the Foundation will conduct an innovative comprehensive care and treatment program within the defined operational areas. The Foundation's comprehensive family care model components include community level linkages to increase identification of HIV exposed children and their families, PMTCT services, care and treatment with an emphasis on pediatric care and an innovative psychosocial support effort that includes children's support groups. By providing support for care and treatment the Foundation will integrate affordable, family-based quality HIV/AIDS care and ART services into health care facilities through ensuring that a continuum of services is available and accessible: from PMTCT, to care and treatment, to psychosocial support via a Family Care Model.

Key objectives of the Elizabeth Glaser Pediatric AIDS Foundation in Uganda during FY08 will include the following:

- To establish model Family HIV Care Clinics within twenty MOH Health facilities. As a result at least 10,000 individuals will be enrolled in HIV comprehensive care and 1,000 will be initiated on ART by the end of FY08.
- To establish linkages with a wide range of existing community-based programs to increase the follow up of HIV exposed children and patients enrolled into HIV care and treatment.
- To establish functional linkages between TB and HIV care within the Foundation supported health facilities.
- To document and share the lessons learned and support the scale-up this comprehensive health center model.
- Establish twenty Family HIV Care Clinics at facilities where PMTCT services are available, Family Support groups are active, but where there are inadequate ARV and opportunistic infections supplies and, as a result family care and treatment is unavailable. All the selected sites will be accredited by the MOH to start providing HAART but have had limited success in developing efficient care and treatment services. The provision of technical and commodity support will strengthen training of services providers, reporting and forecasting of drug requirements, standardization of operating procedures, and the establishment of quality improvement systems. The Foundation will support these Family HIV Care Clinics to provide family-based care whereby the pediatric patient and caretaker (often her mother who was identified in PMTCT program in antenatal clinic) as well as other family members, receive a joint appointment and make one trip to the family clinic where they all receive clinical services. Routine HIV counseling and testing of infants and children will be strengthened to support the identification of HIV exposed and infected children. HIV counseling and testing will cover both outpatient and inpatient wards at the selected health facilities as well as the surrounding communities. TB clinics will be specifically targeted for routine HIV counseling and testing. The possibility of providing HIV care and treatment within the TB will also be explored. As stock outs of important medications have unfortunately been a common occurrence, the Foundation will purchase ARVs to provide a backup supply and avoid stock outs. A major component of expansion activities will be ensuring that quality laboratory services are available in each center providing ART. Referral laboratory services will be utilized for the monitoring of patients receiving HIV care and treatment. Where possible the Foundation will explore the possibility of improving and equipping laboratory facilities (especially at district hospitals) for optimal patient care. Each site will be assessed and needed upgrades in these areas will be developed.

Key Program Activities

- Community mobilization will be carried out to create an environment in which HIV-affected individuals and families proactively seek out appropriate care and services. The Foundation will work with local organizations and community leaders to create educated and empowered communities that fully utilize and build on existing resources. While specific mobilization efforts will depend on the needs of each community, emphasis will be placed on a family approach to HIV care and treatment. Messages to the community will specifically promote the possibility of early infant diagnosis of HIV and the usefulness of pediatric ART. Peer educators will provide a key linkage between the health facilities and the surrounding communities.
- A clinical mentorship program to support pediatric HIV/AIDS care has been set up in 5 regional hospitals and will be strengthened and expanded to cover districts supported under the care and treatment initiative. This program will support the on job training of health workers providing HIV care and treatment using an approach jointly developed for the Ugandan setting by the Foundation, MOH, ANNECA and the Pediatric Infectious Disease clinic at Mulago hospital.
- The Foundation will work to ensure that sites provide quality clinical care services, and that they are prepared to rapidly increase their service coverage. Antiretroviral treatment will be provided in accordance with Uganda treatment guidelines and the procurement and ARV distribution will utilize the MOH systems. Collaboration will be sought from other USAID funded programs e.g. QAP to design quality improvement interventions of HIV care and treatment and provide ongoing technical guidance in this critical area.
- The Foundation's technical advisors will continue to direct and conduct training activities in the supported district programs. Using a mentoring approach the technical advisors will reinforce skills development among health facility staff with an aim of improving program quality and uptake. The technical development of MOH staff will ensure sustainable and continuing capacity to provide critical PMTCT services. The Foundation plans to train up to 200 health workers during this work plan period. The training strategy will

Activity Narrative: primarily target health workers in both the inpatient as well as outpatient setting as well as program management staff. Clinicians, nursing/midwifery and laboratory staff will be trained as integrated teams for HIV/AIDS patient care. The latter approach will increase the versatility of HIV clinical care teams within the health facilities thereby supporting task shifting and the integration of key HIV services within the different points of care.

•Develop and implement SOPs and strengthen outreach to assure that (75%) of exposed infants receive CTX prophylaxis. Training activities will reflect the integral nature of the HIV/AIDS care with a bias towards family based care of HIV. Crucial knowledge and skills in ART compliance and adherence monitoring will be included in the training activities. The capacity of teams at health sub district/district/regional levels will further be built by involving all the trained trainers in supervisory roles.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14190

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--|---------------|
| 14190 | 12375.08 | 6734 | 6159.08 | EGPAF | Elizabeth Glaser Pediatric AIDS Foundation | \$3,000,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 20 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 5,500 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 5,500 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 1,000 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 700 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 690.08 **Mechanism:** N/A
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services
Budget Code: HTXS **Program Area Code:** 11
Activity ID: 4552.08 **Planned Funds:** \$250,000

Activity System ID: 16072

Activity Narrative: 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 07:\$250K for ARVs, \$250K 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.

Current plans are to support expansion of 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.

In FY 08 we plan to continue supporting the expansion of ARV services to cope with the increasing demand in the UPDF

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8391

Related Activity: 16065, 16066, 16067, 16068, 16069, 16070, 16071, 16073, 16074, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21601 | 4552.21601.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$193,000 |
| 8391 | 4552.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$250,000 |
| 4552 | 4552.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$250,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 11.1 Number of service outlets providing antiretroviral therapy | 8 | False |
| 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period | 800 | False |
| 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period | 2,600 | False |
| 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period | 2,200 | False |
| 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards | 33 | False |

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$18,191,103

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The primary program goal is to strengthen central, district and sub-district level health laboratory systems by developing systems management, upgrading laboratory infrastructure, promoting man-power training, laboratory management, quality assurance (QA), support supervision, commodities management, informatics, and communications. Before PEPFAR, few laboratories in Uganda could deliver the minimum diagnostic health package because of poor infrastructure and management, obsolete or non-functioning equipment, irregular and insufficient supplies of commodities, low numbers of trained staff and high turnover, and lack of regular supervision and QA schemes. USG is addressing these issues by supporting activities leading to significant improvements in the quality and scope of laboratory services.

Current Statistics: The Ministry of Health (MOH) laboratory system consists of central reference laboratories, 12 regional hospital laboratories and 81 districts with 1-2 general hospitals, 4-5 Health Center (HC) IVs and 5-10 HC IIIs. At the referral level, the USG has supported the renovation of the National TB Reference Laboratory, re-location of the Central Public Health Laboratory (CPHL) and infrastructure support to the Uganda Virus Research Institute. Six (6) regional 'Centers of Excellence' (COE) have been established and provide high-quality facilities for HIV-related testing; they also act as regional referral and training centers. Under PEPFAR, 20 laboratories at HC III and IV facilities have been renovated and over 80 MOH laboratories have received basic equipment. As of August 2007, over 1000 governmental and NGO facilities were receiving laboratory commodities for basic diagnostic services from the laboratory credit line at the National Medical Stores (NMS). Nearly 200 laboratories are now able to assess antiretroviral drug therapy (ART) eligibility and provide ART monitoring through periodic CD4+ enumeration. This year, as a follow up to prior laboratory services assessments, staff from CPHL have been visiting laboratories to map the location of essential laboratory equipment, and to enroll laboratories in on-going QA programs.

Training and Staffing: CPHL personnel have increased from three (3) to 25 as of April 2007. The Training Coordination Unit at CPHL has completed country-wide HIV rapid test training in 81 districts targeting 500 service providers; evaluation of performance and refresher training are under way. Fifteen staff at regional hospitals have trained in flow cytometer maintenance and 8 flow cytometers have been re-commissioned. PEPFAR continues to provide scholarships (128 so far) for laboratory training and directly supports seven (7) training schools. Overall, more than 1,800 health staff of various cadres have received HIV-related laboratory training. Manpower shortages and the lack of formal laboratory management training continue to be major constraints if other resources are to be fully and effectively utilized.

Laboratory Supplies and Commodities: In 2005, a new credit line was established with USG support to procure and distribute laboratory commodities through NMS and the Joint Medical Stores, for government and NGO facilities. Over 30% of the current needs of more than 1000 facilities is being met, an increase from 2006 made possible through FY 2007 Plus-Up funds used to meet expanding Counseling and Testing (CT), Prevention of Mother-to-Child Transmission (PMTCT) and integrated TB/HIV programs. The NMS has recently faced serious challenges in upper-level management, hampering its effectiveness. Technical assistance from the Program for Supply Chain Management is needed, especially to establish regional NMS storage depots to ensure timely distribution of commodities to district and sub-district facilities. A Laboratory Technical Committee (LTC) comprised of members from MOH, CDC and other organizations, in conjunction with CPHL, continues to support the implementation of the national plan for commodities distribution and supply. To ensure equitable access to CD4+ counting, at least one flow cytometer will be available in all 81 districts and referral systems in place for lower level health facilities.

Quality Assurance and Support Supervision: MOH has identified supervisors to oversee laboratory services at both the district

(District Laboratory Focal Person - DLFP) and regional (Regional Laboratory Coordinator) levels. CPHL is working with supervisors to improve coordination and share resources for laboratory strengthening programs. A common, field tested, assessment tool to evaluate laboratory service provision, commodities management and quality assurance of diagnostic testing is in use. Currently, the DLFP and the CPHL coordinator visit all laboratories each month to assess quality of services, provide support supervision, and complete the assessment tool. However, greater involvement of the district health team is needed to coordinate shared supervision of program activities for HIV, TB and malaria and to promote ownership.

CPHL and the appropriate MOH departments are taking a more central role in conducting and coordinating national QA initiatives. Nationally accepted standard operating procedures (SOPs) for all phases of laboratory testing, appropriate to facility level, have been written and distributed. CPHL works with quality of care initiatives (Quality Assurance Program and HIVQUAL) and External Quality Assurance (EQA) programs for HIV, TB and malaria to monitor laboratory performance. To date, proficiency testing (PT) panels for HIV molecular testing (7 sites), HIV serologic testing (over 100 sites) and CD4+ counting (21 sites) are being distributed. Random samples for QA serological testing will be phased out in favor of regular proficiency testing. CPHL will coordinate the re-training of staff in facilities where problems are identified.

Informatics and Communications: Management of national health laboratory services depends on the ability to collect and analyze data from all parts of the country. Data handling capacity at CPHL has been strengthened by increasing the number of staff to analyze data, forecast needs and to address immediate concerns. In addition, discussions have been held between PEPFAR, MOH, mobile phone-service providers and the 'Phones for Health' project from Rwanda and an initial feasibility assessment on the use of mobile telephones for data information sharing will be conducted in FY 2008.

Policy: Uganda's 2006-2010 Health Sector Strategic Plan emphasizes the development of a comprehensive National Health Laboratory Services Policy and the establishment of an effective management structure in the MOH to provide advocacy, stewardship, coordination, and management of laboratory services. A fully-fledged unit within MOH is urgently needed to assess these functions, accept the drafted national laboratory services policy, and prepare an implementation plan.

FY 2008 Plans: The focus will be to consolidate improvements made to date, emphasizing improved management, coordination and QA activities centrally and at the district level. USG will support the new technical advisor to MOH/CPHL who will oversee the completion and approval of the draft National Health Laboratory Services Policy and the 5-year work-plan; the advisor will also provide guidance on the development of CPHL. It is vital that implementing partners work closely with and support the district health team in the development of laboratory services to promote ownership and ensure sustainability; USG will support a pilot project in a selected district to help plan for greater involvement of the district health teams.

An additional 30 HC IV laboratories will be renovated and a new building will be constructed to provide CPHL with permanent headquarters. Additional plans include: establishment of two (2) more COEs; completion of NTRL renovations; introduction of HIV molecular testing to support the Early Infant Diagnosis Program in 6 regional hospitals; provision of sufficient Global Drug Facility TB diagnostic kits to cover the whole country; and establishment of a specimen referral system with POSTA Uganda, initially for re-treatment TB cases but in the long term, for all referral specimens.

Training and refresher training will continue with increased emphasis on management and QA. USG will support the roll-out of training in AFB smear microscopy using the package developed by CDC/WHO/IUATLD. Training in laboratory management will be expanded through partnership with other stakeholders supported by CDC's Coordinating Center for Global Health. Efforts will be made to ensure that all laboratories have standardized procedures and intensified support supervision activities, by hiring additional zonal supervisors at CPHL. Wherever possible, NGOs with established district-level infrastructure will be encouraged to participate in support supervision activities through the district health team.

Overall coordination of national laboratory QA will be the responsibility of CPHL under the direction of the QA Department of the MOH. Existing QA will be expanded with more PT panels for HIV serology, molecular testing, CD4+ counting and TB smear microscopy; inclusion of more sites as they begin testing and expansion of panels to embrace hematology and serum chemistry. To support this expansion, USG will strengthen informatics at the center, by increasing the capacity of CPHL to manage data and exchange data files with the MOH Resource Center. The feasibility of introducing electronic data collection through a 'Phones for Health' program will be assessed in 2008. This program will allow access to laboratory data banks by analysts and planners at both the center and district levels. PEPFAR will continue to support ART providers and to provide laboratory services for GFATM clients whose monitoring needs remain unmet and partners who have limited laboratory capacity.

Program Area Downstream Targets:

| | |
|---|---------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 318 |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 1808 |
| 12.3 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 | 1418092 |

Custom Targets:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7207.08

Mechanism: TREAT (Timetable for Regional Expansion of ART)

Prime Partner: Joint Clinical Research Center,
Uganda

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 15914.08

Planned Funds: \$1,400,000

Activity System ID: 15914

Activity Narrative: This activity is a follow-on of the Joint Clinical Research Center (JCRC)-Time Table for Regional expansion of Anti-Retroviral Treatment (TREAT). This transition to a new mechanism will be completely seamless, with no interruption to on-going activities. In FY2008, this activity will focus on training health workers, strengthening and mentoring regional hospitals, districts, private sector including faith-based institutions and other anti-retroviral therapy (ART) providers to scale-up ART services district-wide, and infrastructure development for increased clinical space for ART in rural health centers and improved laboratory infrastructure and services for diagnosis and monitoring of treatment for tuberculosis (TB) and HIV.

In the 25 focus districts, the program will provide support to the Directorates of District Health Services (DDHS), six regional hospital laboratories and over 60 primary health centers to provide laboratory services for improved laboratory testing for diagnosis of HIV infection and other opportunistic infections and for monitoring patients during care and treatment. Through the DDHS office, the program will support the establishment of effective laboratory networks in the focus districts. The program will build the capacity of the district hospitals to provide laboratory support to lower health centers (HCIVs, HCIII and HCII) through referral testing and support supervision. The program will build capacity of the district hospital to provide quality assurance and train laboratory personnel.

At least 10 of the 60 health facilities will be designated as regional referral hubs for CD4+ testing and infant diagnosis and two centers for viral load and TB culture. In addition the program will support at least six regional centers to a status of a Regional center of Excellence to provide highly specialized HIV and TB diagnostic testing and support supervision. In FY2008, the program will train over 100 non-laboratory technicians to carry out microscopy work in the laboratories and also provide in-service training for 100 laboratory technicians.

Through support to the districts the program will generate support from the local government structures and provide an environment for a sustainable long-term impact. The program will provide financial and technical support to the District Directorate of Health Services (DDHS) to provide support supervision to health workers in the district and monitor establishment of a tiered-quality-assured laboratory networks in the focus districts.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15894, 15700, 15623, 15791,
16008, 16007

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|--|---------------|
| 15894 | 15894.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$300,000 |
| 16008 | 16008.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$340,000 |
| 16007 | 16007.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$225,000 |
| 15623 | 15623.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$3,000,000 |
| 15791 | 15791.08 | 7207 | 7207.08 | TREAT (Timetable for Regional Expansion of ART) | Joint Clinical Research Center, Uganda | \$4,800,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
 - *** Pre-Service Training
 - *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 30 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 200 | False |
| 12.3 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 | 243,000 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

Apac
Bushenyi
Gulu
Jinja
Kabale
Kabarole
Kaberamaido
Kalangala
Kampala
Katakwi
Kayunga
Kisoro
Kitgum
Kotido
Kumi
Lira
Luwero
Mbale
Mbarara
Moyo
Mpigi
Mukono
Nebbi
Pader
Pallisa
Rukungiri
Soroti
Tororo
Wakiso

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5793.08

Mechanism: Technical Assistance for National and District Laboratories Construction and Renovations

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 11497.08

Planned Funds: \$2,569,000

Activity System ID: 15909

Activity Narrative: This activity will contribute to the AMREF laboratory strengthening project activities in 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 cadre 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.

The Regional Procurement Support Office [RPSO] in collaboration with CDC-Uganda will direct \$1,085,000 to work closely with AMREF for the rehabilitation of 30 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.

RPSO will also direct \$1,500,000 to construct premises for Ministry of Health's Central Public Health Laboratories to house the coordination units responsible for different activities in the lab sector.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11497

Related Activity: 13255, 13254

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---------------------------------------|---|---------------------|--------------|-----------|---------------|
| 11497 | 11497.07 | Department of State / African Affairs | Regional Procurement Support Office/Frankfurt | 5793 | 5793.07 | RPSO lab | \$535,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---|---------------|
| 13255 | 4012.08 | 6425 | 583.08 | Laboratory Services Strengthening at Health Center IV and Above | African Medical and Research Foundation | \$583,000 |

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 31 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | N/A | True |
| 12.3 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 | N/A | True |

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

| | |
|---|--|
| <p>Mechanism ID: 5737.08</p> <p>Prime Partner: The AIDS Support Organization</p> <p>Funding Source: GHCS (State)</p> <p>Budget Code: HLAB</p> <p>Activity ID: 17055.08</p> <p>Activity System ID: 17055</p> | <p>Mechanism: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS</p> <p>USG Agency: HHS/Centers for Disease Control & Prevention</p> <p>Program Area: Laboratory Infrastructure</p> <p>Program Area Code: 12</p> <p>Planned Funds: \$568,268</p> |
|---|--|

Activity Narrative: This program will support the provision of comprehensive HIV/AIDS prevention, care, treatment, and related services to HIV positive adults, children and their family members. Services will include antiretroviral therapy (ART); adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infections (OI); the basic preventive care package (BCP); prevention with positives (PWP) interventions; family-based and individual confidential HIV counseling and testing; and psycho-social support. In order not to interrupt critical services and to ensure the continuation of care and treatment, the previous implementing partner was extended for 6 months through September '07. During this time, the partner provided ART for 15,000 adults and children. The applicant for the FY'08 program will provide comprehensive services through an established country-wide network of urban and rural health facilities with the goal of continuing ART to the existing client base of 15,000, as well as provide comprehensive HIV support, prevention, care and treatment (as needed) to an additional 70,000 HIV positive individuals. A family-centered approach will be established, using the index HIV+ client to identify family members, who will receive confidential HIV counseling and testing and HIV care for those identified as seropositive. All seropositive clients and HIV+ family members will receive a Basic Preventive Care package that includes: cotrimoxazole prophylaxis; a safe water vessel and chlorine solution; insecticide treated bed nets; condoms as appropriate; educational materials; plus PWP counseling. Following national ART treatment guidelines and services criteria, each health center supported by the applicant will be staffed with trained HIV clinical and ancillary health care professionals, and will establish systems to monitor patients for ART eligibility and initiation. Those on ART will receive continuous adherence counseling and support services. PWP interventions will be an integral part of services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. Methods to integrate prevention messages into all care and treatment services will be developed, and will be implemented by all staff. HCT services will also be offered to sexual partners who are not family members. Depending on the location of each health center, various service delivery models will be developed to facilitate access and ensure coverage of the target population; these will include facility-, community-, and home-based approaches, as well as outreach activities. The applicant will also develop a more robust program to provide services to conflict and post-conflict areas of Northern and North-eastern Uganda; these will include HCT at facility-based and mobile out-reach clinics.

Quality Laboratory diagnosis is a key element in providing palliative care, TB care as well as initiation and monitoring of antiretroviral therapy as all these other areas benefit from the investments made in laboratory infrastructure. The implementing partner will put in place laboratory capability to conduct HIV testing and related ART monitoring, OI screening and diagnosis. These laboratory services will support the delivery of drugs; client monitoring and follow up; delivery of care and treatment at facilities, communities and in homes. Home-based HIV counseling and testing service will be provided to sexual partners and family members of clients by trained personnel with quality control in place. Routine support supervision, quality assurance, laboratory information system will be established and the relevant trainings offered to lab personnel.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17058, 13226, 13227, 13228,
13229, 13230

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------------|---------------|
| 17058 | 17058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$450,000 |
| 13226 | 4054.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$730,000 |
| 13227 | 4058.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$600,000 |
| 13228 | 8359.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$986,475 |
| 13229 | 4056.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$7,194,288 |
| 13230 | 4057.08 | 6420 | 5737.08 | Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS | The AIDS Support Organization | \$4,086,632 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 11 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 22 | False |
| 12.3 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 | 196,000 | False |

Target Populations

General population

- Children (under 5)
 - Boys
- Children (under 5)
 - Girls
- Children (5-9)
 - Boys
- Children (5-9)
 - Girls
- Ages 10-14
 - Boys
- Ages 10-14
 - Girls
- Ages 15-24
 - Men
- Ages 15-24
 - Women
- Adults (25 and over)
 - Men
- Adults (25 and over)
 - Women

Table 3.3.12: Activities by Funding Mechanism

| | |
|---|--|
| Mechanism ID: 9320.08 | Mechanism: TASO |
| Prime Partner: The AIDS Support Organization | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Laboratory Infrastructure |
| Budget Code: HLAB | Program Area Code: 12 |

Activity ID: 21640.08

Planned Funds: \$50,000

Activity System ID: 21640

Activity Narrative: 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. TASO will 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1245.08

Mechanism: Makerere University Walter Reed Project (MUWRP)

Prime Partner: Walter Reed

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4514.08

Planned Funds: \$368,267

Activity System ID: 15714

Activity Narrative: This activity is a continuation from FY2007 with the following updates:

During FY2008, MUWRPs will make assessments of two health center IV (Kangulamira and Baale) and one health center III (Galiyia) laboratories. Capacity improvements will be made to those laboratories so that they can perform routine assays. This will include infrastructure remodeling, training, and on-going supportive supervision from MUWRP laboratory technicians. Due to the fact that commodity procurement in Uganda is unstable, MUWRP will serve as a back-up source of commodities and laboratory perishables for all HIV/AIDS laboratory services supported by MUWRP in the District. MUWRP will continue to partner with and provide daily supportive supervision to the Kayunga District Hospital laboratory. This laboratory is at capacity and technicians are now processing all District ART specimens. In FY2008, if any of the laboratory machines in the District Hospital malfunctions, samples will be brought to the MUWRP research laboratory in Ntenjeru as a backup. Further, a maintenance contract for the laboratory machines at the District Hospital will be secured to ensure long-term ART specimen processing by that laboratory. Finally in FY2008, MUWRP will help the district hospital improve testing standards by enrolling the district hospital laboratory into different external quality assurance schemes to strengthen and provide external feedback on testing performance of CD4 determination and automated hematology.

Under 2008 funding, MUWRP 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 adding capacity to lower level Health Center laboratories, partnering District laboratory staff with MUWRP laboratory experts, ensuring equipment maintenance, implementing solid quality assurance and quality control programs, supporting dependable energy sources, and provision of reagents and laboratory perishables when necessary.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8528

Related Activity: 15709, 15769, 15710, 15711, 15712, 15713, 15715, 15716, 16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20039 | 4514.20039.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$370,939 |
| 8528 | 4514.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$350,000 |
| 4514 | 4514.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$232,666 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 9 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 12 | False |
| 12.3 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 | 13,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kayunga

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7156.08

Mechanism: NUMAT

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4706.08

Planned Funds: \$300,000

Activity System ID: 15490

Activity Narrative: The Overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations

In FY 07 NUMAT embarked on the process of refurbishing selected laboratories at HC III in the 9 districts. The project also started on the training of lab personnel and a total of 15 laboratory personnel were trained in laboratory work.

Planned activities for FY 08 will build on the laboratory work accomplished by NUMAT in the previous period and other USG partners. 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 and work with district health officials to enhance their ability to conduct supervision activities.

Specific activities to be undertaken include:

1. Train all HC III in HIV rapid testing for HIV so they can support home-based HCT and PMTCT outreach linked to HC IIIs.
2. Develop HC III-focused quality assurance systems in support of broader district systems which AMREF is developing under CDC support.
3. Support the MOH's Human Resource Development strategy by sponsoring at least 30 currently unqualified staff to take the laboratory assistant's course.
4. Support laboratory staff to conduct outreach and provide services during national TB, HIV, child health, and malaria health days.
5. Support and strengthen systems to transport samples to referral labs to conduct tests like CD4 count, liver function tests, renal function tests and PCR.
6. Procure CD4 count machines for referral hospitals so they can provide care in accordance with national guidelines.
7. Pilot programs for integrated approaches for the diagnosis of HIV, TB and malaria.
8. Document and disseminate innovative approaches to integrating HIV, TB and malaria diagnosis.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8473

Related Activity: 15467, 15468, 15473, 15480, 15481, 15486, 15487, 15488, 15494, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21731 | 4706.21731.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$300,000 |
| 8473 | 4706.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$300,000 |
| 4706 | 4706.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15487 | 15487.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,100,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 58 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 50 | False |
| 12.3 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 | 111,920 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Amolatar
Amuru
Apac
Dokolo
Gulu
Kitgum
Lira
Oyam
Pader

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6181.08

Prime Partner: Deloitte Touche Tohmatsu

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 3972.08

Activity System ID: 15491

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

USG Agency: U.S. Agency for International
Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$0

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte Touche, a USAID contractor, as the CSF Financial Management Agent, which will also provide financial management technical assistance to CSF implementing partners. The Technical Management Agent will be Care International through the CORE Initiative, and the monitoring and evaluation of CSF supported grants, and strengthening grantee monitoring and evaluation capacity, will be supported through the CSF's Monitoring and Evaluation Agent. It is important to note that the grants mechanism originally developed under the Ministry of Gender, Labour and Social Development (MGLSD) with support from the CORE Initiative is now integrated into this mechanism.

National level indigenous organization previously supported through UPHOLD, including Straight Talk, AIC and TASO, will now be supported through the Civil Society Fund, with earmarked funding, in support of overall coordination and harmonization of donor support to civil society. All partners will be supporting one comprehensive workplan and budget to avoid duplication and gaps in funding. Routine monitoring and evaluation activities of grantees will also be supported with these resources.

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 80,000 active clients (65% of these PHA are female). The high poverty among most TASO clients and their remote location in rural areas combine to limit regular access to HIV/AIDS services. This is why most TASO services include home- and community-based delivery of services. TASO programming recognizes PHA and their families as key partners together with other strategic partners including government, donors, civil society and others NGOs. PHA and affected communities contribute to strategic decisions that influence TASO operations. TASO core activities include counseling, clinical care, treatment, capacity-building, HIV prevention, community mobilization and sensitization, social support and advocacy for the rights and welfare of PHA. TASO collaborates with Ministry of Health and other line government ministries, the Uganda AIDS Commission, local governments, community structures, cultural institutions and several other HIV/AIDS and development stakeholders. 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 ensure sustainability of the provision of the services TASO offers to clients, TASO has adopted a strategy that helps to build capacity of other service providers to provide the same quality of services that TASO offers wherever a TASO center is located. The service providers trained include those from Government Hospitals and health centers, Community based organizations and other NGOs involved in the provision of care and support for PHAs. The capacity building effort is being enhanced to include aspects of laboratory knowledge for the service providers in partner organizations. TASO does the above capacity building with hope that in future, the MOH would take up this responsibility and recruit all necessary cadres of staff to provide adequate care and support to all PHAs.

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 are mainly diagnostic and intended to enable clinicians provide better care to the clients. The tests done include those for; Malaria, TB, Typhoid, Syphilis, Blood Sugar, urinalysis, confirmatory tests for HIV, basic chemistry, and others.

TASO laboratories at the centers of Soroti, Rukungiri, Masindi and Gulu will continue to be wholly supported to deliver of basic healthcare and prophylaxis for opportunistic infections and ART. The support will cover the provision of HCT at the center, at the outreaches, and in clients' homes.

TASO plans to further strengthen and support laboratory services through procurement of necessary reagents and equipments in addition to refresher training of its laboratory staff. TASO has learnt that the computerization of laboratory MIS make data storage, retrieval, analysis and utilization much easier and will therefore support the support laboratory human resource and also ensure that the human resource receives adequate training to support the laboratory MIS. TASO shall also maintain and strengthen the collaboration with other partners that provide specialized laboratory services that TASO is unable to provide, or those that would be too costly for TASO to provide.

TASO shall ensure that all test results are handed to the client by a service provider that is competent to provide the necessary counseling to prevent transmission or recurrence of the condition. All sexually active clients will be counseled to disclose their test results for HIV and other STIs to their sexual partners and to bring the partners to TASO for HIV testing and for couple counseling to promote faithfulness and use of condoms, those couples that may wish to have children will be given information about family planning and PMTCT; the younger clients will be encouraged to abstain; clients with positive TB tests shall be sensitized on how to prevent transmission of the TB to their fellow patients and household members; and those with malaria will be encouraged to sleep under an insecticide treated mosquito net and also to take all the precautions to prevent recurrence of malaria.

TASO shall endeavor to scale up laboratory services through HBHCT in order to identify the discordant couples and the children especially those children under five years who may have acquired HIV vertically and refer them to TASO for appropriate counseling and care including scholastic and nutrition support through the TASO OVC program.

Therefore, laboratory services will be used an entry point to many of the services provided at TASO-Medical care including ART, PMTCT information, OVC support and educational support-for both the HIV positive clients and their household members.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8451**Related Activity:** 15991, 15993, 15996, 14189,
15484, 16001, 15859**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|-------------------------------|---------------------|--------------|---|---------------|
| 8451 | 3972.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$100,000 |
| 3972 | 3972.06 | U.S. Agency for International Development | The AIDS Support Organization | 3157 | 694.06 | TASO USAID | \$62,674 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Malaria (PMI)

* TB

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 11 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 22 | False |
| 12.3 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 | 16,600 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

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 ID: 3481.08 | Mechanism: CDC GHAI |
| Prime Partner: US Centers for Disease Control and Prevention | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Laboratory Infrastructure |
| Budget Code: HLAB | Program Area Code: 12 |
| Activity ID: 15738.08 | Planned Funds: \$1,041,237 |
| Activity System ID: 15738 | |

Activity Narrative: During FY 2008 the CDC-Uganda laboratory will continue to offer the high quality HIV related services provided in FY07; these include serological testing for HIV, HHV-8, HSV-2, and Hepatitis B; CD4+ and CD8+ cell counting, hematology, serum chemistry and viral load testing. The laboratory also introduced PCR techniques in FY07 to diagnose HIV from dried blood spots collected from infants. Testing services were provided for CDC evaluation activities and for partners who had no established laboratory capacity of their own. The CDC laboratory also provided technical assistance and training for lab staff of several PEPFAR implementing partners and to Ministry of Health (MOH) public facilities in order to enhance national laboratory services capacity. In FY 2008, the CDC laboratory will also continue to assist in health service policy development and the restructuring of MOH Central Public Health Laboratory (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 FY08, the need for laboratory management training will also be addressed as well as the continuation of the roll-out training program for rapid testing.

In FY08 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 sessions at the CDC laboratories, follow-up and support supervision to ensure quality of testing and enrollment in external quality assurance programs. In order to integrate services and technical assistance the CDC laboratory will work closely with the MOH Lab Technical Committee (LTC) and with the health laboratory service sector. This includes 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 Lab to develop its role in coordination of reference laboratory and lab support programs, the National TB/Leprosy Laboratory (NTLP) to provide quality assurance programs and re-establishing an HIV Reference Lab (HRL). The CDC laboratory will also continue to work closely with the National Medical Stores for commodity procurement; and 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13341, 16096

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13341 | 4429.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$981,732 |
| 16096 | 16096.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$1,093,100 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 100 | False |
| 12.3 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 | False |

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3327.08

Prime Partner: Inter-Religious Council of Uganda

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 9455.08

Activity System ID: 14213

Mechanism: IRCU

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$350,000

Activity Narrative: 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 address mutually identified development challenges. IRCU also works with other religious organizations including Pentecostal and other independent churches. 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 June 2006, IRCU initiated a program to scale up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This program is funded by USAID under the President's Emergency Plan for AIDS Relief (PEPFAR).

In general, laboratory services are a crucial part of health care. Without laboratories to diagnose correctly, medical personnel would be challenged to prescribe the right treatment for patients. Yet this aspect of the diagnostic process can be undervalued, resulting in laboratories being under equipped and staff unexposed to continuous process of training in the workplace.

Efficient laboratory services including HIV counseling and testing as well as monitoring of individuals on care and treatment remains at the helm of an effective HIV/AIDS care program. However, access to laboratory services still remains a challenge, especially to individuals living in rural areas. In many of the rural areas in Uganda, diagnostic services are deplorable. Health facilities, especially those at level III and below lack laboratories and where they exist, there are acute shortages of staff, equipment and/or reagents. Despite these limitations, these facilities serve the largest number of people, given that they the most easily accessible.

In FY 2006, IRCU worked with 18 health facilities to establish the infrastructure to enable them carry out basic tests that enhance HIV/AIDS care and support including procuring basic laboratory equipment, Limited refurbishment, training of lab staff and reinforcing the human resource need to carry out the lab tests. Of these 18 labs, 12 are hospital labs while the remaining six are lower health center labs. Through these laboratories, the following test were carried out: 90,000 HIV screening tests, 5,000 TB screening microscopic and radiologic tests, 40,000 baseline syphilis screening tests and 2,000 pregnancy tests. By the end of FY 2008, IRCU will have built the capacity of 28 labs to perform 160,000 HIV screening tests, 20,000 TB screening tests, at least 90,000 CD4 tests, 80,000 syphilis tests, 3,000 pregnancy tests, and 60,000 organ functions tests (Liver and Renal). With the support from Supply Chain Management Systems (SCMS) and Joint Clinical Research Centre (JCRC), IRCU plans to train 112 laboratory staff in: ordering and forecasting of laboratory reagents; logistical inputs to ensure a reliable supply; HCT and other HIV/ART monitoring tests and finally good lab practices. Routine reliability and quality assurance checks will be undertaken to ensure that lab services conform to nationally acceptable standards.

IRCU currently has 24,000 clients enrolled on palliative care and targets to enroll another 20,000 in FY 2007. An additional 31,000 individuals are targeted to receive care in FY 2008. This implies that by the end of FY 2008, IRCU will have over 75,000 PHA receiving care. All these individuals will require routine baseline CD4 tests, lymphocyte counts and hemoglobin levels in order to effectively monitor their eligibility for ART. This is essential in order to ensure that individuals initiate ART at the most optimum time. Also over 5,000 patients currently enrolled on ART will continue to have quarterly hemoglobin and lymphocyte estimates and bi-annual CD4 cell counts. Most of the IRCU related labs are limited to performing basic microscopy and hematology tests including hemoglobin estimations and total lymphocyte counts, and are unable to carry out more advanced tests like CD4 counts and biochemistry tests while these tests are a key ingredient to an efficient ART service.

Therefore, IRCU entered into a Memorandum of Understanding with JCRC to out source laboratory services from its regional centers of excellence. Under this arrangement, most IRCU supported facilities with proximal JCRC centers of excellence access services, particularly specific tests like full blood counts, organ biochemistry, CD4 cell counts, Polymerase Chain Reaction (PCR) for infant HIV testing and resistance testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9455

Related Activity: 15889, 14206, 14207, 14208, 14209, 14210, 14211, 14212

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------------------------|---------------------|--------------|-----------|---------------|
| 26787 | 9455.26787.09 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 11125 | 11125.09 | IRCU | \$0 |
| 9455 | 9455.07 | U.S. Agency for International Development | Inter-Religious Council of Uganda | 4836 | 3327.07 | IRCU | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------------------------|---------------|
| 15889 | 15889.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$250,000 |
| 14206 | 4685.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14207 | 4363.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,200,000 |
| 14208 | 4364.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$500,000 |
| 14209 | 4686.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14210 | 4365.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$600,000 |
| 14211 | 4687.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,000,000 |
| 14212 | 4366.08 | 6740 | 3327.08 | IRCU | Inter-Religious Council of Uganda | \$1,010,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 28 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 112 | False |
| 12.3 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 | 430,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4961.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 8984.08

Mechanism: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$650,000

Activity System ID: 14236

Activity Narrative: In FY2008, SCMS in collaboration with WHO, UNAIDS, Global Fund and other stakeholders will continue to provide technical support to Ministry of Health (MOH) to strengthen laboratory services and enable the ministry to assume stewardship of the national Health Laboratory network with the structure from National referral, Regional referral, district hospital, health sub – district (HCIV) and the lowest being HC III. This is expected to substantially improve the laboratory support especially to HIV/AIDS activities.

Plans are in advanced stages to strengthen the central coordination capacity of the Central Public Health Laboratory (CPHL), and enable it to develop the necessary policy and guidelines on quality assurance and control, proficiency testing, safety and equipment management. However additional resources are needed to operationalize these policies and guidelines for MOH /CPHL to coordinate the National Health Laboratory services. In FY2008, SCMS will provide technical support to MOH to establish an effective management structure in MOH and District; develop policy and guidelines for laboratory services; carry out support supervision of laboratory services; monitor and evaluate performance, ensure quality control/quality assurance in laboratory services, and coordinate procurement and management of laboratory commodities to positively impact the ability of national systems to sustain care and treatment of people living with HIV/AIDS.

In FY2007, the number of HIV/AIDS Counseling and Testing (HCT) sites has increased from 340 to 547 in just over one year. With the availability of test Kits it is estimated that 600,000 tests per month can be performed therefore the projection for one year baseline number is 7,200,000 tests. In FY2008, 4,500,000 tests will be procured under Global Fund while PEPFAR will provide over 2 million tests and Clinton Foundation 4,500 tests. With the scaling up of rapid testing activities more staff will be trained in HIV rapid testing techniques. In collaboration with the National laboratory committee, SCMS will continue to provide technical support to CPHL to prepare specifications and quantification for laboratory supplies and equipment such as CD4, Chemistry and hematological analyzers.

With support from the Global Fund, MOH will procure 40 CD4+ machines bringing the total of CD4+ machines under MOH to 52. Prior to this procurement, the country had 62 CD4+ machines with 50 machines owned by NGOs and research organizations. Available data indicate that approximately 100,000 patients are currently on treatment, 200,000 patients currently in care, 60,850 projected new patients to enter treatment, and 95,316 projected new patients to enter care. Uganda will therefore need to carry out 744,757 total CD4 tests over the next one year. PEPFAR, Global fund and Clinton Foundation will only cover 35 percent of the country's CD4+ needs. In direct response to the limited resources, SCMS will provide technical support to MOH to design and develop a new logistics system for automated equipments for easy distribution of supplies to avoid expiries and train 360 laboratory staff.

Currently, there is no laboratory strategic plan and funding is required to support MOH develop a five year a national public-health laboratory strategic plan that will help CPHL to know what the laboratory needs are, where do want t to be in five years, how to get there. Following the institution of the laboratory supplies Credit line program, the number of working laboratories increased from 579 over 1000 faculties for both NGO and Government in the previous year and half. Collection of data on laboratory activities has commenced. SCMS will analyze the data to improve service provision and provide regular training of health unit laboratory personnel in laboratory management with emphasis on logistics and data management in the new districts and new staff.

SCMS will provide technical support to strengthen the Laboratory Information Management System (LIMS) to ensure a regular flow of information to the districts and the center for monitoring and evaluation of system performance.

Staff will be trained and program implementation plan developed based on the strategic plan. Laboratory staff across regional and district hospital as well as health facilities will continue to be trained in procedures and safety techniques, and also in the use and maintenance of new equipment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8984

Related Activity: 14230, 14231, 14232, 14233, 14234, 14235

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|---|---------------------|--------------|---|---------------|
| 8984 | 8984.07 | U.S. Agency for International Development | Partnership for Supply Chain Management | 4961 | 4961.07 | Partnership for Supply Chain Management | \$650,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-----------------|---------------|
| 14230 | 12367.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$350,000 |
| 14231 | 8862.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$800,000 |
| 14232 | 8995.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$260,000 |
| 14233 | 8882.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$440,000 |
| 14234 | 8933.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$1,240,000 |
| 14235 | 12489.08 | 6746 | 4961.08 | Partnership for Supply Chain Management | John Snow, Inc. | \$300,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | N/A | True |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 150 | False |
| 12.3 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 | N/A | True |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1124.08

Prime Partner: HOSPICE AFRICA, Uganda

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 9100.08

Activity System ID: 14199

Mechanism: HOSPICE

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$50,000

Activity Narrative: Since October 2005, Hospice Africa Uganda (HAU) has been in partnership with USAID/Uganda to expand access to and scope of quality palliative care to PHA and their immediate families. HAU has adopted three approaches, namely, (i) direct service delivery and (ii) indirect expansion through training and supporting AIDS care and support organisations, including public and private agencies to integrate pain management, symptom control and end of life care into their services to scale up access to palliative care and (iii) advocacy in palliative care. Over the last two years of partnership with USAID/Uganda, HAU has grown as an accredited leader and the only institution in Uganda with technical expertise to provide and build capacity for pain and symptom management services. HAU has grown into a beacon service modeling affordable and culturally acceptable palliative care and a 'centre of education' to enable increased access to comprehensive palliative care education in Uganda. The Hospice Cooperative Agreement with HAU ends in September 2008.

Between October 2005 and July 2007, HAU has seen almost 1950 patients with HIV/AIDS or HIV and Cancer, of whom approximately 1000 were admitted onto the palliative care program. 950 were assessed, found not to require specialist palliative care and referred for appropriate care to other HIV care and support centres. Approximately one-quarter of the HAU HIV patients needed support and/or facilitation for clinical investigations for opportunistic infections (OI) such as malaria, sexually transmitted infections, HIV/AIDS and its related cancers. Patients were supported and facilitated with investigations in a number of ways. Mobile needy patients were facilitated with transport and/or investigation costs to source laboratory services at selected providers. For bed-ridden patients, clinical samples such as blood were taken by the staff, and sent to the laboratories. For each investigation, HAU assessed the importance of the investigations for palliative management and enhancement of quality of life. If a patient was too sick to travel for investigations, and they really need treatment, sometimes empirical treatment (treatment of t likely illness without investigations) was given at home by the clinical team.

In keeping with HAU's goal of not duplicating services, HAU does not have laboratories on site but used selected local laboratory services and/or referred patients to treatment providers with laboratory facilities. The laboratory services provided were those directly linked to services offered by HAU. Examinations for conditions for which HAU refers patients to other HIV care providers were not covered, for instance investigations for ART eligibility are provided free by collaborative HIV treatment centers, such as JCRC and IDI.

In FY 2008, USAID plans to continue to build on HAU work to increase access to and utilization of PC services by PHAs and their families, with a partner yet to be determined (TBD). The partner (TBD) will support the direct provision of specialist palliative care consultations using modern methods of pain and symptom control and end of life care to an estimated 2000 PHAs, of which approx a third may require support with investigations - at times and places convenient for the PHA and their carers', in a culturally and socially sensitive way. Home based care and community care will form the backbone of care services, especially for PHAs during the critical stages of illness. Optimizing quality of life for PHAs will necessitate the partner (TBD) to support or facilitate patients with investigations. To achieve this, the partner (TBD) will ensure that a PHA referral system is in place to link between partner (TBD) and ART providers for diagnosis, investigations and initiation of ARV therapies where appropriate

Partner (TBD) will also ensure correct diagnosis and care management by facilitating needy patients to access relevant laboratory and diagnostic services. The services sought will be those directly linked to services offered by partner (TBD) or needed for referrals and care, but will not cover examinations offered by the HIV organizations to whom the patients have been referred. For example, the partner (TBD) will not pay for CD4 count if this is provided by the ART provider.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9100

Related Activity: 14197, 14198

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|------------------------|---------------------|--------------|-----------|---------------|
| 9100 | 9100.07 | U.S. Agency for International Development | HOSPICE AFRICA, Uganda | 4834 | 1124.07 | HOSPICE | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|------------------------|---------------|
| 14197 | 3990.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$811,000 |
| 14198 | 4824.08 | 6737 | 1124.08 | HOSPICE | HOSPICE AFRICA, Uganda | \$525,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | N/A | True |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 20 | False |
| 12.3 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 | N/A | True |

Indirect Targets

HAU does not provide direct laboratory services but will support/facilitate approximately 600 PHAs to access laboratory investigations performed at USG supported laboratories. HAU will be training HAU staff in investigations such as malaria rapid tests; and taking bloods. This is likely to be in-house training

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Hoima
Kampala
Mbarara
Mukono
Gulu
Rakai

Table 3.3.12: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 3481.08 | Mechanism: CDC GHAI |
| Prime Partner: US Centers for Disease Control and Prevention | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Laboratory Infrastructure |
| Budget Code: HLAB | Program Area Code: 12 |
| Activity ID: 4434.08 | Planned Funds: \$129,599 |
| Activity System ID: 13340 | |

Activity Narrative: In FY07, the HBAC laboratory continued to provide support to HIV-infected clients enrolled in care and treatment programs and their families. In addition to providing emergency field workers to conduct home visits and phlebotomists at the HBAC clinic, technicians conducted a large number of lab tests as follows; CRAG (438), malaria (8865), TB (5099), syphilis (2069), urinalysis (3220), pregnancy (1002) and stool analysis (878). High-end diagnostics including viral load (VL), complete blood counts (CBC), and CD4+ counting were performed on all routine blood samples collected on a quarterly basis. An additional 500 subjects were screened at the CDC laboratory in Entebbe for inclusion in HBAC with VL, CBC, CD4 counting, and liver and renal function tests.

In FY08, HBAC will screen several thousand persons in order to enroll an additional 1000 clients on ART. Clients currently enrolled in HBAC will continue to be monitored, but less frequently, and their other health needs will continue to be catered for. The HBAC lab staff in Tororo have been provided with technical assistance and on-the-job training by CDC-Uganda lab staff. This will be expanded in FY 2008 in order to devolve much of the responsibility for testing from the CDC lab in Entebbe to the HBAC laboratory in Tororo. Quality assurance will continue to be provided by the CDC lab in Entebbe. Activities at both labs is expected to increase in FY08 due to the addition of up to 1000 new clients to be initiated on ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8381

Related Activity: 13337, 13338, 13339, 13331, 16085, 16093

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--------------|---------------|
| 8381 | 4434.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$129,599 |
| 4434 | 4434.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$129,599 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13337 | 4431.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$170,000 |
| 13338 | 4432.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$150,000 |
| 13339 | 4433.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$835,412 |
| 13331 | 4821.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$2,400,000 |
| 16093 | 16093.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$349,852 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 4 | False |
| 12.3 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 | 25,000 | False |

Indirect Targets

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Busia
Mbale
Tororo

Table 3.3.12: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 1257.08 | 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: 4429.08 | Planned Funds: \$981,732 |
| Activity System ID: 13341 | |

Activity Narrative: In FY07 the CDC-Uganda lab continued to offer high quality HIV related services; these included serological testing for HIV, HHV-8, HSV-2, and Hepatitis B; CD4+ and CD8+ cell counting, hematology, serum chemistry and viral load testing. The lab 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 lab capacity of their own. The CDC lab also provided technical assistance and training for lab staff to PEPFAR implementing partners and to MOH facilities in order to enhance national lab services capacity. During FY07, the CDC lab continued 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 FY08, the need for lab management training will also be addressed as well as continuation of the roll-out training program for rapid testing. In FY08 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 in external quality assurance programs. In order to integrate services and technical assistance the lab works closely with the MOH Lab Technical Committee (LTC) and with the health lab service sector. This includes the Ministry of Health, in developing a national lab health service policy, the Ministry of Education and Sport to support lab technician training schools, the Central Public Health Lab (CPHL) to develop its role in coordination of reference lab and lab support programs, the National TB/Leprosy Lab (NTLP) to provide quality assurance programs and re-establishing an HIV Reference Lab (HRL). The lab also works closely with the National Medical Stores for commodity procurement. The CDC lab 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 lab will upgrade its procedures to obtain College of American Pathologists (ACP) accreditation, thus ensuring that testing procedures and results meet internationally acceptable standards.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8376

Related Activity: 15738, 16096

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--------------|---------------|
| 20844 | 4429.20844.09 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 9137 | 1257.09 | CDC Base GAP | \$346,606 |
| 8376 | 4429.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$1,400,000 |
| 4429 | 4429.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$1,315,300 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 15738 | 15738.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$1,041,237 |
| 16096 | 16096.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$1,093,100 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 100 | False |
| 12.3 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 | False |

Indirect Targets

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3440.08

Mechanism: Laboratory Quality Assurance-Cooperative Agreement

Prime Partner: Uganda Virus Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4709.08

Planned Funds: \$325,000

Activity System ID: 13323

Activity Narrative: The Uganda Virus Research Institute (UVRI) is a department of Government of Uganda (GOU), dedicated to conduct research on viral diseases since 1936. UVRI has conducted research in isolation and characterization of HIV strains, understanding better the epidemiology before and after the introduction of ART, HIV vaccine and microbicide evaluation, PMTCT, HIV sero-behavioural survey, and provided the Ministry of Health (MOH) with HIV surveillance data from ANC and STI clinics. UVRI is mandated by MOH to provide Quality Assurance/Quality Control (QA/QC) to all HIV serological testing sites both public and private.

This activity focuses on ensuring that the counselors and the staff that obtain samples for testing are providing quality service to the client, provide quality samples, and follow biosafety guidelines. The well trained laboratory staff in rapid HIV testing nationwide will provide high quality results to inform prevention, care, and treatment of HIV/AIDS

While the existing M&E plan will guide implementation of activities, partnerships will be established with government structures at district level through the health facility hierarchy i.e. from national to Health Center III level. This will entail combined training of their staff, support supervision visits, provision of proficiency testing (PT) and continuous assessment of laboratories for QA/QC services in laboratories testing for HIV, TB, STI and malaria. Through these means we shall support the TB, leprosy, and malaria strategic plans. Recently, MOH in collaboration with 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. As a result, in FY 2008, HIV serology testing QA/QC project will expand services to all HIV testing sites in 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 5 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. 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 continue to identify laboratories currently conducting HIV serological testing and the tests/algorithms used, to include the HCT, ANC 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 NTLP 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. The LIMS expanded and linked to databases at CPHL and MOH in FY07 to facilitate reporting, logistics management and training needs will be maintained and if funds. Special attention will be given to the development of both a laboratory management plan including National and RRH for monitoring and evaluation. Activities will be in line with the Uganda National Quality System Guidelines. 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 also contribute to national support supervision. We shall work with the Ministry of Education and Sports in updating laboratory training institutions. By doing so the standards of the institutions would be maintained and the clients served by well trained people. We shall continue providing apprenticeship to both counselors and laboratory trainees at the UVRI clinic.

The government laboratories relevant to our activity are at the national to Health Center III level. Our partnership with these facilities will be strengthened through combined training of their staff, support supervisory visits, provision of PT, obtaining QC samples, re- testing them, and returning results within six weeks. While in-service training will be reinforced to ensure high standards are maintained, TOT conducted in 2007 will be further augmented in 2008 taking into account lessons learnt. We shall work with the District Laboratory Focal Person (DLFP) to ensure that his activities are incorporated in the annual district plan, and engage with the district leaders on the importance of high quality laboratory results in the prevention, care and treatment of HIV/AIDS. By maintaining and developing strong linkages with key service providers and trainers, we shall support integrated training especially in the diagnostics of HIV, malaria, syphilis and tuberculosis thus maximizing benefits out of the available resources.

Working with ACP and PMTCT programs, we shall expand the ANC sites both public and private, using dried blood spots to obtain more samples for QC

Medical waste generated at UVRI will be disposed of using disinfectants, incineration and sharps containers as appropriate. Hospitals will be requested to support other testing centers in their area of jurisdiction for incineration of medical waste. These issues will be emphasized during training and support supervisory visits.

UVRI shall work with MOH and Health Services Commission (HSC) to recruit project staff into Public Service thus allowing long term sustainability of QA/QC for the country. The current salaries will be made competitive supplemented by other forms of motivations for right caliber staff to be retained. The TOT provided to support supervisors (RLC and DLFP), our supervisory visits, training RLC in preparation and characterization of PT panels, their distribution and interpretation of the results will further contribute to sustainability of the program. By opening direct channels of communication with RLC and DLFP we shall learn more about activities in health facilities for us to influence HIV testing. An annual report will be shared with MOH AIDS Control Program officials, covering our activities at HIV testing sites in the country, needs assessment and work with them to ensure that CPHL/MOH as the regulatory body accredits laboratories to ensure quality of HIV testing to the public.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8367

Related Activity: 13322

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---------------------------------|---------------------|--------------|--|---------------|
| 20888 | 4709.20888.09 | HHS/Centers for Disease Control & Prevention | Uganda Virus Research Institute | 9152 | 3440.09 | Laboratory Quality Assurance-Cooperative Agreement | \$550,000 |
| 8367 | 4709.07 | HHS/Centers for Disease Control & Prevention | Uganda Virus Research Institute | 4816 | 3440.07 | Laboratory Quality Assurance-Cooperative Agreement | \$325,000 |
| 4709 | 4709.06 | HHS/Centers for Disease Control & Prevention | Uganda Virus Research Institute | 3440 | 3440.06 | Laboratory Quality Assurance-Cooperative Agreement | \$170,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------------------------|---------------|
| 13322 | 12494.08 | 6443 | 3440.08 | Laboratory Quality Assurance-Cooperative Agreement | Uganda Virus Research Institute | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 72 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 170 | False |
| 12.3 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 | False |

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 629.08

Mechanism: Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services

Prime Partner: National Medical Stores

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4027.08

Planned Funds: \$3,400,000

Activity System ID: 13305

Activity Narrative: 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.

In FY07 USG funding to National Medical Stores supported 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 expanded 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 for CD4 monitoring for the patients receiving Anti Retro Viral Treatment were also procured. 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 substantial amount of laboratory reagents and commodities were supplied by the Global Fund in FY05/06, but given the challenges GF had faced this has not continued. As a result, the USG is currently viewed as a potential back stop for this deficit.

During the FY2007 period HIV/AIDS related laboratory commodities worth \$3.2 million were procured and distributed to all Health Center-III's, Health Center-IV 's and District Hospitals with 20% (\$600,000) transferred to Joint Medical Stores. Increased demand for HIV/AIDS related laboratory services attributed to this project, has been evidenced by the growth of laboratories served under this project from 936 (760 Public and 176 NGO) in March/April 2006 to 1,080 (820 Public and 260 NGO) in November/December 2006 representing a demand growth of 15% in a period of nine months and the number of laboratories served continued to expand to 1,500 in FY07 (1,190 Government and 310 NGO). This translated into a 60.3% growth since March /April 2006. Also in FY07 all district stores were provided cold chain equipments. During the same period the essential list of all HIV/AIDS-related laboratory commodities was reviewed following to accommodate the inclusion of Regional/National Laboratories as beneficiaries under the laboratory supplies credit line.

In FY 2008 all the HC-IIIs will be able to access laboratory commodities from National Medical Stores including the Police Medical facilities, Army Medical facilities and Prisons Medical facilities following the bimonthly distribution plan. Commodities worth over \$2.7 million, reflecting 80% of the budget will be for procurements while 620,000 (18%) will be handling fees. Storage and distribution costs of 2.4% will be used for operational costs at National medical stores and Joint Medical Stores during period of FY 2008.

Finally, the MOH health commodities technical review conducted in April 2007 resulted in the official implementation of 'The 3-Year Procurement Plan for Essential Medicines and Health Supplies:2006/07-2008/09' that clearly articulates the GoU stand that "all parties to the sector procurement of medicines and supplies shall commit to support the national medicines procurement system through predominantly dedicated financial support to the NMS/JMS through pre-financing and budget support...". To that end, USG will continue to work through the national system and contribute to strengthening institutional capacity for sustained services in the long-term.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8350

Related Activity: 13302, 13303, 13304

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------|---------------------|--------------|---|---------------|
| 20820 | 4027.20820.09 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 9133 | 629.09 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | \$3,400,000 |
| 8350 | 4027.07 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 4810 | 629.07 | | \$3,200,000 |
| 4027 | 4027.06 | HHS/Centers for Disease Control & Prevention | National Medical Stores | 3178 | 629.06 | | \$1,950,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 13302 | 12377.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$753,936 |
| 13303 | 12443.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$750,000 |
| 13304 | 4030.08 | 6435 | 629.08 | Purchase, Distribution & Tracking of Supplies to Support HIV/AIDS Related Laboratory Services | National Medical Stores | \$4,103,523 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | N/A | True |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | N/A | True |
| 12.3 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 | N/A | True |

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism**Mechanism ID:** 5738.08**Mechanism:** Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**Prime Partner:** Makerere University School of Public Health**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Laboratory Infrastructure**Budget Code:** HLAB**Program Area Code:** 12**Activity ID:** 4026.08**Planned Funds:** \$500,000**Activity System ID:** 13239

Activity Narrative: 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 HIV 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.

Through this program, funding will be used primarily to purchase laboratory consumables to carry out HIV testing (Double ELISA with western blot confirmation where indicated), immunological monitoring of ART using CD4 cell counts, liver function/Renal function tests (LFT/RFT) to monitor drug toxicity and hematology to supplement clinical evaluation and progress. Additional, non-routine tests will be supported as required by the clinicians including, but not limited to, viral loads for patients suspected to be failing treatment with ART, TB diagnostic laboratory tests, malaria smears, urinalysis and microbiology for special samples (blood cultures, urine cultures, pus swabs, vaginal, urethral and stool samples). The target group for the tests is adults and children for HIV diagnosis and people living with HIV/AIDS for the additional tests as may apply.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8330**Related Activity:** 13231, 13232, 13233, 13234, 13235, 13236, 13237, 13238, 13240, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--|---------------------|--------------|---|---------------|
| 21224 | 4026.21224.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$450,000 |
| 8330 | 4026.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$486,000 |
| 4026 | 4026.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$182,400 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 2 | False |
| 12.3 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 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Rakai

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 583.08

Mechanism: Laboratory Services
Strengthening at Health Center
IV and Above

Prime Partner: African Medical and Research
Foundation

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4012.08

Planned Funds: \$583,000

Activity System ID: 13255

Activity Narrative: 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, the focus is 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. In FY07, AMREF improved the laboratories' capacity to offer HIV testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis that is of reliable quality. 41 laboratories were strengthened based on Ministry of Health (MoH) standards, through provision of select supplementary equipment or improved infrastructure. Skills of 70 laboratory staff, 54 clinicians and 66 counselors were strengthened through structured in-service training and support supervision. Follow-up of the trained health workers was carried out at their duty stations to consolidate practical skills. Based on the National Laboratory Assessment Survey, Ministry of Health [2004], and through support supervision, laboratories were assessed for infrastructure improvement and 48 laboratories in 31 districts were identified.

20 students are being sponsored for the laboratory technicians' course in three schools in-country. The national quality control system in support of HIV/AIDS was strengthened to enhance its capacity to monitor laboratory services by providing the Central Public Health Laboratory (CPHL) of MoH with materials for HIV/AIDS quality control which is in addition to the two laboratory technologists and vehicle. In addition, a computer network has been installed for use with the MoH infrastructure to support data collection from the districts to CPHL.

Quality control materials were prepared and distributed to 111 laboratories. Results from 94 laboratories met the expected standards, while four laboratories did not measure to expectations, hence a need for results targeted support to the staff. They were trained in the methodologies and techniques of the tests for the quality control materials that were provided by the supervisors. 13 laboratories were not able to carry out the tests due to lack of equipment and diagnostics; this was addressed with CPHL.

40 motor cycles were procured and distributed for use by District Laboratory Focal Persons (DLFP) in 35 districts, Uganda Protestant Medical Bureau, Uganda Muslim Medical Bureau, Uganda Prisons; Uganda Police and CPHL. These are used to monitor laboratory services in the districts/ institutions. A set of three textbooks [District Laboratory Practice in Tropical Countries by Monica Cheesbough Vol I; District Laboratory Practice in Tropical Countries by Monica Cheesbough Vol II and III; Practical Laboratory Manual for Health Centres in Eastern Africa, by Jane Carter and O. Lema] were provided to 81 health facilities at various levels in 45 districts. 12 HC IIIs in northern Uganda [Amuru, Gulu, Kitgum and Pader] received a copy each of Practical Laboratory Manual For Health Centers In Eastern Africa; Jane carter and Standard Operating Procedures For Diagnosis And Monitoring HIV/AIDS And Related Conditions

On-site training on internal quality control was conducted for 16 HC III laboratory staff. 12 of these are now practicing internal QC. Four quarterly support supervisions/onsite trainings (with an emphasis on the performance of TB, HIV, Malaria testing, record keeping, infection control/prevention internal quality control and carrying out essential tests for HC III level) were conducted. Quality Control (Blood and sputum slides) for malaria and TB case detection respectively was conducted for 23 health centre III laboratories.

In FY08, AMREF will continue to strengthen laboratory services nationwide through strengthening skills of health workers at HC III and above, and, collaborate with RPSO to improve laboratory physical infrastructure of an additional 20 laboratories. This will improve the laboratories' capacity to offer HIV testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis that is of reliable quality. Laboratories will be equipped based on the MoH standards. The project staff will continue to work with the National Laboratory Technical Committee to identify equipment gaps at facility level and agree on practical interventions. The project will continue to strengthen skills for health workers through refresher trainings and support supervision. Training will target 30 clinicians on appropriate utilization of and planning for laboratories, 40 laboratory staff in essential new technology for testing HIV and related conditions, planning for laboratories; 30 counselors on new initiatives on counseling and the role of the laboratory in counseling. AMREF will continue to support in-service training of 25 laboratory technicians and 157 assistants. 50 microscopists from HC III [in the project's original coverage area] will be sponsored for the laboratory assistants course. Eight laboratory training schools will be supported through provision of supplementary equipment, text books and diagnostics as provided for by the course curricula, to improve practical training. We will work with the Ministry of Education and Sports [MoES], and, Ministry of Health [MoH] to review the training curricula for the laboratory technicians and assistants so as to update the content of the units on management of clinical laboratories as well as to update the emphasis on the clinical values and benefits of laboratory diagnostic tests. CPHL, UVRI, NTRL and AMREF will monitor performance of laboratory services through technical collaboration and sharing activity reports. Under UVRI's stewardship, AMREF will assess the quality of laboratory services through development and production of quality control materials and analysis of results from the laboratories, sharing of activity reports, attending technical review meetings and promoting use of the national HIV testing algorithm. Gulu, Amuru, Kitgum and Pader districts have extremely poor laboratory services with a high indication of need for HCT services. On-site training and support supervision will continue to be provided in these districts to scale up laboratory services at HC III.

New activities will focus on strengthening laboratory staff capacity in maintenance and repair of health laboratory equipment to support the medical engineering section of MoH. Laboratory staff at HC III and IV will be supported to acquire management skills to improve the laboratory services management system. MoH and MoE&S in collaboration with AMREF will design an in service course to train microscopists who currently do not have entry requirements for the laboratory assistants course. This will standardize and improve quality of laboratory performance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8277

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|---|---------------|
| 20030 | 4012.20030.09 | HHS/Centers for Disease Control & Prevention | African Medical and Research Foundation | 8948 | 583.09 | Laboratory Services Strengthening at Health Center IV and Above | \$641,000 |
| 8277 | 4012.07 | HHS/Centers for Disease Control & Prevention | African Medical and Research Foundation | 4796 | 583.07 | | \$703,000 |
| 4012 | 4012.06 | HHS/Centers for Disease Control & Prevention | African Medical and Research Foundation | 3173 | 583.06 | | \$1,238,000 |

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 60 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 279 | False |
| 12.3 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 | 59,000 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5739.08

Mechanism: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers

Prime Partner: Baylor College of Medicine
Children's Foundation/Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 8745.08

Planned Funds: \$500,000

Activity System ID: 13249

Activity Narrative: 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 FY08 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.

The program will support the strengthening of laboratory services for diagnosis of HIV, diagnosis of opportunistic infections (OI), assessment for ART eligibility, immunological monitoring for antiretroviral therapy (ART), diagnosis of sexually transmitted infections, and evaluation of patients in care through hematological and chemistry testing. Several HIV testing initiatives will be supported in order to identify more children and link them to appropriate HIV care services. These will include VCT for those referred to the clinics, home based HIV testing attending clinics, Home based HIV testing offered to family members of HIV infected children (HBHCT), and routine HIV testing and counseling (RTC) for hospitalized children. Children below 18 months of age will be tested for HIV using virologic DNA-PCR techniques that will be made available at the regional referral hospital laboratories through support from the MOH. The MOH has developed guidelines for the implementation of the 'early infant diagnosis program' that aims at identifying HIV-infected infants and linking them to palliative care services at the earliest opportunity. Dried Blood spot (DBS) blood specimens collected from infants at 6 weeks of age attending post-natal or immunization clinics will be transported to the regional laboratories for testing. For older children above 18 months of age and family members of HIV- infected children will be tested for HIV using EIA tests or rapid test kits. The program will support laboratory services for 5000 children in the existing clinics at PIDC Kampala and several other satellites located in rural and urban areas as pediatric services are scaled up. All clinics will provide services in HIV palliative care, tuberculosis (TB) care, (ART), OI care and management of sexually transmitted infections (STI).

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 more children living with HIV/AIDS. A minimum of 12 health workers will be trained in the provision of laboratory services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8745

Related Activity: 13242, 13243, 13244, 13245, 13246, 13247, 13248, 13258

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20066 | 8745.20066.09 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 8955 | 5739.09 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$450,000 |
| 8745 | 8745.07 | HHS/Centers for Disease Control & Prevention | Baylor College of Medicine Children's Foundation/Uganda | 5739 | 5739.07 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | \$450,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13242 | 8702.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$200,000 |
| 13243 | 8719.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$350,000 |
| 13258 | 12442.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$600,000 |
| 13244 | 4382.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13245 | 4392.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$300,000 |
| 13246 | 4378.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$250,000 |
| 13247 | 4380.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,706,832 |
| 13248 | 4381.08 | 6422 | 5739.08 | Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers | Baylor College of Medicine Children's Foundation/Uganda | \$2,065,771 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 12 | False |
| 12.3 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 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1107.08

Prime Partner: Makerere University Faculty of
Medicine

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4037.08

Activity System ID: 13280

Mechanism: Mulago-Mbarara Teaching
Hospitals - MJAP

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$900,000

Activity Narrative: Makerere University Faculty of Medicine was awarded a cooperative agreement titled "Provision of routine HIV testing, counseling, basic care and antiretroviral therapy at teaching hospitals in the Republic of Uganda" in 2004. The program named Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) implements HIV/AIDS services 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. MJAP provides comprehensive HIV/AIDS services including: 1) hospital-based routine HIV testing and counseling (RTC), 2) palliative HIV/AIDS basic care, 3) integrated TB-HIV diagnosis with treatment of TB-HIV co-infected patients, 4) ART and HIV post-exposure prophylaxis, 5) family based care (FBC) which includes services for orphans and vulnerable children (OVC), in addition to home-based HIV testing and prevention activities (HBHCT), 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 public 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). Approximately 60% of medical admissions in both hospitals are because of HIV infection and related complications. Within Mulago, MJAP works closely with the Infectious Diseases Institute (IDI). 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 Adult Infectious Diseases Clinic (AIDC) - the clinic is integral with Mulago teaching hospital. The main HIV clinics in Mbarara and Mulago teaching hospitals are the Mbarara ISS (HIV) clinic and AIDC, respectively; MJAP supports HIV care and treatment in both clinics. In FY 2005 and FY 2006 MJAP opened eight satellite clinics within the catchment areas of these two clinics due to the rapidly increasing demand for HIV/AIDS care services; increasing the total number of treatment sites to 10. The eight satellite clinics include Mulago hospital ISS clinic, Kawempe, Naguru, Kiswa and Kiruddu (under Kampala City Council – KCC), Mbarara municipality clinic (under the Mbarara municipal council), Bwizibwera health center IV (under MOH and Mbarara local government), and Mulago TB/HIV clinic, which provides care for TB-HIV co-infected patients. The satellite clinic activities are implemented in collaboration with several partners including KCC, Mbarara Municipal Council, IDI, Baylor-Pediatric Infectious Disease Clinic (PIDC), Protection of Families against AIDS (PREFA), MOH, and other partners.

MJAP HIV care and treatment laboratory activities are currently implemented at the 10 sites listed above. By March 2008, 12 clinics will be operational and providing palliative basic care (an additional two satellite clinics will be opened in collaboration with KCC and IDI). Three regional referral hospitals will also be supported to implement TB and HIV screening. Up to 40,000 patients will access laboratory services through MJAP support at the 12 HIV clinics. The number of HIV patients in the clinics continues to increase with the expansion of RTC in the hospitals. In FY 2006 and FY 2007, MJAP strengthened the Mulago and Mbarara laboratory infrastructure. The program procured two fFacs caliburs (for CD4 testing), haematology and chemistry machines for the Mulago hospital laboratory; these machines support five Kampala based HIV care and treatment sites and have significantly reduced the costs for HIV treatment monitoring tests. MJAP also procured a Facs Count, haematology and chemistry machine for the Mbarara Municipality Clinic. The program procured two ELISA machines for HIV testing and microscopes for TB and malaria diagnosis; microscopes have been procured for all satellite clinic laboratories and the three regional referral hospitals. The program 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 laboratory technicians and hired additional staff to enhance HIV diagnosis and laboratory monitoring for patients on treatment. In Mbarara, collaboration with The AIDS Support Organisation (TASO) and the Italian Cooperation-supported laboratory has ensured ART laboratory monitoring for the Mbarara satellite care and treatment sites. TB diagnostics and quality management are implemented in collaboration with NTLP and MOH.

In FY 2008 (April 2008 to March 2009), two new satellite care and treatment sites will be opened (increasing the number of treatment sites to 14), and RTC-TB diagnosis will expand to two (2) additional regional referral hospitals. MJAP will provide ART laboratory screening and monitoring support to > 25,000 patients (including 15,000 accessing Global Fund ARV drugs). To ensure sustainability, MJAP will continue to support the improvement of existing infrastructure and systems within the facilities. Funds will go towards additional staffing, training and support for laboratory monitoring including CD4 counts. Our aim is to have 14 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 five 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 – 70 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 continue to 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8320

Related Activity: 13272, 13274, 13276, 13277,
13278, 13279, 13271, 13273,
13275

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--|---------------|
| 20770 | 4037.20770.09 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 9127 | 1107.09 | Mulago-Mbarara Teaching Hospitals - MJAP | \$800,000 |
| 8320 | 4037.07 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 4805 | 1107.07 | Mulago-Mbarara Teaching Hospitals - MJAP | \$900,000 |
| 4037 | 4037.06 | HHS/Centers for Disease Control & Prevention | Makerere University Faculty of Medicine | 3182 | 1107.06 | Mulago-Mbarara Teaching Hospitals - MJAP | \$439,270 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---|---------------|
| 13271 | 8772.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$330,000 |
| 13272 | 8513.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$560,000 |
| 13273 | 4032.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,460,000 |
| 13274 | 4034.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$500,000 |
| 13275 | 9757.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13276 | 4372.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$200,000 |
| 13277 | 4033.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$1,400,000 |
| 13278 | 4035.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$4,242,541 |
| 13279 | 4036.08 | 6431 | 1107.08 | Mulago-Mbarara Teaching Hospitals - MJAP | Makerere University Faculty of Medicine | \$2,525,400 |

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 19 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 70 | False |
| 12.3 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 | 325,000 | False |

Indirect Targets

Target Populations

- Other**
- Discordant Couples
 - People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

| | |
|--|---|
| Mechanism ID: 1290.08 | Mechanism: AIDSRelief |
| Prime Partner: Catholic Relief Services | USG Agency: HHS/Health Resources Services Administration |
| Funding Source: GHCS (State) | Program Area: Laboratory Infrastructure |
| Budget Code: HLAB | Program Area Code: 12 |
| Activity ID: 4390.08 | Planned Funds: \$750,000 |
| Activity System ID: 13269 | |

Activity Narrative: AIDSRelief provides a comprehensive care and treatment program emphasizing strong links between PLHAs, their family, communities and the health institutions. Its goal is to ensure that people living with HIV/AIDS have access to Antiretroviral Therapy (ART) and quality medical care.

AIDSRelief is a consortium of five organizations which includes Catholic Relief Services (CRS) working as the lead agency, the Institute of Human Virology (IHV), Constella Futures Group (CF), Catholic Medical Mission Board (CMMB) and Interchurch Medical Assistance World Health (IMA); AIDSRelief services are offered through 15 Local Partner Treatment Facilities (LPTFs), distributed throughout Uganda working in some of the most underserved and rural areas, including Northern Uganda. These include St. Mary's Lacor, St Joseph Kitgum, Nsambya Hospital, Kamwokya Christian Caring Community, Family Hope Center Kampala, Family Hope Center Jinja, WTC Kololo, Virika Hospital, Villa Maria Hospital, Kabarole Hospital, Bushenyi Medical Center 1- Katungu, Bushenyi Medical Center 2- Kabwohe, Kyamuhunga Comboni Hospital, Kasanga Health Centre and Kalongo Hospital. In order to get services closer to the communities it serves, AIDSRelief supports 26 satellite sites in selected LPTFs. The Children's AIDS Fund is a sub-grantee in AIDSRelief and manages a number of the LPTFs. AIDSRelief is planning to activate 4 additional LPTFs and phase out 1 LPTF in this grant year. As of June 30, 2007, AIDSRelief in Uganda was providing care and support to 46,500 patients and antiretroviral treatment to 12,700 HIV-infected people of which 877 are children.

In FY08, AIDSRelief will expand its services to 5 new LPTFs and 11 satellite sites with the goal to reach 23,618 patients on ART, of which 2,834 will be children, and 54,813 patients in care and support. This request will provide ARVs for 20,026 patients. The program will leverage additional resources for ARVs from other donors such as the Clinton Foundation, but will cover other ART related support such as purchase of OI drugs, laboratory supplies and technical assistance to the LPTFs at the end of Year 5, AIDSRelief will be supporting a total of 23 LPTFs and 37 satellites. AIDSRelief has provided 15 LPTFs with laboratory equipment and conducted on site training of laboratory staff so that they are able to initiate and monitor patients on ARVs as well as conduct diagnostic tests for opportunistic infections. As many of the LPTFs are in rural areas with limited access to reliable electricity supply, some sites frequently experience power outage and fluctuations. In order to address this challenge, AIDSRelief has put in place adequate power backup systems, including solar energy systems, for all LPTFs to enable proper storage of reagents and functional laboratories all the time.

In FY08, the program will continue to support all 23 existing and new sites with laboratory services. The program will strengthen LPTFs laboratory capacity to diagnose TB, malaria and other opportunistic infections through provision of equipment and supplies. It will also provide support for viral load testing at selected LPTFs which have the capacity or link them to nearby facilities that provide such services. 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 at all LPTFs.

As AIDSRelief will focus on decentralization of services closer to communities, it will increase the laboratory capacity of 37 satellites enabling them to perform VCT, malaria smears, TB smears and other diagnostic tests and to collect and process specimens for other tests to be performed at an identified referral laboratory. Pediatric diagnostic capacity will be accessed by all LPTFs and their satellite sites. Earlier infant diagnosis will enable the earlier initiation of therapy as required.

AIDSRelief support to LPTFs will include identifying local service providers for the procurement and distribution of necessary reagents for the tests to support treatment of HIV infected patients (CD4 tests, LFT, RFT, cryptococcal antigen, reagents for basic laboratory tests). The program will ensure there is improved LPTF forecasting to avoid stock outs of reagents at all LPTFs. In addition, the program will ensure all laboratory equipment is serviced and properly maintained through external service contracts. AIDSRelief will also continue to improve laboratory infrastructure of LPTF by ensuring solar back up power, surge protectors, storage facilities, computerized record keeping and air conditioners. Tools and reference materials to monitor OIs and ARV drug toxicities will also be provided.

Training will emphasize standard operating procedures, good laboratory practices, reagents forecasting and procurement and quality control to ensure a safe working environment, personal safety and reliable laboratory test results. A total of 96 laboratory personnel will be trained and will receive refresher courses.

AIDSRelief will work with the MOH and USG teams to ensure that all procurement of equipment and reagents as well as trainings are in accordance with national guidelines. The program will continue its collaboration with Center for Disease control (CDC) Uganda to get support for viral load testing for QA/QI, and referral CD4 testing. AIDSRelief LPTF laboratories will continue to participate in UKNEQAS external assessment scheme for CD4 testing with support from CDC.

Coordinated by Constella Futures, 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 quality improvement, and using SI for program decision making across project Local Partner Treatment Facilities (LPTFs). AIDSRelief has built a strong PMM system using in-country networks and available technology at 15 LPTFs in FY07. In FY08, Constella Futures will carry out site visits to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will ensure compilation of complete and valid HIV patient treatment/ARV data; enhance analysis of required indicators for quality HIV patient treatment and ARV program monitoring and reporting; and provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. In year 5, AIDSRelief will support LPTFs roll-out of IQCare, an electronic data management software deployed in FY07, to track different program indicators. All laboratory tests done at LPTFs will be captured in this electronic data base, reported on, and linked to analysis of patient treatment outcomes. Using the relevant tools, AIDSRelief will obtain LPTF de-identified data. Data will be stored at a central computer depository where the technical team will have easy access for QA/QI processes, and routine analysis of program indicators.

AIDSRelief developed a sustainability plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. To date, the program has been able to increase access to quality care and

Activity Narrative: treatment, while simultaneously strengthening health facility systems through human resource support, equipment, financial training and improvements in health management information. In FY08, the program will further build on this foundation to closely work and collaborate with Makerere University Department of nursing and other nursing schools attached to the LPTFs to incorporate comprehensive HIV/AIDS training modules into existing curricula. The program will also support linkages between LPTFs and the MOH to tap into locally available training institutions. These approaches will ensure continuity of skills training. AIDSRelief will particularly focus on its relationship with indigenous organizations such as the Uganda Catholic Medical Bureau and Uganda Protestant Medical Bureau to build their institutional capacity to support LPTFs integrate ART and other care and support programs into their health care services. These strategies will enable AIDSRelief to fully transfer its knowledge, skills and responsibilities to in country service providers as part of the program's sustainability plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8290

Related Activity: 13261, 13262, 13263, 13264, 13265, 13266, 13267, 13268, 13259, 13260

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|--------------------------|---------------------|--------------|------------|---------------|
| 20747 | 4390.20747.09 | HHS/Health Resources Services Administration | Catholic Relief Services | 9123 | 1290.09 | AIDSRelief | \$600,000 |
| 8290 | 4390.07 | HHS/Health Resources Services Administration | Catholic Relief Services | 4799 | 1290.07 | AIDSRelief | \$755,871 |
| 4390 | 4390.06 | HHS/Health Resources Services Administration | Catholic Relief Services | 3330 | 1290.06 | AIDSRelief | \$755,871 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 13261 | 8584.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$687,500 |
| 13262 | 4393.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$744,881 |
| 13263 | 4395.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$370,000 |
| 13264 | 4396.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$100,000 |
| 13265 | 4397.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$500,000 |
| 13266 | 4398.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$150,000 |
| 13267 | 4377.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,667,621 |
| 13259 | 10137.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,094,749 |
| 13260 | 10139.08 | 6428 | 5342.08 | AIDSRelief | Catholic Relief Services | \$3,169,926 |
| 13268 | 4386.08 | 6429 | 1290.08 | AIDSRelief | Catholic Relief Services | \$4,686,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 23 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 96 | False |
| 12.3 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 | 155,906 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Bushenyi
Gulu
Jinja
Kabarole
Kampala
Kasese
Kitgum
Masaka
Mukono
Pader
Amolatar
Busia
Kalangala
Kaliro
Luwero
Mityana
Mpigi

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4408.08

Planned Funds: \$2,025,000

Activity System ID: 13299

Activity Narrative: In FY08 the Ministry of Health of Uganda will continue to conduct activities to achieve the objectives outlined in the nation's second Health-Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for countrywide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

Strengthening laboratory capacity to support quality HIV testing services as well as HIV services quality improvement are keys to effective HIV/AIDS prevention and control programs. This strengthening will be accomplished through the establishment of quality assurance and control policies, proficiency testing, standardized guidelines and SOPs, safety guidelines, equipment management plans, and support supervision in districts throughout the country. The activity will support the continued strengthening of the capacity of the MOH Central Public Health Laboratory (CPHL) to provide public health laboratory services, early diagnosis of HIV infection among infants, roll out of training for HIV rapid testing and TB slide microscopy, and improvement of quality services for HIV/AIDS countrywide with a focus on treatment. MOH CPHL will conduct the following activities: Central coordination of all MOH CPHL activities, support and supervision for districts, and monitoring of laboratory supplies procured from the National Medical Stores. The development of policy guidelines for laboratory services will be produced and disseminated. The MOH CPHL training coordination unit will be strengthened to meet additional anticipated training needs, increasing the number of service providers trained in HIV rapid testing, expanding training to include other testing procedures and basic management skills, increasing advocacy for better consensus, and coordinating among stakeholders and establishing links and working relationships with other countries, in order to share experiences and lessons learnt. The MOH CPHL will also continue to roll-out refresher training in HIV rapid testing at all health facilities across the country as well as carry out regular program performance reviews.

The program will continue to develop and implement national quality control/quality assurance schemes, consolidate and expand EQA for CD4 testing, and start QA schemes for other test procedures. Distribution of quality control/quality assurance (QC/QA) guidance, reporting and timely feedback will be undertaken. To address the issue of QA in laboratories across the country, existing activities will 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8347

Related Activity: 13293, 13294, 13295, 13296,
13297, 13298, 13300, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21235 | 4408.21235.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$2,000,000 |
| 8347 | 4408.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$1,875,000 |
| 4408 | 4408.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$855,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 40 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 600 | False |
| 12.3 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 | False |

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1298.08

Prime Partner: Mildmay International

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4416.08

Activity System ID: 13291

Mechanism: HIV/AIDS Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$250,000

Activity Narrative: 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 36% 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 three rural clinics: at Naggalama, a catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17, 000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive ARV drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, Cotrimoxazole prophylaxis, a safe water vessel, free mosquito nets for malaria prevention, and other palliative care services, e.g., 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments and facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections, and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY 2007 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo).

The activities run at the rural TMC supported sites include provision of HIV testing kits, CD4 testing, haematological, clinical chemistry and other immunological tests, drugs for opportunistic infections, ARV drugs, training of staff at the rural sites to run their HIV clinics, training of community volunteers to provide adherence support and counselling, provision of a mobile clinic team which comprises of a doctor, nurse/counsellor, laboratory technician, pharmacy technician and TB quality assurance visits, support for data collection and M&E support.

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 started in May 2001 and adopts a community-based approach using volunteers and people living with HIV/AIDS (PHA). By the end of March 2007, RO had 2,437 active patients in palliative care with 1,370 on ART (132 were children), 480 PEPFAR funded, 814 MOH funded and 76 by JCRC/DAART clinical trial. By the end of March 2007, 299 patients had been treated for TB while 158 were trained in various areas including practicum/internship, clinical experience, client training, HIV counselling and testing (HCT) and palliative care among others. By March 2008, an additional 250 children will be receiving ART at Mbuya RO.

TMC currently supports laboratory services at all the sites. TMC's laboratory has the capacity to perform HIV tests, CD4 tests, Full Blood Counts (FBC), diagnostic tests for opportunistic infections (OI), and chemistry analysis for liver and renal function. X-ray facilities are available at TMC. Links are maintained with facilities such as the CDC laboratory in Entebbe and the National TB laboratory. Quality assurance measures include regular servicing of all equipment in the laboratory through contracts with machine manufacturers or properly qualified technicians. Quality control systems for all laboratory tests are maintained through contacts with the CDC lab in Entebbe, the Ebenezer laboratory, and the National TB and Leprosy Laboratory for TB. In-house staff undergo regular training, as do those from the rural districts. This ensures a comprehensive service is provided for patients and a quality assurance programme to monitor the services is in place. The laboratory supports patients recruited through CT (10,000 planned in FY 2007), those in palliative care (over 8,000 planned for FY 2007), and those accessing ARV services (more than 5,000 in FY 2007). Training was provided to laboratory staff at all sites and other health units in Uganda through short courses, and clinical placement schemes. The laboratory performs all tests required to support an HIV clinic including HIV tests, haematological tests, clinical chemistry tests, CD4 counts, diagnostic tests for TB and for other opportunistic infections, and other immunological tests. The PCR DNA tests are currently performed at the CDC laboratory whereas histological tests are sent to Nsambya Hospital. The laboratory serves patients in all TMC supported sites including the rural sites and RO. Equipment for which service contracts are maintained includes, a FACS Calibur and a FACS Count for CD4 counts, three chemistry analysers, two coulter counter machines, an Elisa machine and reader, an interscope machine for viewing TB sputum smears, microscopes and other general laboratory equipment

In FY 2008 TMC plans to increase to 7,665 the number of patients receiving ARV services, each one having two CD4 counts a year, three full blood counts, and three liver function tests. TMC also expects to carry out 500 pregnancy tests, 10,000 HIV tests, and 1,000 viral loads (particularly aimed at pregnant women and treatment-experienced patients who may need to switch to a new regimen). Some 3,000 patients will require diagnostic tests for OIs and other monitoring tests. RO is expected to carryout 3,600 HIV tests, 9,000 TB diagnostic tests, 300 syphilis tests, 3,300 disease monitoring tests, 6,000 CD4 tests and 1,500 X-Rays (TB diagnosis). The total number of tests will be 63,700 (40,000 for TMC and 23,700 for RO). Funds will be

Activity Narrative: used 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 to TMC and other testing centres as necessary. TMC plans to train 50 laboratory staff from various health centres across Uganda in HIV-related laboratory practice.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8335

Related Activity: 13283, 13284, 13285, 13286, 13287, 13288, 13289, 13290, 13292, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20803 | 4416.20803.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$245,000 |
| 8335 | 4416.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$190,000 |
| 4416 | 4416.06 | HHS/Centers for Disease Control & Prevention | Mildmay International | 3344 | 1298.06 | HIV/AIDS Project | \$189,200 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13292 | 8640.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$350,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
 - *** Pre-Service Training
 - *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests | 1 | False |
| 12.2 Number of individuals trained in the provision of laboratory-related activities | 50 | False |
| 12.3 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 | 63,700 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Kampala

Luwero

Mityana

Mpigi

Mukono

Wakiso

HVSI - Strategic Information

Program Area:

Strategic Information

Budget Code:

HVSI

Program Area Code:

13

Total Planned Funding for Program Area: \$16,768,156

| | |
|---|-----|
| Estimated PEPFAR contribution in dollars | \$0 |
| Estimated local PPP contribution in dollars | \$0 |

Program Area Context:

Overview: The USG Strategic Information (SI) Program Area initiatives provide technical oversight and expertise for all SI activities including support for monitoring and evaluation (M&E) of the overall PEPFAR country performance results, national surveillance activities, technical support to the Ministry of Health (MOH) Health Management Information Systems (HMIS), data support and statistical analysis for USG activity managers and program officers and implementing partners (IP), as well as the conduct of all in-country Public Health Evaluations (PHEs). In addition a significant level of effort will be devoted to strengthening the institutional capacity of in-country implementing partners.

Strategic Information Team:

In order to fully implement the SI portfolio of activities in FY08, a full-time SI Liaison will be recruited as a key member of the PEPFAR Coordinator's office and located at the Department of State office. This individual will lead the SI team and provide technical oversight of all related activities. The SI team includes staff from USG agencies with an expertise in M&E, epidemiology, surveillance, population based surveys, management information systems and PHEs. This team is charged with the responsibility to review and coordinate on-going SI activities, provide forum to disseminate key findings from PHEs, national surveys and program evaluations, as well as provide technical direction for PEPFAR activities. In addition the team will continue to take the lead in deciphering and sharing OGAC guidance for setting annual targets for the program and all IPs; reviewing and verifying the PEPFAR contribution to the national program; preparing the annual and semi-annual program results reports; and, confirming all targets and results with the Uganda AIDS Commission, the Ministry of Health and the Ministry of Gender, Labor and Social Development.

Surveillance and Public Health Evaluations:

USG will continue to support population-based and ante-natal clinic (ANC) sentinel surveillance activities. In FY08 the protocol for a second AIDS Indicator Survey will be developed and submitted for clearance with logistic preparations for data collection to be finalized; and, the annual ANC survey will be conducted in 30 sites. A secondary analysis of the Demographic and Health Survey (UDHS) that was completed in FY 2007 will be leveraged by other donor funding with findings to be disseminated nationally by the end of the period. The Ugandan Service Provision Assessment Survey (USPA) field work, data collection and analysis will continue in FY 2008 with preliminary results to be presented nationally and internationally by May 2008. Finally an assessment of HIV knowledge, attitudes, beliefs and practices of Ugandan Prisons' staff and in-mates will be initiated.

To inform GoU and PEPFAR with specific information on key program issues, USG will continue support for eight on-going PHEs as follows: Evaluating the Utility of Using Routine Program HIV testing Data for Surveillance and the HIV-1 Incidence Assay for Incidence-Based Surveillance; Developing a Cohort of USG-Supported ART-Costs/Clinical Outcomes Associated with Different Programmatic Approaches; The Last 1,000 Infections; Evaluating Anti-Tuberculosis Drug Resistance Among Smear-Positive TB Patient; Home-based AIDS Care I and II in Tororo, Busia and Mbale Districts; Interaction between HIV and Malaria in HIV-exposed Children; Comparison of Home and Facility- based ART delivery systems; and Evaluation of Health Commodities Distribution Systems.

In addition, five new PHEs will be developed in FY 2008 as follows: HSV-2 suppressive therapy on time to HAART initiation among HIV-1/HSV-2 co-infected persons with CD4>350; Developing a Roll-out Strategy and Evaluating the Impact of HSV-2 Diagnosis and Treatment for the Prevention of HIV Transmission; evaluating how Persons living with HIV/AIDS (PHAs) act as Change Agents; evaluating Facility-based AIDS care models in Kayunga District; and, evaluation of Service Delivery Models for Orphan and Vulnerable Children. Details of all PHEs are provided in the program area activity narratives.

Information Systems:

In FY08 PEPFAR support to routine health services data collection will continue. This multifaceted intervention encompasses strengthening the Health Management Information System (HMIS) through capacity building, information systems development and technical support to the MOH Resource Center and district and sub-district levels to ensure accurate and timely data flow. A focus will also be placed on strengthening the Logistical Management Information Systems (LMIS) for MOH and Central Public Health Laboratory to effectively monitor care and treatment services of national and implementing partner service delivery sites and to develop the infrastructure to track laboratory and pharmaceutical commodities and supplies.

Also in FY2008 there will be an increased involvement of USG technical expertise across PEPFAR and non PEPFAR partners to pilot appropriate and sustainable technologies for health including a review of various portable devices such as mobile phones and personal digital assistants for reporting facility-based data; and support the monitoring and evaluation component of the newly established, multi-donor funded Civil Society Fund (CSF) under the leadership of the Uganda AIDS Commission, for OVC and HIV/AIDS services. (Please see other policy program area narrative for more information on the CSF).

Performance Measures:

To ensure the continuous high-quality of PEPFAR reporting, USG established in 2005 the Monitoring and Evaluation of the Emergency Plan Performance (MEEPP) project to assist the SI team with reporting, data quality assessment and validation and

target setting review. In FY08, support to enhance functionalities of the dedicated Sequential Query Language (SQL) database to collect and consolidate data from all PEPFAR partners will be continued. As part of this system, the SI team in collaboration with the PEPFAR technical work groups and MEEPP will maintain the conduct of reviewing partners' targets based on performance, data assessments and validations as these relate to funding levels. In addition, calculations to minimize double-counting within and across IPs will be carried out. Working with project managers the SI team and MEEPP will provide on-going technical assistance to guarantee a comprehensive understanding of PEPFAR indicators and reporting requirements as well as to build institutional M&E capacities.

In support of the revised National Performance Measurement and Management Plan (PMMP) for HIV/AIDS to measure impact of the updated 2007-2012 National Strategic Plan (NSP), USG will fund key components for implementation including printing the handbook; training staff at facility and district levels; strengthening support supervision of national and district teams for baseline and regular data collection cycles; and dissemination and feedback of data findings at all levels. The SI team will also ensure that PEPFAR data collection and results will be shared with GoU and UNAIDS to inform the PMMP and attribute PEPFAR contribution to the third 'one'.

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 will be trained in data analysis and use of data in decision-making for more effective and efficient program management and quality improvement. In FY 2008 PEPFAR will continue to work with the Ministry of Gender, Labor and Social Development (MGLSD) to develop a national monitoring and evaluation system for Orphans and Vulnerable Children (OVC) and with the Uganda People's Defense Force to strengthen their HMIS and institute quality assurance systems for improved HIV/AIDS service delivery to military service persons, their families and surrounding communities.

Challenges:

In FY08 and beyond, a major strategic information challenge will be how the continuously changes in PEPFAR I indicators will be triangulated across the 5-years and compared to PEPFAR II indicators. A continuing challenge is how to reconcile the PEPFAR definition of palliative care which includes all care through end of life as well as the counseling and testing indicator as a component of care and not prevention as is internationally and national recognized. These issues impede the ability of the country program to directly contribute to the 'one' national HIV/AIDS M&E system.

Program Area Downstream Targets:

| | |
|--|------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 528 |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 2394 |

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 1298.08 | Mechanism: HIV/AIDS Project |
| Prime Partner: Mildmay International | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 8640.08 | Planned Funds: \$350,000 |
| Activity System ID: 13292 | |

Activity Narrative: FY07 COP activity number linked to PHE project: 8640

Title: Targeted evaluation of strategies to decrease HIV-transmission risk behavior and increase drug adherence among HIV-infected adults initiating antiretroviral therapy in Uganda

Time and money summary: Year of activity: Year 2; Year started: 2006; Expected year of completion: 2009; Budgets received or expended to date:\$254,000 (SI FY07). Expected additional monies needed for completion (including FY08 request):\$350,000 (FY08); \$350,000 (FY09);

Local Co-investigator: Jordon Tappero-CDC Uganda, PI; Emmanuel Luyirika-The Mildmay Centre, PI; George Rutherford-UCSF, PI; John R. Lule-CDC Uganda, co-PI; Lisa Butler-UCSF, co-PI;

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. 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 three rural clinics: at Naggalama, a Catholic church facility in Mukono District and Buwama Health Centre III, a Ministry of Health (MOH) facility in Mpigi district and Kyantungo Health Centre IV, a Ministry Of Health facility in Mityana District which was opened in June 2007. Since opening, TMC has registered over 17,000 patients, of whom 3,500 are seen monthly on site. 2,600 patients receive antiretroviral (ARV) drugs through PEPFAR, >500 through MOH (Global Fund), and 300 receive ART paying privately, but are supported to access the free palliative basic care package and laboratory services i.e. CD4 counts and other laboratory tests, 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, schoolteachers 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 work-based 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 36 districts and are currently active in six, covering 64 participants in the period April 2006 to March 2007. The work-based degree/diploma programme targets health workers nationally from government departments & facilities, faith-based organisations and other NGO facilities. The diploma comprises a modular programme with six staggered residential weeks over an 18-month period that 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 April 2006 and March 2007 1,161 Ugandans received training in HIV/AIDS in more than 55 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 2,866 clinical placements days. Since the rural clinics opened, 1500 HIV patients have registered at Naggalama (over 530 on ART through PEPFAR and 56 through MOH) and 375 patients at Buwama with more than 100 on ART. In addition, 5,875 patients received VCT services, 2,370 management of opportunistic infections and 1,118 received the basic care package. A total of 137 community health workers received training in HIV and ART related issues. 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. A new clinic has also been started at Kyantungo in Mityana district and another at Mityana District Hospital. By the end of FY07 TMC plans to support HIV/AIDS care and training activities in Luwero and Kamwenge districts, a second site in Mukono district (in addition to Naggalama), and a second clinic in Mityana District (in addition to Kyantungo). TMC's role in the evaluation includes provision of all clinical care, including antiretroviral therapy, following national guidelines that have received approval by the Ugandan Ministry of Health. The evaluation trial will not interfere with the current approach to counseling of other patients initiating ART at the Mildmay Centre, except that some participants will be randomized to receive additional counseling and home-visits.

Project description :

Study design: A three-arm randomized controlled trial to evaluate the effectiveness of clinic-centered, clinic-and home-centered, and standard counseling strategies for reducing HIV-transmission risk and increasing drug adherence among HIV-infected adults initiating ART in a peri-urban area of Uganda. TMC patients who are age 18 years and older, ART naïve, and determined to be eligible for ART initiation and who meet other eligibility criteria will be randomized into one of three study arms. A total of 570 participants will be recruited, each of whom will be followed up over a 12-month period.

Main study question: The primary objective will be to measure the effects of these strategies on sexual behavior at 6 and 12 months after randomization. We will also examine the effects on drug adherence, family planning, uptake of HIV voluntary counseling and testing among participants' household members, and drug resistance, as well as the cost-effectiveness of the different approaches. The factors associated with poor adherence and changes in sexual behavior that may occur over time among participants will be explored.

Importance and planned use of findings: The epidemic of HIV infection in sub-Saharan Africa represents the most significant public health crisis of our generation. As ART becomes more available throughout sub-Saharan Africa, it is essential that effective, low-cost, and sustainable strategies are identified that are applicable and scalable in resource-poor settings for reducing HIV-transmission risk as well as supporting patient's adherence to ART. Understanding the relative efficacy of different counseling interventions will be an important contribution to the overall management of HIV disease in Africa. The results of this trial are expected to have important public health implications for HIV/AIDS programs, treatment and prevention in many settings in Africa where ART programs are being expanded.

Status of study and progress to date:

The protocol has been written and approved for implementation by four different ethics committees. The protocol has current human subjects approval (e.g., Institutional Review Board, national Ethics Committee) and continues to undergo annual review from the following institutions: US Centers for Disease Control and

Activity Narrative: Prevention (CDC) [CDC Protocol ID 4875];The Uganda Virus Research Institute (UVRI); The Ugandan National Council for Science and Technology (UNCST); University of California at San Francisco (UCSF)

Implementation: The hiring of staff for the targeted evaluation began in July 2006. Piloting of procedures and documentation ended in February 2007. Active screening and recruitment into the evaluation began in March 2007 and as of August 31, 2007, 134 participants have been enrolled. This targeted evaluation is set in an HIV/AIDS treatment center whose own procedures must evolve as per funding request and clinical recommendations from the Ministry of Health. The Mildmay Centre has increased its work in voluntary counseling and testing (VCT) and there are now 80 adults enrolling in the clinic per week. This increase in adults attending the clinic has impacted the enrollment into the targeted evaluation thus making our numbers increase to approximately 9 new adults enrolling in the evaluation per week. With this new expected average, we anticipate an additional 14 weeks of enrollment necessary in order to achieve our target of 570 adults enrolled into the study. We expect the enrollment period to end in August 2008 and the follow-up period to end in August 2009.

Lessons Learned: No reports, abstracts, or publications have yet been produced as we have not yet finished the evaluation.

Information Dissemination Plan: Results of the study will be disseminated to TMC, the Ministry of Health, the USG PEPFAR team in Uganda, the Uganda AIDS Commission, and other stakeholders in written and oral form. In addition, results may be presented in local, national, and international conferences, as well as through peer-reviewed journal publication.

Planned FY08 activities:

- Finish enrollment of the 570 participants
- Continue with follow-up activities
- Begin initial analysis and dissemination of results in the form of midway progress reports
- Revise evaluation procedures as per TMC's dynamic treatment centre policies

Budget Justification for FY08 monies:

| | |
|---------------------------|-----------|
| Salaries/fringe benefits: | \$147,045 |
| Equipment: | \$2,256 |
| Supplies: | \$64,844 |
| Travel: | \$16,875 |
| Participant Incentives: | \$0 |
| Laboratory testing: | \$45,844 |
| Other: | \$73,136 |
| Total: | \$350,000 |

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8640

Related Activity: 13283, 13284, 13285, 13286, 13287, 13288, 13289, 13290, 13291, 17090

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-----------------------|---------------------|--------------|------------------|---------------|
| 20804 | 8640.20804.09 | HHS/Centers for Disease Control & Prevention | Mildmay International | 9131 | 1298.09 | HIV/AIDS Project | \$293,457 |
| 8640 | 8640.07 | HHS/Centers for Disease Control & Prevention | Mildmay International | 4808 | 1298.07 | HIV/AIDS Project | \$300,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------|-----------------------|---------------|
| 17090 | 17090.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$150,000 |
| 13283 | 8641.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$280,000 |
| 13284 | 8643.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$220,000 |
| 13285 | 4419.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$340,000 |
| 13286 | 8619.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |
| 13287 | 4417.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$750,000 |
| 13288 | 4418.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$200,000 |
| 13289 | 4415.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,842,541 |
| 13290 | 4414.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$4,490,301 |
| 13291 | 4416.08 | 6433 | 1298.08 | HIV/AIDS Project | Mildmay International | \$250,000 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 1 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 26 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala
Mpigi
Mukono
Wakiso
Luwero
Mityana

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4406.08

Planned Funds: \$740,000

Activity System ID: 13300

Activity Narrative: In FY 2008 the Ministry of Health of Uganda will continue to conduct activities to achieve the objectives outlined in the nation's second Health-Sector Strategic Plan, (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for countrywide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

The objective of this activity is to provide accurate data to inform strategic planning and monitoring and evaluation (M&E) of HIV prevention, care and treatment as well as broader integrated health sector programs. This activity will support improvement of second generation HIV surveillance program, M&E, and targeted evaluation. The HIV surveillance system will be strengthened and expanded to include surveillance sites in several districts in order to continue trend observation. A strengthened surveillance system is particularly important in light of the current trends of HIV prevalence that call for enhanced trend observation. 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, quality control, and data analysis. HIV surveillance will continue to be conducted as part of second generation surveillance recommendations made by WHO/UNAIDS. The program will continue to support elements of STI surveillance, behavioral surveillance, and AIDS case surveillance as part of monitoring of the ART program. STI sentinel surveillance 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 through the 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, fishermen, truckers, etc. The activity will continue to support updating the relevant surveillance protocols and obtaining institutional ethical approvals. The activity will also support collection of sero-prevalence data from ancillary sources including programmatic data such as HIV Counseling and Testing (HCT), PMTCT and blood transfusion. Dissemination of findings will continue to be supported including printing of surveillance reports as well as conducting and participating in dissemination meetings.

This activity will also provide support for integrated M&E of health sector HIV programs bringing together M&E components for STI, PMTCT, ART, HCT, condom promotion, AB programs and AIDS care program data. The activity will also support a platform for integration of program monitoring and surveillance data. Technical support to districts and other organizations will continue to be provided in order to improve competence for local M&E with emphasis on output and process monitoring. Program indicators for output, process, outcome, and impact monitoring will be reviewed and updated, particularly taking into account emerging program areas such as ART, cotrimoxazole prophylaxis, and TB/HIV collaborative activities. In addition, utilization of M&E and surveillance data will be strengthened through appropriate training of users and enhanced dissemination of M&E findings. The component will also support quality improvement of integrated HIV prevention care and support programs through support supervision, technical assistance, and targeted evaluation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8345

Related Activity: 13293, 13294, 13296, 13297,
13298, 13299, 13301

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21236 | 4406.21236.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$740,000 |
| 8345 | 4406.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$739,862 |
| 4406 | 4406.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$672,602 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|----------------------------|---------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13301 | 4502.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$800,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 56 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 256 | False |

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5246.08

Prime Partner: AIDS Information Centre

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10036.08

Activity System ID: 13257

Mechanism: Tuberculosis/HIV Intergration
Activities

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$0

Activity Narrative: FY07 COP Activity ID#:10036

Title of study: Evaluating the Utility of Re-testing HIV-negative VCT clients

Time and money summary: This is year 2 of the activity, and is expected to be completed in the second year. Funds received in the first year were US\$ 35,000. These funds will be expended in the second year.

Local Co-investigator:
Principal Investigator: Wolfgang Hladik

Co- Investigators:
CDC staff : Robert Downing, Fulgentius Baryarama, Jordan Tappero, Rosemary Odeke
AIDS Information Center (AIC) – Uganda: Raymond Byaruhanga, Geoffrey Mulindwa.

Project Description:
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.

Evaluation Question:
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.

Methodology:
Routine client questionnaire data will be analyzed to determine the proportion of repeat testers who likely repeat-test due to repeated risk behavior and that 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.

Population of Interest:
VCT clients at AIC sites. The findings are likely applicable to all (HIV-negative) VCT clients and VCT facilities in Uganda and will be of interest for other PEPFAR countries.

| | |
|---|---------------|
| (a)HIV-pos life expectancy (in weeks, assuming a median of 9 yrs) | 459 |
| (b)Window period (weeks) | 2 |
| (c)Estimated probability to test during window period (b/a) | 0.4% |
| (d)Estimated HIV-prevalence in first-time VCT clients | 8% |
| (e)Target sample size (# HIV seronegative clients to be tested) | 100,000 |
| (f)Total sample (HIV-neg and HIV-pos clients) (e/[1-d]) | 108,696 |
| (g)Proportional No. of expected # HIV seropositive clients (f*d) | 8,696 |
| (h)Of these, estimated # infected in window period (g*c) | 38 |
| (i)Probability HIV-seroneg client is HIV antigen-pos (h/e) | 0.04% |
| (j)95% confidence limits | 0.028%-0.052% |
| (k)No. spx per batch tested | 20 |
| (l)Estimated No. batches HIV-DNA/RNA-pos (h) | 38 |
| (m)Cost per Taqman run | \$6.00 |
| Estimated total number of Taqman runs (k*l+e/k) | 5,758 |
| Total estimated testing costs: | \$35,000 |

Costs are mainly related to PCR testing. Specimen and data collection as well as analysis are covered by AIC's and CDC's operational budget

Status of study/progress to date:
The protocol was approved by Atlanta GAP and Center ADS on August 13th 2007. The onset of the study was delayed awaiting approval. Since the approval has just been obtained the study is behind schedule and the completion date has been revised to April 2008.

Information Dissemination Plan:
Relevant findings may be presented at meetings or published. The significance and implications of these findings will be discussed with VCT program staff.

Planned FY08 activities: Laboratory testing and data analysis

Budget Justification for FY08 monies
Salaries/fringe benefits: \$0
Equipment: \$0
Supplies: \$0
Travel: \$0
Participant Incentives: \$0
Laboratory testing: \$0
Other: \$0

Activity Narrative: Total: \$0

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10036

Related Activity: 13256

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|-------------------------|---------------------|--------------|---|---------------|
| 20749 | 10036.2074 9.09 | HHS/Centers for Disease Control & Prevention | AIDS Information Centre | 9124 | 5246.09 | Tuberculosis/HI V Intergration Activities | \$0 |
| 10036 | 10036.07 | HHS/Centers for Disease Control & Prevention | AIDS Information Centre | 5246 | 5246.07 | | \$0 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|-------------------------|---------------|
| 13256 | 8366.08 | 6426 | 5246.08 | Tuberculosis/HIV Intergration Activities | AIDS Information Centre | \$600,000 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | N/A | True |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 11 | False |

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 10102.08

Planned Funds: \$473,300

Activity System ID: 13240

Activity Narrative: 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 HIV 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.

The Government of Uganda (GOU) has recently included medical male circumcision in its National HIV/AIDS Strategic Plan 2006-11 which is near finalization. This program is ideally suited to support GOU and USG Uganda program in training and service delivery upon request from MOH and following WHO surgical manual. In addition the program will conduct a public health evaluation to compare the safety, adverse effects, cost and ease of 3 different surgical procedures (forceps guided, dorsal slit and sleeve procedure). When FY07 plus-up funding is allocated a needs assessment in the five Rakai District health center IVs which are equipped with operating theaters will be conducted. This will determine the needs for facility improvements, equipment and supply needs in the district and the information will be provided to the MOH for use in planning program expansion. In addition, the program will compare the quality of surgical procedures conducted by medical officers compared to clinical officers (contingent on MOH approval of MC provision by the latter cadre of health workers). During the recently ended trial, the RHSP trial used the sleeve circumcision procedure. The sleeve procedure, although technically more demanding, was considered to be the safest and most effective approach. Health personnel with a basic surgical background can be readily trained in this technique. As the Ministry of Health may decide to adopt technically simpler procedures such as the forceps guided or the dorsal slit methods, it is important to compare the time required for surgery and postoperative complications rates of different procedures. Therefore, comparisons of different techniques using standardized follow up procedures at day, day 7 and 30 postoperatively to determine adverse events, safety, the time and equipment required, costs and ease of surgery, between the three approaches to circumcision will be conducted. Such data will be crucial in the design of large scale circumcision programs.

The Makerere School will also provide infrastructure and logistics support for conduct of approved CDC Sero-Behavioral Surveys amongst MARPS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10102

Related Activity: 13231, 13232, 13233, 13234, 13235, 13236, 13237, 13238, 13239, 13241, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|--|---------------------|--------------|---|---------------|
| 21225 | 10102.2122 5.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$309,150 |
| 10102 | 10102.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$386,672 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | N/A | True |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 15 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Coverage Areas

Rakai

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1270.08

Mechanism: Randomized Trial of Home or Facility - Based AIDS Care

Prime Partner: Medical Research Council of Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4691.08

Planned Funds: \$650,000

Activity System ID: 13282

Activity Narrative: FY07 COP activity number linked to PHE project: 4691

Title of study: Comparison of Facility and Home-Based Antiretroviral Therapy Delivery Systems in Uganda

Time and money summary: We began in year 1 (2004) and we expect the work to be completed in year 4, which is 2008. We received \$450,000 in Year 1, \$450,000 in Year 2, \$550,000 in Year 3. We require a further \$800,000 [\$650,000 for the PHE, \$150,000 for ARV drugs] in year 4 for completion of the work.

Local Co-investigator: The local co-investigators are Dr Heiner Grosskurth, Director, MRC Uganda and Dr Shabbar Jaffar, Epidemiologist, London School of Hygiene & Tropical Medicine. Both are responsible for all aspects of the research on the ground and for strategic direction.

Project description:

Overview: this project is evaluating home-based compared with facility-based delivery of antiretroviral therapy (ART) in Jinja, South- East Uganda. This is collaboration between The AIDS Support Organisation (TASO) which is responsible for service provision, MRC/UVRI which is conducting the evaluation, CDC Uganda which is providing funding and technical support and the Ministry of Health.

The facility-based arm is a clinician led model, where clinical staff play the major role in managing patients at the health facility. In the home-based strategy, non-clinical field officers deliver drugs and monitor and support patients in the home. Patients also have access to clinicians but routine clinical appointments are less frequent than for patients following the facility-based strategy. All patients are managed by a health service provider (TASO) in close to normal health service conditions.

Evaluation Question: The study is evaluating whether home-based HIV care is approximately equivalent to a standard facility-based approach. This will inform the public health authorities on the relative values of these two strategies and could be invaluable information for scaling-up and sustaining ART.

Study design: We are comparing home-based care with a facility-based approach using a cluster randomised trial. The evaluation is integrated into routine service delivery. The duration of recruitment of patients and the evaluation is planned to be 4 years. Our primary evaluation measure is plasma viral load (i.e. we will compare the two strategies in terms of virological failure). We are also measuring cost-effectiveness, reported adherence, rate of uptake of voluntary counseling and testing among family members.

Importance/planned use of findings: Experience with ART in Africa especially in the public setting has been limited. Little is known about which health delivery strategy would lead to better treatment effectiveness in a setting where there is shortage of qualified medical personnel and health systems are weak and difficult to access for patients. The evaluation will provide much needed information on the effectiveness of the two ART delivery strategies and on adherence, sexual behaviour, uptake of voluntary counselling and testing morbidity and mortality over a 3 year duration. Information generated from this evaluation will be of immediate use to the people of Uganda and other resource limited settings.

Status of study/progress to date: is protocol developed, in scientific/human subjects/phe review, in implementation? If behind schedule, please explain delays & plans to remedy/revised timeline.

The protocol is developed and has received ethical clearance. Enrolment of subjects into the study was completed. Follow-up of subjects is continuing on schedule. A total of 1477 trial patients were invited to join the evaluation, only 24 (1.6 %) refused to join the trial. Recruitment of subjects into the evaluation began on 5th February 2005 and ended on 7th December 2006. By 17 July 2007 3 (1.2%) subjects were lost to follow-up and 78(5.4%) had withdrawn from the evaluation largely because they have moved out of the catchment area (all 78 are still receiving antiretroviral therapy (ART)). In addition, 153 (10.5%) subjects have died, and there have been 151 admissions to hospital of 125 subjects. The rates of deaths and hospital admissions are broadly similar to other studies in resource limited settings.

Lessons Learned: We have not published any articles. We are in the preliminary stages of this study and are not in a position to formally analyze our data. However, our data collection systems and follow-up of subjects is complete and up-to-date. The study has high co-operation both from patients and from the public health authorities.

Information Dissemination Plan: Information on the progress of this evaluation is regularly fed back to the Ministry of Health, the AIDS Control Programme (ACP) and Uganda AIDS Commission (UAC), TASO and the patients. This information is being used to strengthen the ART services in the country. These meetings will continue to be an avenue for giving feedback to all stakeholders. After the evaluation, we will disseminate the findings to both trial subjects, the health services and ACP and UAC and other policy makers. We will do this through meetings and presentations We will also publish the findings in international journals in collaboration with our partners.

Planned FY08 activities

We will continue to monitor and follow-up study subjects enrolled in the evaluation. We will continue to collect data on study subjects including on virological response, CD4 counts, reported adherence to medication, costs of accessing care. Some of these data will be collected through laboratory testing. Some through interview of study subjects. We will also continue to collect health services data including their costs of delivering care.

We will continue to hold meetings between study investigators and the different stakeholders to inform them of trial progress.

Salaries/fringe benefits: \$ 360,000

Equipment: 0

Supplies: \$40,000

Travel: \$60,000

Participant Incentives: 0

Laboratory testing: \$120,000

Other: \$70,000

Activity Narrative: Total: \$650,000

We have asked for \$360,000 for staff salaries for over 20 full-time staff. We need the staff for various evaluation activities. We have not requested major equipment as this has been purchased from past budgets. We have requested \$30,000 for minor equipment, stationary (e.g. printing questionnaires), office consumables (e.g. rent) and laboratory consumables. We asked for \$60,000 travel to cover the costs of field work operations (e.g. fuel supplies, insurance for vehicles, repairs) and for overseas travel. We have asked \$120,000 for plasma viral load testing and other laboratory testing. These are essential endpoints of the trial. We have asked for \$70,000 for other costs, which includes telephone and email services, electricity, security, and overheads.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8331

Related Activity: 13281

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|------------------------------------|---------------------|--------------|--|---------------|
| 24362 | 4691.24362.09 | HHS/Centers for Disease Control & Prevention | Medical Research Council of Uganda | 10436 | 1270.09 | Randomized Trail of Home or Facility - Based AIDS Care | \$0 |
| 8331 | 4691.07 | HHS/Centers for Disease Control & Prevention | Medical Research Council of Uganda | 4807 | 1270.07 | | \$550,000 |
| 4691 | 4691.06 | HHS/Centers for Disease Control & Prevention | Medical Research Council of Uganda | 3438 | 1270.06 | | \$450,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|------------------------------------|---------------|
| 13281 | 4692.08 | 6432 | 1270.08 | Randomized Trail of Home or Facility - Based AIDS Care | Medical Research Council of Uganda | \$150,000 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 1 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 10 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Jinja

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 679.08

Prime Partner: Protecting Families Against AIDS

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10083.08

Activity System ID: 13311

Mechanism: Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$145,000

Activity Narrative: This activity is a continuation from FY07.

Title of study: INTERACTIONS BETWEEN HIV AND MALARIA IN AFRICAN CHILDREN: TORORO CHILD COHORT (TCC) STUDY

This study is a collaboration between CDC-Uganda, Tororo District Hospital (TDH), Protecting families against AIDS (PREFA), Makerere University Univ. of California San Francisco collaboration (MU-UCSF), The AIDS Support Organisation (TASO) Tororo and the Univ. of Washington.

Time line and budget summary: This request is for the second year of activity. Funding was approved in FY06, IRB approval was obtained in May 07 and enrolment started in July 07 Expected year of completion is 2009.

\$145,280 have been received to date from PEPFAR and another \$110,000 has been contributed by MU-UCSF. A similar total amount is needed for completion (including FY08 request).

Local investigators:

Principal Investigators: Jordan Tappero, MD, MPH, Principal CDC Investigator; Grant Dorsey, MD, PhD, Principal UCSF Investigator; Moses R. Kamya, MBChB, MMed, MPH, Makerere University (MU) Principal Investigator

Local Co-Investigators: Anne Gasasira, MBChB, MPH, MU; Taylor Sandison, MD, DTM&H, MU-UCSF and Univ. of Washington; David Moore, MD, MPH, CDC-Uganda; Jaco Homsy, MD, MPH, CDC-Uganda

Project description:

This is a prospective cohort study where HIV-infected and uninfected children are being enrolled between 6 weeks and 9 months of age and followed to the age of 21 months. All HIV-infected children are given trimethoprim-sulfamethoxazole (TMP-SMX) prophylaxis as of 6 weeks of age. HIV-uninfected children born to HIV-infected mothers are given TMP/SMX prophylaxis for the duration of breastfeeding and then randomized to continuation of TMP/SMX or discontinuation of TMP/SMX prophylaxis. HIV-uninfected children born to HIV-uninfected mothers will not be given TMP/SMX prophylaxis. Study participants will be followed for all of their health care needs in a designated study clinic. All mother-child pairs receive a basic care package including insecticide-treated bednets (ITNs) at enrollment. All HIV-infected mothers and children are receiving antiretroviral therapy if eligible according to standardized WHO criteria. Study participants 4 months of age or older and at least 5 kg are being randomized to treatment with artemether-lumefantrine (AL) or dihydroartemisinin-piperavaquine (DP) at the time of their first diagnosis of uncomplicated malaria. Study participants will receive the same antimalarial treatment regimen for all future episodes of uncomplicated malaria. Study participants less than 4 months of age or less than 5 kg diagnosed with malaria and all episodes of complicated malaria will be treated with quinine in accordance with local guidelines.

We are testing the hypotheses that:

1. TMP/SMX prophylaxis is highly effective in preventing malaria in both HIV-infected and HIV-uninfected children
2. The use of TMP/SMX prophylaxis is associated with an increased risk of infection with malaria parasites containing antifolate resistance-conferring mutations.
3. The use of ARV drugs is associated with a decreased incidence of malaria.
4. The efficacy, safety, and tolerability of AL and DP for the treatment of uncomplicated malaria differ.

Participants and sample size:

400 children will be enrolled in the study: 100 HIV-infected children will be given TMP/SMX prophylaxis, 200 HIV-uninfected children born to HIV-infected mothers will be randomized after the completion of breastfeeding to continued TMP/SMX vs. discontinuation of TMP/SMX prophylaxis, and 100 HIV-uninfected children born to HIV-uninfected mothers will not be given TMP/SMX prophylaxis

Inclusion criteria:

1. Age 6 weeks to 9 months
2. Documented HIV-1 status of mother and child
3. Agreement to come to the study clinic for any febrile episode or other illness
4. Agreement to avoid medications administered outside the study protocol
5. Guardian age 18 years or older (no age limit for parents)
6. Parent or guardian willing to provide informed consent
7. Residence within a 30 km radius of the study clinic

Exclusion criteria:

1. Intention to move more than 30 km from the study clinic during the follow-up period
2. History of allergy or sensitivity to AL or DP or TMP/SMX
3. Active medical problem requiring in-patient evaluation at the time of screening
4. HIV exposed children that have already stopped breast feeding and TMP/SMX prophylaxis

Follow-up:

Participants will be followed until they reach 21 months of age for all of their outpatient medical care in our study clinic. Routine home visits will be done on any participant not seen in our study clinic after any consecutive 30-day period. Patients presenting with a new episode of fever will undergo standard evaluation for the diagnosis of malaria.

Malaria case definition

Uncomplicated malaria (all of the following):

1. Documented fever or history of fever in the prior 24 hours
2. Positive thick blood smear
3. Absence of complicated malaria

Complicated malaria (any of the following):

1. Evidence of severe disease with a positive thick blood smear
2. Danger signs with a positive thick blood smear
3. Parasite density > 500,000/ul

Activity Narrative:**Progress to date:**

As mentioned above, enrolment started in July 07 after IRB approval was given in May 07. An MOU has been signed between TDH, PREFEA, CDC, MU-UCSF and TASO Tororo from which an important part of the HIV positive children is expected to be recruited. Tororo authorities and TDH staff have been induced to the study goals and objectives and given the study protocol for input. Clinical and data staff has been hired, trained and has moved to Tororo. A designated study clinic has been established within TDH and is open daily from 8:00 am to 5:00 pm 7 days a week while after-hours care is available at Tororo Hospital. Clinical, molecular, and immunology studies are being conducted at affiliated laboratories at the CDC/UVRU research center in Entebbe, the Joint Clinical Research Center in Mbale, MU-UCSF Molecular Laboratory in Kampala, and the University of California, San Francisco.

Planned FY08 activities:

In FY08, we plan to have completed enrolment and to be able to focus on follow-up of the children. By mid-08, we will be able to conduct an interim analysis on the general biological and socio-demographic characteristics of the cohort, loss to follow-up, HIV transmission rates, malaria incidence and recurrence rates, ACT and ARV drug adherence rates as well as child mortality. We will be also able to make preliminary comparisons between the HIV-infected and non-infected groups.

Additional CDC contributions in kind:

- Home visitors (on loan from CDC/HBAC)
- Motorcycle maintenance
- Fuel for home visits
- CBCs for 400 infants (baseline + q3 months)
- CD4 counts/percents for 100 infants (baseline + q3 months)
- Viral loads for 50 children on ART (baseline + q3 mos)
- Administrative and logistics support (IT & data support - Lab HR, supervision, QC, sample transport and storage - Office space)

Salaries/fringe benefits: \$91,160

Equipment: \$12,750

Supplies: \$22,100

Travel: \$0

Participant Incentives: \$2,500

Laboratory testing: \$0

Other: \$16,490

Total: \$145,000

Budget Justification:

Study costs mainly comprise of personnel to conduct and supervise the study as well as contingency funds for drugs. A local area network will need to be set up independently of this operated by CDC as CDC safety regulations do not authorize non USG personnel to have access to its network.

Incentives for participants include free clinical care for all malaria and non-malaria illnesses for all children and mothers participating in the study as well as full reimbursement of transportation costs for all clinic visits.

Both HIV-positive and HIV-negative mother-baby pairs receive a basic care package as part of the program. PCR tests and CD4 counts are being done at CDC and JCRC labs and samples are transported by CDC vehicles.

Infants are monitored at the clinic on a bi-monthly basis and during unscheduled visits when sick by a hired clinical officer. Defaulters are visited at home by 2 field officers on motorcycle who have been made available on loan from CDC Tororo staff. The study has hired 2 data clerks and one data manager to track, collect, enter, clean and pool data.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10083

Related Activity: 13310

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|----------------------------------|---------------------|--------------|--|---------------|
| 20863 | 10083.2086 3.09 | HHS/Centers for Disease Control & Prevention | Protecting Families Against AIDS | 9144 | 679.09 | Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT) | \$367,000 |
| 10083 | 10083.07 | HHS/Centers for Disease Control & Prevention | Protecting Families Against AIDS | 4813 | 679.07 | | \$145,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|----------------------------------|---------------|
| 13310 | 4047.08 | 6438 | 679.08 | Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT) | Protecting Families Against AIDS | \$5,000,000 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | N/A | True |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 28 | False |

Indirect Targets

Coverage Areas

Kampala

Kayunga

Tororo

Table 3.3.13: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 8655.08 | Mechanism: UCSF |
| Prime Partner: University of California at San Francisco | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 4424.08 | Planned Funds: \$600,000 |

Activity System ID: 13326

Activity Narrative: In FY08 the university technical assistance (UTA) mechanism will be competed to continue provision of high quality expert technical support for PEPFAR programs in Uganda. The focus of this assistance will be in four key program areas.

The PMTCT component of UTA will continue to provide technical guidance to the Ministry of Health (MOH) national prevention of mother-to-child HIV transmission program and scale up of services in rural districts. Focus will be to identify best practices for community and clinical PMTCT interventions and assistance the MOH with national policy to implement technical, operational and, training guidelines.

Treatment services technical assistance will be concentrated on enhancing comprehensive care and treatment interventions to strengthened partners' clinical programs. In FY08 the primary focus will be to review patient management and record keeping systems at treatment sites and identify areas and implement improvements in the clinic operations to substantially improve patient outcomes.

The strategic information component of UTA will be to assist the PEPFAR program in using the substantial amounts of program area data collected over the past five years in combination with country surveillance data to provide a better understanding of PEPFAR outcomes and contributions to the national portfolio. Examining the data from multiple sources will provide the country team will a more comprehensive analysis to assist with future programming directions.

For systems strengthening/policy development the UTA technical expertise will be transferred to local partners through a series of in-country workshops for advanced data analysis and triangulation and training on how to interrupt the results for policy guidance and program direction; and, training on how to prepare technical presentations and manuscripts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8372

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|---|---------------|
| 8372 | 4424.07 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 4818 | 1273.07 | University of California San Francisco - UTAP | \$490,000 |
| 4424 | 4424.06 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 3345 | 1273.06 | University of California San Francisco - UTAP | \$490,000 |

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 15 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 30 | False |

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1257.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVSI

Activity ID: 4703.08

Activity System ID: 13342

Mechanism: CDC Base GAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$899,504

Activity Narrative: 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 applicable 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.

CDC Uganda informatics Unit will continue to provide guidance to our partners and develop software following proven computer software design techniques such as structure programming, industrial data base data management standards will be used and taught. System development planning will be based on the practical needs of the partner, the expected long term resources available to the partner, and the skills and capabilities of the partner.

Through coordination with our PEPFAR and CDC Uganda Program unit we have developed an in depth understanding of Uganda's infrastructure and our partner's resources, capabilities and desires. CDC Informatics has a number of highly skilled, well educated individuals who understand our mission is to assist our partners in developing their capabilities and abilities. For the most part our partners have become capable of maintaining the initial less complicated data base and data entry systems. They recognize the need for better data quality control, and better reporting tools. We have partners that are using and tracking thousands to a little over a hundred thousand patients.

The Uganda infrastructure is lacking in reliable power and computer connectivity systems. Some areas have no access to internet, telephone or power. Developing systems that allow these areas to be included in surveillance system will require multiple capability systems that are standardized. Multiple parties working independently on the same problems often create incompatible systems which reduces efficiency and causes

In following activities initiated in FY05, FY06 and FY07, the Informatics Unit will focus on the following key areas in FY08: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8384

Related Activity: 13332, 16095

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--------------|---------------|
| 20845 | 4703.20845.09 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 9137 | 1257.09 | CDC Base GAP | \$840,816 |
| 8384 | 4703.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$899,504 |
| 4703 | 4703.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$872,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13332 | 13332.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$550,000 |
| 16095 | 16095.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$110,091 |

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 24 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 120 | False |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4821.08

Planned Funds: \$2,400,000

Activity System ID: 13331

Activity Narrative: This FY 2008 PHE relates to the FY07 COP activity number:8380

Title: The Home-Based AIDS Care project

Time and money summary: Year 5 of activity; 2003 - 2010; Expended \$3,451,142 to date, Expected \$6.0 M needed for completion (including FY08 request).

Local Co-investigators: Jordan Tappero, CDC-Uganda, co-PI; David Moore, CDC Uganda, co-PI; Alex Coutinho, The AIDS Support Organisation, co-PI; Jonathan Mermin, CDC-Kenya, co-PI; Rebecca Bunnell, CDC-Kenya, co-PI

Project description: 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. The Ugandan Ministry of Health (MOH), The AIDS Support Organisation (TASO) and USG are partners in this important activity. The first phase of this project involved the provision of ART and three-years of follow-up for 1000 people, using a home-based approach to service delivery. Protocols were 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. It was designed as a randomized clinical trial to compare the effectiveness of three different ART monitoring strategies: a clinical/syndromic approach using lay workers; the syndromic approach with quarterly CD4 laboratory monitoring; and, the syndromic approach with both quarterly CD4 and viral load monitoring. After wide consultation both within USG, and with partners in Uganda and internationally, a proposal was accepted to continue this project as a 2-arm evaluation for another 3 years, comparing clinical outcomes between those participants receiving only clinical and CD4 cell count monitoring and those receiving clinical, CD4 cell count and viral load monitoring. Other evaluations will also be conducted to observe the evolution of ART drug resistance, the frequency of ART failure and the effects of discontinuing cotrimoxazole prophylaxis among participants with immune recovery during years 3 to 6 of ART.

Continuing the study for the next 3 years of follow-up should better define the relative value of the addition of viral load testing, above that of CD4 monitoring and directly influence Ugandan and PEPFAR policy in this area. Other evaluations will provide additional valuable information to allow the Ugandan MOH to develop appropriate policies regarding which drug regimens to use for second-line ART, the need for continued use of cotrimoxazole in ART patients and to examine the risks and benefits associated with early versus late ART drug switching. All of which will contribute to the expansion of cost-effective ART programs throughout sub-Saharan Africa.

Status of study: The first 3 years of this evaluation was completed in February 07 and Investigators found small, but significant increases in the risk of death or new opportunistic infections among participants who were randomized to receive clinical monitoring without any routine laboratory tests. No significant differences in mortality or new opportunistic infections were found between participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and participants who were randomized to receive clinical monitoring plus quarterly CD4 cell counts and viral load testing. The amendment to the protocol to allow for this continued follow-up and to reduce the frequency of home-visits is pending IRB approval.

Lessons Learned: The 3 year results of HBAC provide general support for current Ugandan MOH policies regarding the provision of ART, in that laboratory monitoring, primarily through the use of CD4 cell count testing is preferable to clinical monitoring alone. However, where laboratory monitoring is not available or feasible, good clinical outcomes can still be achieved through clinical monitoring alone. The results of the 3 year analysis were presented at the HIV Implementers Meeting in June 07 (Mermin et. al., 1st HIV Implementers Meeting, Kigali, Rwanda). Publications regarding HBAC results include: Forna F, et. al. JAIDS 2007: 44(4):456-62; 30;21(6):713-9; Moore D, et. al. AIDS Res Therp 2007: 4:1; Apondi, R et. al. JAIDS 2007: 44(1):71-76; Weidle, P et. al. Lancet 2006: 368(9547):1587-94; Were WA et. al. JAIDS 2006: 43(1):91-5; Kaharuzza F et. al. AIDS Behav 2006: 10(4 Suppl):S105-11; Mermin J et. al. Lancet 2006: 367:1256-61; Bunnell R et. al. AIDS 2006; 120: 85-92; Leitchy et. al. AIDS 2005; 19(9):993-4. In particular, HBAC analyses regarding the continued morbidity and mortality associated with TB (Moore D, et. al. AIDS 2007) and cryptococcal disease (Liechty C, et. al. TMIH 2007: (8):929-35) among patients receiving ART in this setting has influence the design of subsequent proposed studies to examine interventions for these diseases.

USG also uses HBAC as a venue for training Ugandans in ART service delivery as well as in key components of SI, including data analysis and data dissemination. CDC-Uganda staff level of effort provides training for all HBAC clinical care providers and patients in basic care services. In addition, to this HBAC technical assistance, key staff are currently working with Ministry of Health and the PEPFAR ART working group to promote the use of basic care services and provide technical knowledge for ART delivery. In particular, HIV transmission risk reduction counseling protocols developed in HBAC for sero-discordant couples have been adapted for use in other programs in Uganda.

Information Dissemination Plan: Dissemination of the 3 year HBAC results occurred through small workshops or seminars conducted with stakeholders in Tororo, Entebbe, and Atlanta. Such presentation will continue to be important fora for sharing our results, in addition to international conferences and research publications.

Planned FY08 activities: The current 1000 participants will continue to receive ART, with the frequency of monitoring visits spaced out from weekly to monthly, to eventually quarterly. Evaluations of the clinical, behavioral, social and economic impact of ART will continue and results will be shared with MOH and ART stakeholders, both within Uganda and internationally. The project also provides HIV basic care and HIV prevention counseling to ART-ineligible HIV-infected household members of ART clients. We expect an additional 30 adults and 8 children from these households will require ART in FY08. Additionally, the project offers annual home-based HCT and HIV prevention counseling for an estimated 4000 HIV uninfected household members. Analysis of data collected within the first 3 years will continue and results disseminated through local workshops and seminars, presentations at conferences and publication of research papers.

Activity Narrative: Budget Justification for FY08 monies:

Salaries/fringe benefits: \$1,188,152
 Equipment: \$66,150
 Supplies: \$92,709
 Travel: \$36,588
 Participant Incentives: \$1000
 Laboratory testing: \$100,000
 Other: \$915,431
 Total: \$2,400,000

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8373**Related Activity:** 13337, 13339, 13340, 16085,
13338, 16093**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|-----------|---------------|
| 23946 | 4821.23946.09 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 9136 | 3481.09 | CDC GHAI | \$800,000 |
| 8373 | 4821.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$3,451,142 |
| 4821 | 4821.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3481 | 3481.06 | | \$1,757,445 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13337 | 4431.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$170,000 |
| 13338 | 4432.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$150,000 |
| 13339 | 4433.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$835,412 |
| 13340 | 4434.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$129,599 |
| 16093 | 16093.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$349,852 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support**Public Private Partnership**

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 2 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 4 | False |

Indirect Targets

Target Populations

- Other**
- Orphans and vulnerable children
 - Discordant Couples
 - People Living with HIV / AIDS

Coverage Areas

- Busia
- Mbale
- Tororo
- Bugiri
- Butaleja
- Manafwa

Table 3.3.13: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 3481.08 | Mechanism: CDC GHAI |
| Prime Partner: US Centers for Disease Control and Prevention | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 13332.08 | Planned Funds: \$550,000 |
| Activity System ID: 13332 | |

Activity Narrative: This activity is not new in FY08 and is a continuation of FY07 Activity 13342.

The CDC Informatics Unit provides technical assistance for the development and implementation of strategic information systems to the PEPFAR/Uganda country partners. The informatics initiatives include support to the Ministry of Health Uganda Government, routine health service data collection at the district and National levels and support to USG partners offering ART care to patients, through the development and deployment of system.

Appropriate technologies for Health:

This activity will involve the pilot of power backup resources in resource limited setting using the solar panels and PDA for data collection to enhance the use and quality of data received at the District level. The results of this activity will be incorporated in the feasibility study of implementing Phones for Health in Uganda. This activity will provide insight in the following:

- 1.Suitability of technology (PDAS) for capturing large amounts of HMIS (including HIV indicators) data at local health centers
- 2.GPRS connections reliability in the field for transferring data between health centers and district head quarters
- 3.The use of Reporting Services in conjunction with GIS data
- 4.Increase field staff's appreciation of new technologies

Electronic Medical records :

This activity includes the development of an electronic medical record. The need to share information across partners on treatment of HIV/AIDS patients was identified. This will allow free movement of patients across organization and improve duplication errors and improve care provided to ART patients. The activity involves looking at possibilities of having one common set of indicators with appropriate technology for easy transfer and sharing of data. This activity will be in conjunction with the ART group and implementing partners.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13342, 16095

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--|---------------|
| 16098 | 4439.08 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 7340 | 7340.08 | Health Strategies International - Cost Effectiveness | \$190,000 |
| 8383 | 4439.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$190,000 |
| 4439 | 4439.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$190,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13342 | 4703.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$899,504 |
| 16095 | 16095.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$110,091 |

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 7 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 21 | False |

Indirect Targets

Coverage Areas

Kampala

Mpigi

Wakiso

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9710.08

Activity System ID: 13333

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$175,000

Activity Narrative: In FY07 the country team reviewed the need 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. A final decision to approve this position was made by the country team in June and approved by the PEPFAR executive committee in August. Recruitment for this position will begin in October with the goal of filling the position by March '08.

In FY08 the PEPFAR Strategic Information Liaison will be hired through a personnel services contract mechanism to work in the PEPFAR coordination office at the US Embassy with direct supervision and oversight by the Deputy Chief of Mission and the PEPFAR Coordinator. The final position description is attached.

PEPFAR Uganda - Strategi Informaton Liaison:

Under the supervision of the PEPFAR Coordinator, the Strategic Information Liaison will provide high-quality technical assistance to the U.S.G. PEPFAR country team and technical workgroups, Implementing Partners and GoJ counterparts to ensure that the portfolio of program activities contribute to the national HIV/AIDS strategic goals and targets, generate accurate data to inform national policy, and respond to the OGAC reporting requirements. Specific duties and responsibilities include:

- Coordinate all in-country program area and project assessments and evaluations as well as the Public Health Evaluation activities across U.S.G. agencies and partners; provide technical oversight for evaluation/study design and implementation; facilitate dissemination of findings; ensure national and OGAC reporting requirements are met; and, identify areas for further study to inform PEPFAR and national programming. Lead country team contributions and participation in OGAC multi-country Public Health Evaluations and Assessments and provide technical assistance to participating implementing partners as needed.
- Lead the U.S.G. response to support UAC in the implementation of the "Three Ones" and provide technical advise as needed; represent U.S.G. on national M&E technical workgroup, and, liaise with international partners to ensure effective exchange of strategic information.
- Oversee U.S.G. technical support to the national HMIS, MOH Patient Tracking System, HIV surveillance activities, facility surveys, and databases development and lead PEPFAR assistance in the development and implementation of the HIV/AIDS National Monitoring and Evaluation Plan and SI components of the National Strategic Framework.
- Review the need for and lead the development of a PEPFAR strategic information plan to ensure all evaluations, assessment and studies are directly linked to and inform national priorities and planning; and, monitor U.S.G. PEPFAR contributions to the Health Sector Strategic Plan, HIV/AIDS National Strategic Framework; and, other key GoJ and Development Partner strategies .
- Facilitate the work of the strategic information technical workgroup with the in-country monitoring and evaluation contractor (MEEPP) to ensure SI/M&E requirements of the Emergency Plan are met on a timely basis: including the review and decipher SI sections of guidance documents; lead activity and national review of PEPFAR targets for annual country operational plan; coordinate semi-annual and annual progress reports planning; and, plan technical work group sessions to analyze progress/achievement against targets, and coordinate responses to ad hoc SI requests from O/GAC Technical Workgroups.
- Coordinate technical assistance to U.S.G. agencies' and implementing partners monitoring and evaluation staff to meet SI reporting and activity requirements, and provide technical training, as needed. Ensure close technical links with MEEPP and implementing partners to address SI issues and activities.
- Serve as the principal field counterpart to the HQ SI Advisor and lead development of country responses on SI queries from HQ SI Advisor, Core Team and OGAC.
- Determine and when necessary, solicit appropriate human and financial resources to provide SI technical assistance to the U.S.G. PEPFAR team, implementing partners, or national workgroups.
- Assist U.S.G. agencies and technical work groups, and partners with data analysis and preparation of abstracts and presentations for PEPFAR annual conference, in-country meetings and international conferences as appropriate.
- Assist the PEPFAR Coordinator to identify and communicate SI issues, challenges, and policy questions to GoJ, Department of State and Country Team for response and plan of action; and advise Country Team and Executive Committee as needed.
- Provide orientation for new U.S.G. agency PEPFAR staff on all SI requirements, reports and procedures, including one-to-one assistance and formal trainings.
- Perform all other related duties as assigned.

QUALIFICATIONS AND SCORING CRITERIA

Education:

- Masters-level (or higher) training as a public health specialist in epidemiology, monitoring and evaluation or related field is preferred;
- Excellent written and oral communication skills and computer applications knowledge is highly desired.
- Demonstrated evidence of excellent interpersonal, facilitation and teambuilding skills/experience is favored.

Experience:

Activity Narrative: •Five years work experience managing public health or other social sector programs; three years managing an HIV/AIDS program, ideally in sub-Saharan Africa, is preferred.
 •Experience working in close collaboration with high level government and other counterparts is desired.
 •Public speaking and public presentations experience is favored.

Skills and Abilities:

Extensive knowledge of the principles, concepts, methods, and techniques of public health to analyze, evaluate, and provide expert advice and consultation.

Knowledge of the methods, applications, and state-of-the-art technology to provide direction and guidance on critical and complex issues.

Ability to: communicate, both orally and in writing, to make clear, convincing presentations and explain and justify recommendations; represent the PEPFAR Country Coordinator and team and provide guidance and advise on how to respond to data inquiries; and independently interact with high level officials and representatives from public and private health organizations.

Ability to use advanced software programs for internal management and presentations.

Evidence of excellent interpersonal, facilitation and team building skills/experience.

SUPERVISION

The PEPFAR/Uganda Strategic Information Liaison will report to the PEPFAR Country Coordinator and will work closely with PEPFAR Country Team.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9710

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|-----------|---------------|
| 9710 | 9710.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$150,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 50 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 50 | False |

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3481.08

Mechanism: CDC GHAI

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10084.08

Activity System ID: 13334

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$120,000

Activity Narrative: FY COP Activity Number-10084

This activity is a continuation from FY2007 and has not been updated

Title: Evaluating Anti-Tuberculosis Drug Resistance Among Smear-Positive TB Patients

Time and money summary: Year 2 of activity; 2007 - 2009; Expended \$0 to date, Expected \$240,000 total needed for completion (including FY08 request).

Local Co-investigators: Jordan Tappero, Frank Kaharuzza, Rosemary Odeke, CDC-Uganda; Francis Adatu, Moses Joloba, Ministry of Health-National TB & Leprosy Programme

Project description: CDC Uganda and Ministry of Health Uganda National TB & Leprosy Program will support a survey of anti-tuberculosis drug resistance among smear-positive TB patients. This survey will provide national data regarding primary and acquired anti-tuberculosis drug resistance as well as MDR TB in Uganda. In addition this survey will also serve as HIV surveillance among smear positive TB patients and give an estimate of MTB drug resistance (mono drug resistance, MDR TB and XDR TB) in HIV-infected TB patients included in the survey.

World Health Organization (WHO) estimates that approximately 19% adults with active TB disease in Uganda are HIV-infected. Recent survey in Uganda estimates that the prevalence of HIV to be as high as 50% among TB patients. HIV co-infection is a significant challenge for the prevention, diagnosis and treatment of drug-resistant TB. Mortality rates in MDR TB have been reported to be as high as 37% in HIV-negative patients and 89% in HIV positive individuals. Recently a very high fatality rate was seen among HIV-infected patients with XDR TB receiving anti-retroviral therapy in South Africa.

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.

Two sputum samples from new sputum smear positive patients identified during routine clinical care in nationally representative sample of health facilities will be transported to the NTRL for culture examination. Population-proportional cluster sampling method will be used to select the health facilities. In all the selected health facilities, all the consecutive new sputum smear positive patients diagnosed will be included until the number of patients required per cluster is reached. All the re treatment cases identified during the intake period will be included in the survey. Specimen designated for culture will be decontaminated and digested using Petroff's method. The sediments will be inoculated on L-J medium. Specific identification of M. tuberculosis in culture showing growth of organisms will be done using growth inhibition test.

Susceptibility to Isoniazide, Rifampicin, Streptomycin and Ethambutol will be evaluated using the MGIT liquid susceptibility method following a subculture of M. tuberculosis recovered using L-J media into the MGIT system. HIV testing will be provided according to the national TB HIV policy which recommends routine counseling and testing of all TB patients. All HIV-infected patients will be referred for HIV care & treatment. A sample of isolates found to be MDR TB will be tested for second line drug susceptibility to assess XDR TB.

Population of interest:

Sputum samples from sputum smear positive patients from nationally representative sample selected from 420 health facilities (80 district, 240 sub district and 100 sub county level facilities with smear microscopy capacity) using population proportionate cluster sampling will be sent for culture and drug susceptibility testing. Based on the prevalence of MDR TB from 2005 survey (4.5%)² and 20,559 new sputum smear positive patients reported in 2005¹, the sample size required for cluster sampling with 1% precision and 95% confidence interval will be around 4000 (after increasing the sample size by 15% as per WHO guidance to account for patients with contaminated specimens, lost specimen or for whom DST can't be performed).

Status of study: The protocol is yet to be developed. A merging of this activity with a multi-country PHE covering the same area is being considered. We anticipate that this activity will commence its "field activities" during FY08.

Lessons Learned: Awaiting project implementation.

Information Dissemination Plan: Dissemination of results will occur through and at workshops, meetings, conferences, and publications. Dissemination will be conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders.

Planned FY08 activities: During FY08, the study protocol will be developed, human subjects review will commence, followed by data collection, laboratory testing, data analysis and dissemination of findings.

Budget Justification for FY08 monies:

Salaries/fringe benefits: \$60,000

Equipment: \$10,000

Supplies: \$5,000

Travel: \$5,000

Participant Incentives: \$1,000

Laboratory testing: \$30,000

Activity Narrative: Other: \$9,000
Total: \$120,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10084

Related Activity: 16546, 16782

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---|---------------------|--------------|-----------|---------------|
| 20835 | 10084.2083 5.09 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 9136 | 3481.09 | CDC GHAI | \$120,000 |
| 10084 | 10084.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$268,278 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 16546 | 16546.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$50,000 |
| 16782 | 16782.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$26,650 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | N/A | True |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | N/A | True |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Kampala

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3370.08

Prime Partner: Chemonics International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 4531.08

Activity System ID: 15630

Mechanism: AIDS Capacity Enhancement Program (ACE)

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,205,630

Activity Narrative: In December 2005, USAID/Uganda initiated a contract with Chemonics International Inc to implement a program 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 aimed at strengthening 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. The program, named AIDS Capacity Enhancement (ACE) currently works with the Joint Clinical Research Centre (JCRC), Hospice Africa Uganda (HAU), the Inter-Religious Council of Uganda (IRCU), the Uganda AIDS Commission (UAC), and the Ministry of Health Resource Centre (MOH RC) among others. Three organizations, JCRC, HAU, and IRCU play pivotal roles in expanding access to HIV/AIDS prevention, care and treatment in Uganda. UAC and MOH RC serve to coordinate the national HIV/AIDS response in terms of strategy, policy, monitoring, evaluation as well as reporting outcomes and results. The Chemonics/ACE will continue to consolidate its achievements to date and will support the target organizations through the entire first phase of PEPFAR. ACE has made substantial progress in building the capacity of the targeted organizations.

Over the last two years, ACE assisted UAC in the evaluation of the previous National Strategic Framework for HIV/AIDS and the development of Uganda's HIV/AIDS National Strategic Plan 2007/2008- 2011/2012 (NSP), which is currently almost complete. ACE also supported UAC to develop the new long term institutional arrangements which will govern the Global Fund process in Uganda, particularly HIV/AIDS funds. In FY 2007, ACE will support UAC to improve coordination of the HIV/AIDS response through the operationalization of both the NSP and the accompanying Performance Measurement and Management Plan (PMMP). In addition, ACE will continue to support UAC in the development of the national HIV/AIDS comprehensive communications strategy that will provide guidance to partners implementing HIV/AIDS activities under the NSP.

Beyond FY 2007, UAC will require assistance to track the progress of the national HIV/AIDS response. This will entail helping UAC coordinate a strong network of all stakeholders, civil society organizations and the districts, and to ensure that their systems have indicators that can contribute to the PMMP. ACE will support the UAC to take the PMMP operational plan and handbook to district leaders and work with them to ensure they are participating in the PMMP and that they are both contributing data according to the needs of the NSP and that they are benefiting from the information gathered by receiving reports for analysis and application of any new strategies or lessons gleaned from the data.

At the MOH resource center, ACE is contributing to improved management and analysis of health information through the development and initiation of several new systems. Using FY 2006 funds, ACE developed a new national-level web-enabled Health Management Information System (HMIS). This system will allow the MOH RC to collect, monitor, and report key health sector information, giving them a new platform to keep government, donors, citizens, and other stakeholders abreast of health trends in Uganda. In addition, ACE has helped the MOH RC to redesign its website, making it more interactive and user-friendly, and has linked the site to a new digital library of MOH reports and other documents. Together these systems give the public greater access to health information, and provide opportunities for sharing best practices in the health sector, new findings from research and operational studies, evaluations, and new approaches for health care delivery. Finally, to provide a strong platform to support these systems, ACE has provided all the necessary equipment for a new local area network (LAN) at the MOH RC.

In FY 2007, ACE will work in close collaboration with the CDC Informatics team and MOH RC staff on the district rollout of the electronic HMIS systems: both web-enabled and Epi-Info. To ensure sustainability of these electronic systems, ACE and CDC are developing a plan to ensure there is follow up training and support supervision at the district level both from MOH RC staff and by identifying regional IT firms who can be resources for districts using the new electronic systems. ACE will also continue to strengthen the center's ability to oversee and manage health information by following up on the systems installed this year, ensuring they are working effectively and contributing to the ability of the MOH RC to perform its core functions. In addition, ACE will continue to improve the HMIS so that there is a smooth flow of data from the districts to the center and an effective reporting system which allows MOH RC staff to share the data collected widely and improve their planning and decision making. ACE will facilitate linkages between the MOH HMIS and other systems that have been developed by other donors. Deliberate plans will be made to ensure that the HMIS and the newly developed PMMP of the NSP are linked. Additionally, all HMIS stakeholders will be able to meet at least twice a year in order to discuss priority areas for programming, collaborations, overlapping areas, and gaps.

Web-based monitoring is a new initiative within the MOH and hence staff at central and district level will require substantial training and support to internalize the system. In FY 2008, ACE will work with MOH in training the relevant staff to orient them to the new system. Further training will also be needed in data analysis and in the development of a functional reporting system of the MOH database. This will allow the MOH RC to use the data generated by the new system to perform high level analysis of health trends and report clearly to the public and other health stakeholders on health trends in Uganda. ACE will also support the continued roll out of the electronic HMIS systems to more districts, and will continue to provide follow-up technical assistance to districts using the electronic systems. Working in collaboration with the CDC Informatics Unit and the MOH RC, ACE will ensure that there is a sustainable plan in place at the MOH RC for upkeep of the system and TA provision to the districts.

With its other partner organizations, ACE is supporting the development of monitoring and evaluation tools and systems as well as information technology systems that will help gather, manage, and analyze information. At IRCU, ACE worked closely with IRCU to ensure they have the means to measure their progress against their targets. Working with the Religious Coordinating Bodies (RCBs) and the grantees, ACE developed, tested, and rolled out reporting tools for palliative care and ART. A tool for tracking results in their OVC program is currently being tested and ACE is advising IRCU in the procurement of the required IT infrastructure to effectively manage all the data that will be forthcoming. ACE also worked with JCRC and HAU, providing support in their reporting to PEPFAR and in developing M&E tools. As FY 2006 comes to an end, ACE is working closely with both of these partners to develop M&E frameworks. Through consultations and participatory workshops, ACE has helped both organizations create the foundations for effective organization-wide M&E systems.

In FY 2007, ACE will continue to consolidate and improve strategic information systems at these three

Activity Narrative: partners. At IRCU, ACE will complete the rollout of the OVC data collection tool and will work with the IRCU M&E department in developing a data collection tool for prevention activities. IRCU will then have a thematic tool for each of their three core technical areas and the grantees and RCBs will have the means to report thoroughly and correctly. To consolidate all the work done so far, ACE will ensure that a master database is functioning that can accommodate all the incoming data and that the IRCU staff are fully able to manage the database and the data collection and analysis process. ACE is also providing ongoing support to HAU in developing an M&E plan and related tools for the organization. In FY 2008, ACE will work with these indigenous partners, particularly in aspects of analysis and reporting of the data collected, documentation and publication of their best practices.

With JCRC, ACE is providing ongoing support in the development of a new M&E framework and plan that will encompass all of JCRC's activities. In addition, ACE is assessing the current database in use and reporting systems to recommend how the satellite sites should work with the Regional Centers of Excellence (RCEs) and the center in collecting data. Based on the results of this assessment, ACE will work with JCRC staff to implement an improved reporting system. In FY 2008, ACE will continue to work with JCRC on improving their data management and reporting. Based on the results of the analysis performed in FY 2007 and on consultations with JCRC, ACE may assist JCRC to put in place a new data base system that links the satellite sites, RCEs, and headquarters. This system could be web-enabled, using an SQL platform to link all the reporting sites to one system. Additionally, the possibilities for web based reporting for JCRC and its branches will be explored. This would open up opportunities for real time reporting and accuracy of data collected.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8460

Related Activity: 15627, 15628, 15629, 15631

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------|---------------------|--------------|--|---------------|
| 26767 | 4531.26767.09 | U.S. Agency for International Development | Chemomics International | 11122 | 3370.09 | AIDS Capacity Enhancement Program (ACE) | \$0 |
| 8460 | 4531.07 | U.S. Agency for International Development | Chemomics International | 4850 | 3370.07 | AIDS Capacity Enhancement Program, ACE | \$1,275,000 |
| 4531 | 4531.06 | U.S. Agency for International Development | Chemomics International | 3370 | 3370.06 | Capacity Building of Indigenous Institutions | \$775,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 15627 | 4525.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemomics International | \$650,000 |
| 15628 | 12500.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemomics International | \$200,000 |
| 15629 | 4530.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemomics International | \$200,000 |
| 15631 | 4532.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemomics International | \$600,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 82 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 166 | False |

Indirect Targets

ACE reaches a number of indirect target populations through their client organizations. Through support to JCRC, IRCU and HAU, ACE reaches adults, adolescents and children, discordant couples, pregnant women, orphans and vulnerable children, religious leaders, and some internally displaced persons.

Target Populations

Other

Religious Leaders

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3456.08

Mechanism: MEEPP (Monitoring and Evaluation of the Emergency Plan Program)

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4766.08

Planned Funds: \$2,250,000

Activity System ID: 14242

Activity Narrative: The Monitoring and Evaluation of the Emergency Plan Progress (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. The programme is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS activities in the context of the national response. This activity is a continuation from FY 2007 and has been updated for FY 2008.

MEEPP has now fully institutionalized a web-based database that has facilitated PEPFAR data aggregation, analysis and use through five reporting cycles. The database is fully operational and is continuously upgraded to respond to changes in PEPFAR requirements and to increase the user friendliness 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 standardize data reporting across all 70 or so Emergency Plan 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 as well as validating the reported data. As of 30th March 2007, MEEPP had conducted participatory Data Quality Assessment and Validation with 31 Prime Partners at a total of 269 service outlets. The outcome of this exercise has been an improvement in the quality of data as manifested in the subsequent reporting cycles. During the SAPR 2007, the 31 Prime Partners contributed 97 % of the HCT, 93 % of the ART, 98 % of the PMTCT, 95 % of the Palliative Care and 95 % of the OVC 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 to the special studies that had been undertaken to support improved ART programming including a mapping of all USG ART sites in Uganda and a comprehensive ART program review, MEEPP has been integrally involved in five Special Studies that focused on assessing the factors underlying discrepant reporting by IPs at the same service outlet; assessing the level of overlap of clientele across ART and Palliative Care service outlets; validating the USG indirect OVC support for SAPR 07; validating ART indirect USG support for APR 06 and SAPR 07 and validating HCT and PMTCT indirect USG support for APR 06 and SAPR 07. The preliminary results from these studies are already pointing at specific action points that need to be taken to register further improvement in the quality of both direct and indirect EP data at the aggregate level as well as the national host country level.

In support of FY 2006 and FY 2007 planning meetings, MEEPP prepared - and subsequently updated - a series of data analyses providing important insights regarding progress against set targets and coverage of PEPFAR supported interventions identifying opportunities for improved collaboration among partners. These documents included HIV burden by districts worksheets and comparative analyses of reported achievements against FY 2004, FY 2005, FY 2006 and, FY 2007 targets across all implementing partners in all 14 PEPFAR program areas. These documents are the main tools for the target setting refresher trainings organized by MEEPP and 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. An updated set of these tools was prepared and utilized for the FY 2008 Country Operational Planning exercise. The main objective of these data trend orientation and 'how-to' target setting sessions is to introduce MEEPP generated Country Operational 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 Cognizant Technical Officers (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 was facilitated to hire additional staff. In FY 2006, 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/analyst and a program assistant. This increase in staff has been instrumental in 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. This human resource strength will be further utilized to strengthen the Emergency Plan M&E capacity and also the capacity of the relevant host country institutions during FY 2008.

In FY 2008, MEEPP will continue to work with all PEPFAR implementing partners to build capacity in monitoring and evaluation, especially so for those that have suffered marked attrition of M&E personnel, and to ensure that 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 conduct Data Quality Assessments and data validations in collaboration with ten additional prime partners and will place particular attention on validating reported training data in order to maintain high quality and timely reporting for PEPFAR. A total of five Special Studies will be conducted in response to the programmatic and performance improvement questions identified by the USG PEPFAR strategic information team and the Technical Working Groups. MEEPP will take advantage of the growing volume of Emergency Plan data for a series of in-depth trend analyses to inform the individual IPs and the PEPFAR team in strategic information management and overall planning and performance monitoring. Accordingly, 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. As importantly, MEEPP will continue to support the analytical agenda of the EPT for gender related issues. MEEPP's on-line data collection and reporting system facilitates examination of gender issues across prevention, care and treatment programming within the USG EP response in Uganda.

Activity Narrative:

In response to the findings of the recently conducted special studies on validation of the USG Indirect support, MEEPP, in close consultation with AIDS Capacity Enhancement program (ACE), will work closely with the Monitoring and Evaluation teams of the Ministries of Health (AIDS Control Programme) and Gender and Social Development (OVC Secretariat) to strengthen Data Quality Assessment (DQA) and Validation for the Indirect outputs in HCT, PMTCT, ART, PC (Including TB/HIV) and OVC. The expected output will be strengthened HIV / AIDS and OVC M & E systems in the respective ministries. 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 contributions to a quarterly newsletter by the Uganda AIDS Commission, as appropriate. In addition, MEEPP will continue to work closely with the PEPFAR supported implementing partner, AIDS Capacity Enhancement program (ACE) in its work with the Uganda 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 HIV / AIDS National Strategic Plan 2007 /2008 -2011 / 2012 (NSP). 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. The emphasis on closer participatory involvement in strategic information activities between MEEPP and the host country institutions responsible for monitoring the national HIV / AIDS response is yet another step in strengthening the sustainability of this vital component of portfolio management at the national level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9203

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------------|---------------------|--------------|---|---------------|
| 26794 | 4766.26794.09 | U.S. Agency for International Development | Social and Scientific Systems | 11127 | 3456.09 | MEEPP (Monitoring and Evaluation of the Emergency Plan Program) | \$0 |
| 4766 | 4766.06 | U.S. Agency for International Development | Social and Scientific Systems | 3456 | 3456.06 | Monitoring and Evaluation of the Emergency Plan Program | \$1,850,000 |

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Targets**

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 72 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 216 | False |

Table 3.3.13: Activities by Funding Mechanism

| | |
|---------------------------------------|--|
| Mechanism ID: 7156.08 | Mechanism: NUMAT |
| Prime Partner: John Snow, Inc. | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 4711.08 | Planned Funds: \$400,000 |
| Activity System ID: 15494 | |

Activity Narrative: The overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions. In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations

In FY 07 NUMAT provided technical assistance for strategic information activities to 10 organizations and supported the training 25 district people in strategic information. A program database was established at the project to help in the management of data from districts and in the compilation of reports in indicators in project's Project Monitoring Plan (PMP). In FY 08 NUMAT, will work with other stakeholders to support the nine districts to develop their M&E plans in line with the National M&E framework and their HIV/AIDS plans. District Health Management Information System Focal Persons will be trained to further the strengthening existing data collection mechanisms in place within the health system in all districts. The Focal Persons will be trained 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 monitor progress on critical HIV/AIDS, TB and malaria indicators.

As a follow up to previous efforts by UPHOLD, UNICEF and Uganda AIDS Control Programs (UACP) in some of the NUMAT districts, NUMAT will continue focusing on activities aimed at promoting evidence-based planning and decision making at district and lower levels. Evidence-based planning and decision making will be achieved through regular measurement of program performances and progress in all the districts that this program will operate. Regular and timely feed back to the supported local governments, non-governmental organizations and civil service organizations will be conducted through the annual Lot Quality Assurance Sampling (LQAS) survey. The LQAS survey will be conducted annually in all the supported districts to track coverage and utilization of key indicators related to program performance. Key stakeholders such as line ministries, local government authorities, civil society organizations and other implementing partners will be involved in the development of questionnaires of this survey. The LQAS 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. LQAS will also track indicators under the President's Malaria Initiative (PMI).

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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity

Continuing Activity: 8474

Related Activity: 15467, 15468, 15473, 15480,
15481, 15486, 15197, 15488,
15490, 15495

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21732 | 4711.21732.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$195,000 |
| 8474 | 4711.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$350,000 |
| 4711 | 4711.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15495 | 4712.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$200,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 10 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 50 | False |

Indirect Targets

Coverage Areas

Apac
 Gulu
 Kitgum
 Lira
 Pader
 Amolatar
 Amuru
 Dokolo
 Oyam

Table 3.3.13: Activities by Funding Mechansim

| | |
|-------------------------------------|---|
| Mechanism ID: 1245.08 | Mechanism: Makerere University Walter Reed Project (MUWRP) |
| Prime Partner: Walter Reed | USG Agency: Department of Defense |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 4516.08 | Planned Funds: \$125,000 |
| Activity System ID: 15715 | |

Activity Narrative: This activity is a continuation from FY2007 with the following updates:

During FY2008, MUWRPs SI program will strengthen HMIS capacity of Kayunga District Hospital and its five health centers for accurate and timely reporting on required indicators to MOH and PEPFAR. Technical assistance will be provided to continue collection, management and analysis of data across program areas: OVC, ART/Care, CT, prevention.. MUWRP will provide computer and email access to seven key District HIV staff personnel operating in remote areas. A MUWRP data officer will partner with HMIS staff of the district hospital and health centers and ensure they receive adequate training in data collection, management and analysis.

Funding will support salary of 4 SI staff, training, maintenance, six computers, supplies, technical expertise and email service provision. In 2008, MUWRP will continue/initiate in-depth analysis of data that are collected as a part of routine patient/client visits. Some of the analysis will include exploring and describing change among treatment cohorts, factors associated with lost-to-follow-up, youth CT trend etc in order to inform program implementers and policy makers.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8529**Related Activity:** 15709, 15769, 15710, 15711,
15712, 15713, 15714, 15716,
16075, 17531**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|--|---------------|
| 20040 | 4516.20040.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$173,000 |
| 8529 | 4516.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$107,000 |
| 4516 | 4516.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$32,375 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15716 | 5356.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$243,000 |

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 7 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 20 | False |

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Kayunga

Mechanism ID: 1284.08

Mechanism: Full Access Counseling and Testing

Prime Partner: Kumi Director of District Health Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 10038.08

Planned Funds: \$50,000

Activity System ID: 15907

Activity Narrative: This activity is a continuation from FY07 and has not been updated

FY07 COP activity number 10038

Title: Evaluating Home-Based Confidential Counseling and Testing in Kumi and Bushenyi Districts, Uganda

Time and money summary: Year 2 of activity; 2007 - 2009; Expended \$0 to date, Expected \$160,000 total needed for completion (including FY08 request, which is \$50,000).

Local Co-investigators: Wolfgang Hladik, Margaret Achom, Jordan Tappero, Frank Kaharuza, CDC Uganda; Jonathon Mermin, CDC Kenya; Felix Ocom, Kumi Local Government; Elioda Tumwesigye, Integrated Community Based Initiatives

Project description: 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).

Evaluation Question:

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).

Methodology:

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 1st HBCT session, field teams will re-visit a sub-sample of the district population (approximately 30,000) a 2nd time. During the 2nd 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 1st HBCT session led to a decline in the measured outcomes and examine possible determinants for a change in these outcomes.

At the time of the 2nd HBCT round (likely in FY08), we also plan to offer HBCT to another district that hitherto was without a large scale HBCT program. This district will be chosen using data from the 2004/5 Uganda Sero-Behavioral Survey on the basis of a similar urban/rural population size distribution and a similar prevalence and (expected) incidence level as Kumi. Consequently, two district-based HIV incidence estimates can be compared, one after offering systematic HBCT, the other without access to such a program.

Population of Interest:

The target population is the entire district population. Changes in behavior and the rate of new HIV infections will be assessed in adults only. The assessed outcomes are applicable to other districts/areas planning such services and of relevance to other PEPFAR countries where similar services are considered.

Status of study: The routine program activities are ongoing, the evaluation activities are about to start.

Lessons Learned: Awaiting full project implementation and analysis.

Information Dissemination Plan: Dissemination of results will occur through and at workshops, meetings, conferences, and publications. Dissemination will be conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders.

Planned FY08 activities: During FY08, the evaluation part of the study protocol will be implemented. The 2nd round of home-based counseling and testing will commence at selected parishes. Other activities will include data analysis and interpretation of findings.

Budget Justification for FY08 monies:

| | |
|---------------------------|----------|
| Salaries/fringe benefits: | \$20,000 |
| Equipment: | \$5,000 |
| Supplies: | \$3,000 |
| Travel: | \$0 |
| Participant Incentives: | \$0 |
| Laboratory testing: | \$20,000 |
| Other: | \$2,000 |
| Total: | \$50,000 |

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10038

Related Activity: 15904, 15905, 15906

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---|---------------------|--------------|------------------------------------|---------------|
| 24048 | 10038.2404 8.09 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 10336 | 1284.09 | Full Access Counseling and Testing | \$0 |
| 10038 | 10038.07 | HHS/Centers for Disease Control & Prevention | Kumi Director of District Health Services | 4804 | 1284.07 | Full Access Counseling and Testing | \$110,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|------------------------------------|---|---------------|
| 15904 | 4049.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15905 | 8550.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |
| 15906 | 4046.08 | 7288 | 1284.08 | Full Access Counseling and Testing | Kumi Director of District Health Services | \$0 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 2 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 10 | False |

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Kumi

Bushenyi

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17111.08

Planned Funds: \$50,000

Activity System ID: 17111

Activity Narrative: This is not a new activity in FY08 but a continuation from FY07 Activity ID 10102.

FY07 Activity ID: 10102

Title: Assessing the Relationship between Intimate Partner Violence and HIV Status Disclosure in Rakai District, Uganda

Time and money summary: We are currently in year 1 (2007) of the activity and are still awaiting year 1 funds (\$50,000). We expect to complete year 1 activities approximately 6 months after their initiation and intend to begin year 2 activities immediately thereafter. We request an additional \$50k for year 2 making a grand budget total of \$100,000.

Local Co-investigator: David Serwadda, Professor and Director, Institute of Public Health, Makerere University and Investigator Rakai Health Sciences Program; Neema Nakyanjo, Coordinator, Department of Qualitative Research, Rakai Health Sciences Program

Project description:

Three goals of VCT are reaching clients, client disclosure of HIV serostatus to sexual partners and reducing risky sexual behaviors of clients. However, violence and fear of violence commonly limit women's ability to engage in such HIV preventive behaviors. There is growing evidence that fear of violence is a major barrier to testing (for HIV positive and negative women) and to the disclosure of HIV status to sexual partners for HIV positive women. Violence is also an outcome of disclosure among some women. Further, women in violent relationships are less able to adopt risk reduction recommendations.

We propose to qualitatively evaluate:

- (1) the impact of fear of violence on HIV positive and negative women's decision to get tested for HIV and decision to disclose HIV results to their partner(s);
- (2) women's experience with risk reduction when in violent relationships;
- (3) HIV positive and negative women's experiences with violence as a result of disclosure;
- (4) the impact of training HIV counselors to use protocols that address violence;
- (5) community recommendations for effectively addressing the overlap between violence and HIV/AIDS.

Data collected during this evaluation will help assess the impact of the SHARE Project's ongoing HIV and violence focused community mobilization and health education, capacity building programs for VCT counselors, and HIV/AIDS outreach activities. Information gathered will also assist with the development of HIV testing and counseling protocols for RHSP and other organizations in Uganda and the region. Additionally, findings from this evaluation would be instrumental to the national plans for VCT scale up. Finally, information gathered would be useful to global strategies and recommendations to address violence against women in the context of HIV testing and counseling.

Status of study/progress to date: The protocol is developed, research plans are in submission for scientific/human subjects/phe review, and research teams are prepared for implementation. We are slightly behind schedule due to delays in funding. However, we will be able to make up for time lost by adding more research assistants to qualitative team, and revising our timeline.

Lessons Learned: Activity has not yet been implemented.

Information Dissemination Plan: The Rakai Program has shared data with various US and European collaborations (University of London, University of Rotterdam, CDC in Atlanta, University of Washington, among others) and has a written policy on data sharing. All decisions involve the Ugandan Senior Investigators, and adhere to Ugandan Ministry of Health directives to ensure maximal use of research findings, along with safeguards to prevent misuse or misinterpretation of data. Senior Uganda colleagues act as co-authors on shared data. Findings from the proposed study will be orally presented within the study site communities through health education seminars, village meetings and meetings with district health officials. We will encourage and work with the local stakeholders and heads of organizations to disseminate and use our findings in ways that will be helpful to their program's agenda. Reports on the study results, incorporating recommendations will be written and distributed to researchers, policymakers, and program leaders in Uganda who are designing and implementing HIV and violence prevention programs. Study results also will be summarized in papers for peer-reviewed journals focusing on HIV and violence prevention and promotion of health

Planned FY08 activities:

- (1) Organize, code, analyze and interpret data.
- (2) Conduct additional in-depth key informant interviews and focus group discussions as needed to fill gaps that emerge at the level of analysis.
- (3) Use findings to develop participatory training modules and an accompanying guidebook/manual that can be used by counselors and other health professionals working on HIV/AIDS issues to learn how to recognize and safely and ethically respond to the intersections of HIV and violence. (These tools, the training resource and guidebook, will be appropriate for professionals in Rakai and all other districts of Uganda, as well as throughout East/Southern Africa.
- (4) Write up findings for peer-reviewed journal submission.

Budget Justification for FY08 monies:

Salaries/fringe benefits: \$20,000
Consultant fees: \$10,000
Equipment: \$2,300
Supplies: \$5,000
Travel: \$5,000
Participant Incentives: \$2,700
Laboratory testing: \$0
Other: \$5,000
Total: \$50,000

This research, analysis and report writing/manual development project is estimated to cost approximately \$50,000. This will include personnel costs (for RHSP field staff work, administration and data analysis

Activity Narrative: teams) and consultant fees (for work to be done by violence prevention expert from Johns Hopkins University and a local, East African, artist who will work on development of the training manual). Equipment costs are budgeted for purchase of 1 Dell XPS 210 Desktop (\$1000), 1 Eaton Powerware 9120 2000 VA Tower UPS System (\$1000), and 1 Dell Wireless All-In-One 966 Printer (\$259). Supplies are budgeted for computer software (NVIVO v7 Full License at \$500) and other field related expenses, particularly as they apply to office and printing expenditures. Travel costs are budgeted for 2 round trip tickets for US partner to travel from Baltimore/DC to Uganda. Also budgeted are minimal field expenditures related to additional data collection and pilot testing of learning instruments, including participant recruitment, research assistant needs for conducting focus group discussions and in-depth interviews, transport costs, participant compensation and community mobilization costs. Health education and mobilization activities are done in conjunction with all research and service activities conducted by Rakai Program. This is done in order to sensitize community members and local leaders and to begin participant recruitment. Community health mobilizers (resident in the research areas) are commonly asked to take part in these activities for which they are compensated on a daily basis (5,000 UGX per diem). All research participants are compensated 3,000 UGX for their time and participation in research activities. (This will apply to key informants who take part in in-depth interviews, as well as all who participate in focus group discussions.) Other costs are budgeted for IRB renewal costs, communications, bank fees and printing expenses incurred at Kampala-based printing company for developing of pilot versions of training manual.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13240, 13231, 13232, 13233,
13234, 13235, 13236, 13237,
13238, 13239, 13241

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13239 | 4026.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$500,000 |

| | | | | | | |
|-------|----------|------|---------|---|---|-------------|
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |
| 13241 | 4017.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$1,566,587 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | N/A | True |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | N/A | True |

Coverage Areas

Rakai

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 16782.08

Activity System ID: 16782

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$26,650

Activity Narrative: FY07 COP activity number 10084

This activity is a continuation from FY2007 and has not been updated

Title: Sero-Behavioral Surveys among Most-at-Risk Populations (MARP) in Kampala, Uganda

Time and money summary: Year 2 of activity; 2007 - 2009; Expended \$0 to date, Expected \$251,600 total needed for completion (including FY08 request).

Local Co-investigators: Wolfgang Hladik, Jordan Tappero, Frank Kaharuza, CDC-Uganda; Alex Opio, Michael Muyunga, Edith Nakku, Ministry of Health; David Serwada, School of Public Health, Makerere University; Lillian Tibatemwa, Uganda AIDS Commission

Project description: In Uganda, HIV surveillance and prevention activities focus almost entirely on the general population. Little is known about the risk of HIV infection among most-at-risk populations (MARPs), as well as their prevention, care and treatment needs. Similarly, little bio-behavioral surveillance is conducted among MARPs. This activity aims at conducting surveillance activities among men having sex with men, male and female sex workers, university students, and transport workers in Kampala, Uganda. The project goal is to inform Uganda's public health system about groups at high risk for HIV infection and to eventually facilitate and evaluate prevention activities and related services. The project objectives include identification and recognition of selected high risk groups, monitoring trends in prevalence of HIV and other selected sexually transmitted infections (STIs), and identifying and describing risk factors associated with HIV infection. This survey will be conducted in collaboration with the Ugandan MOH and the School of Public Health, Makerere University. The target sample size is 600 per MARP group; the estimated sampling period is 3 months per group, 6-8 months total. MARP groups will be sampled nearly concurrently using the same infrastructure. Respondent-driven sampling will be employed; quantitative data will be collected through computer-assisted self interviews; qualitative data will be collected through individual semi-structured interviews. Specimen collection includes blood and urine, as well as rectal and vaginal swabs. HIV voluntary counseling and testing will be provided, as well as testing and treatment for selected STIs. Findings will be disseminated to develop or improve control activities and services.

Status of study: The protocol was is currently under review locally, at CDC, and at OGAC. We anticipate that this activity will commence its "field activities" by January 2008.

Lessons Learned: Awaiting project implementation.

Information Dissemination Plan: Dissemination of results will occur through and at workshops, meetings, conferences, and publications. Dissemination will be conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders.

Planned FY08 activities: During FY08, the study protocol will undergo further review until human subjects review is complete. Data collection will then begin as described above, as well as laboratory testing, followed by data analysis and dissemination of findings.

Budget Justification for FY08 monies:

| | |
|---------------------------|-----------|
| Salaries/fringe benefits: | \$40,800 |
| Equipment: | \$35,000 |
| Supplies: | \$15,000 |
| Travel: | \$10,000 |
| Participant Incentives: | \$15,000 |
| Laboratory testing: | \$50,000 |
| Other: | \$10,000 |
| Total: | \$175,800 |

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16546, 13334

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13334 | 10084.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$120,000 |
| 16546 | 16546.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$50,000 |

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 1 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 3 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Kampala

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7340.08

Mechanism: Health Strategies International - Cost Effectiveness

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4439.08

Planned Funds: \$190,000

Activity System ID: 16098

Activity Narrative: In FY08 CDC will continue to work with Health Strategies International, a U.S. health economics consulting firm, to finalize the cost-effectiveness evaluation of antiretroviral therapy (ART) using a home-based model for ART delivery (HBAC) in Tororo. The project which has evaluated the impact of ART on household economics in rural Uganda is based on HBAC I data as well as previous evaluation data from CDC-Uganda for cotrimoxazole and the safe water vessel. As applicable, the impact on family members was also be assessed. A sub-component of the evaluation is to conduct time and motion studies of various service providers within ART programs, including field officers, counselors, laboratory technicians and medical officers. Final 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 also includes training in data collection, data analysis and the preparation of presentations and manuscripts for dissemination.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8383

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|--------------|---------------|
| 8383 | 4439.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$190,000 |
| 4439 | 4439.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$190,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 2 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 50 | False |

Table 3.3.13: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 3481.08 | Mechanism: CDC GHAI |
| Prime Partner: US Centers for Disease Control and Prevention | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 16832.08 | Planned Funds: \$75,000 |
| Activity System ID: 16832 | |

Activity Narrative: Year 1 of activity; 2007 - 2009; Expended \$0 to date, Expected \$75,000 total needed for completion (including FY08 request, which is \$75,000).

Local Co-investigators: Wolfgang Hladik, Fulgentius Baryarama, Dennis Olara-CDC Uganda; Raymond Byaruhanga, AIDS Information Center

Project description:

Conventional HIV surveillance focuses on monitoring HIV prevalence. Prevention programs however need information on the determinants of acquiring and transmitting HIV. The surveillance system described here is tailored after the slogan "Know your epidemic – the last 1000 HIV infections". It primarily aims at tracking recently HIV-infected persons to better inform about the current determinants that put people at risk. At selected sites VCT clients' demographic and behavioral characteristics will be evaluated by their HIV status: HIV-negative, recently HIV-infected, long-term HIV infected. The clients' left-over HIV-positive blood will undergo additional off-site testing to identify those likely to have been recently infected. Same-site HIV-negative "controls" serve as a comparison group. At the sites where this PHE will be implemented, a more risk profile will be available to counselors for the purpose of counseling. Further, the introduction of computer-assisted self interviews (CASI) may decrease workload for site staff.

Evaluation Question:

This PHE intends not to monitor HIV prevalence but to determine and monitor HIV acquisition/transmission risk behaviors and characteristics.

Its main objectives are to describe:

- 1) HIV acquisition determinants (among recently infected individuals)
- 2) HIV transmission risk behaviors (among both recently and long-term infected individuals)

These data will facilitate the tailoring of prevention activities targeting HIV-uninfected and 'Prevention With Positives' (PWP) programs.

Methodology:

Design: Cross-sectional annual surveys.

Sampling population: VCT clients attending selected AIDS Information Centers (AIC) in Uganda

Data collection: At the selected sites, an expanded questionnaire will be administered for all clients. The risk profile obtained through this questionnaire will be used both for counseling as well as for the data evaluation described here. Computer-assisted self-interviews (CASI) will be administered to increase privacy and lessen the workload for staff. The interview will focus on recent (last 6 months) behavioral characteristics. Clients unable to conduct a CASI will be offered assistance (computer-assisted personal interview).

Sampling frame: Up to three AICs will be selected for this PHE. At the selected AICs, clients' data will be evaluated identified HIV-positive persons will be consecutively offered participation. For every 5th HIV-positive client enrolled, we will enroll the next available (consenting) client. Individuals testing as couples will both be offered participation, as long as at least one couple member tests HIV-positive. For each HIV-positive couple enrolled, the next available concordant negative couple will be offered enrolment.

Target sample size for analysis: ~5,000

At the three largest AIC branches, approximately 25,000 persons undergo. The HIV prevalence in this group is approximately 10%. We assume that 5%-7% of HIV-infected clients will be identified by additional laboratory testing as having been "recently" infected. The target sample size comprises three groups:

Recent: ~100 recently HIV-infected clients.

Long-term: ~2400 "long-term infected" clients.

Negative: ~2500 negative clients. For risk factor analysis, matched with HIV-positive clients by AIC site, age, sex, and reason for testing.

Total: 5,000 (~100 recent, 2,400 long-term infected, 2500 uninfected).

Sampling period: Sampling will be continuous.

Laboratory procedures: Routine tests for VCT will identify all HIV-positive and negative clients). The laboratory procedures for this surveillance system apply to HIV-positive specimens only: A venous blood sample will be drawn. CD4 testing will be performed at the CDC laboratory in Entebbe. Specimens with a CD4 count <350/ μ l will be assumed to be long-term infected. Specimens with a CD4 count =350/ μ l will undergo testing with the BED serological HIV incidence assay. Specimens test "positive" by the BED assay if the infection had occurred within on average of 155 days. CD4 test results will be provided back to the testing facility to facilitate assessment of HIV treatment eligibility, incidence assay results will not be communicated back to the client.

Classification of HIV infection status:

"HIV-recent": 1) clients testing BED-positive, or 2) repeat testers testing HIV-positive within six months of a documented HIV-negative result at the same facility (irrespective of laboratory-based classification)

"HIV-long term": 1) clients testing BED-negative, or 2) clients with a CD4 count <350/ μ l

Data analysis: We will exclude clients aged <15 years as well as clients who undergo diagnostic testing (illness). Data will be analyzed on an annual basis. Three groups will be described, and compared:

Recently infected clients (=6 months)

Long-term infected clients (> 6 months)

Uninfected clients (serve as "controls" in the analysis of risk behaviors)

Risk factors for HIV acquisition will be evaluated by analyzing and comparing recently infected and uninfected individuals.

Risk factors for HIV transmission will be described by analyzing recently and long-term infected individuals.

As an ongoing surveillance system, these risk behaviors will be monitored over time and determinants leading to the "last 1000" HIV infections described.

Limitations:

Serological incidence assays have imperfect sensitivity and specificity. However, the assays' accuracy is sufficient for the purpose of this surveillance system, and work to improve the accuracy of HIV incidence testing is ongoing. VCT clients are not fully representative for the general adult Kampala population. Still, assuming that sampling bias is stable over time should ensure adequate monitoring of acquisition and transmission risk behaviors.

Population of Interest: The target population is the general population in Kampala, Uganda. Sampled VCT clients serve as a proxy.

Activity Narrative: Budget Justification:
Costs are related to computer hard- and software to collect interview data, site staff time, as well as laboratory testing costs. Other costs (laboratory staff time, data analyst time) are covered by routine CDC Uganda operational costs.

Status of study: This is a new activity. The protocol has yet to be developed.

Lessons Learned: Awaiting project implementation.

Information Dissemination Plan: Dissemination of results will occur through and at workshops, meetings, conferences, and publications. Dissemination will be conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders.

Planned FY08 activities: Protocol development, human subjects review, project implementation.

Budget Justification for FY08 monies:

| | |
|---------------------------|----------|
| Salaries/fringe benefits: | \$25,000 |
| Equipment: | \$20,000 |
| Supplies: | \$3,000 |
| Travel: | \$0 |
| Participant Incentives: | \$0 |
| Laboratory testing: | \$25,000 |
| Other: | \$2,000 |
| Total: | \$75,000 |

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 2 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 6 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Kampala

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3481.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 16546.08

Activity System ID: 16546

Mechanism: CDC GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$50,000

Activity Narrative: FY07 COP activity number: 10084

This activity is a continuation from FY07 and has not been updated.

Title: Evaluating the Utility of: (1) Using Routine Program HIV testing Data for Surveillance and (2) the HIV-1 Incidence Assay for Incidence-Based Surveillance

Time and money summary: Year 2 of activity; 2007 - 2009; Expended \$0 to date, Expected \$100,000 needed for completion (including FY08 request).

Local Co-investigators: Wolfgang Hladik, Frank Kaharuzza, CDC-Uganda; Alex Opio, Wilford Kirungi, Ministry of Health

Project description: 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.

This activity evaluates 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.

The sampling populations constitute PMTCT/VCT/STD clinic clients. Akin to traditional ANC-based surveillance, PMTCT/VCT based prevalence (and incidence) estimates and trends would be extrapolated to the general adult populations with or without adjustments; STD clinic clients serve as a high-risk group sentinel.

Status of study: The protocol was developed and is currently under review locally. We anticipate that this activity will commence its "field activities" by January 2008.

Lessons Learned: Awaiting project implementation.

Information Dissemination Plan: Dissemination of results will occur through and at workshops, meetings, conferences, and publications. Dissemination will be conducted with participating implementing partners, Ugandan MOH officials and other local stakeholders.

Planned FY08 activities: During FY08, the study protocol will undergo further review until human subjects review is complete. Data collection will then begin as described above, as well as the serological incidence testing, followed by data analysis and dissemination of findings.

Budget Justification for FY08 monies:

Salaries/fringe benefits: \$6,000
Equipment: \$8,000
Supplies: \$4,000
Travel: \$0
Participant Incentives: \$0
Laboratory testing: \$27,000
Other: \$5,000
Total: \$50,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13334, 16782

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13334 | 10084.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$120,000 |
| 16782 | 16782.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$26,650 |

Emphasis Areas

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 2 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 3 | False |

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Kampala

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6181.08

Mechanism: Financial Management Agent/
Civil Society Fund (FMA/CSF)

Prime Partner: Deloitte Touche Tohmatsu

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 16001.08

Planned Funds: \$0

Activity System ID: 16001

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte and Touche, a USAID contractor, as the CSF Financial Management Agent. Deloitte and Touche also provides financial management technical assistance to CSF implementing partners. The Technical Management Agent is Care International through the CORE Initiative.

The monitoring and evaluation component of the CSF will function similar to the MEEPP project for the USG PEPFAR program in Uganda. The TOR are currently being finalized. The contract is expected to be in place by the end of October. The participating development partners, UNAIDS and the Uganda AIDS Commission are currently mapping out the best way to manage and support this M&E function under the new national M&E Plan. It is important to note that the CSF is a partnership between development partners, GOU and civil society. USAID as a contributing donor and one of two development partners members of the Steering Committee, holds the agreements with the technical management agent and the financial management agent. In doing so, USAID provides in-kind cost sharing to the CSF for the management costs of these two agents. At the same time, some development partners such as DANIDA are not able to pay for M&E costs. Therefore, in addition to some of the M&E costs covered within key USG supported program areas including AB, OP and OVC, these resources will be used to cover some of the M&E costs not able to be supported by some of the development partners who are directly supporting grants. It is expected that as the CSF strengthens and grows, other development partners will put funds into the CSF. The long term financial needs of the M&E component will continue to be assessed on a regular basis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15991, 15993, 15996, 14189, 15484, 15491, 15859

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15859 | 15859.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$500,000 |

Emphasis Areas

Local Organization Capacity Building
Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 100 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 150 | False |

Table 3.3.13: Activities by Funding Mechansim

| | |
|--|--|
| Mechanism ID: 690.08 | Mechanism: N/A |
| Prime Partner: US Department of Defense | USG Agency: Department of Defense |
| Funding Source: GHCS (State) | Program Area: Strategic Information |
| Budget Code: HVSI | Program Area Code: 13 |
| Activity ID: 3969.08 | Planned Funds: \$100,000 |
| Activity System ID: 16073 | |

Activity Narrative: 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 07:\$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 seroprevalence study of UPDF active duty personnel was accomplished; the seroprevalence survey will be completed in COP 06 activities.

Current activities include modifying the pilot MIS structure and extending it to at least 3 additional clinical sites. The seroprevalence survey is to be conducted during, 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.

In FY 08 we plan to continue strengthening the information system in the UPDF.

HQ Technical Area:

New/Continuing Activity: Continuing Activity**Continuing Activity:** 8387**Related Activity:** 16065, 16066, 16067, 16068,
16069, 16070, 16071, 16072,
16074, 16318, 18548**Continued Associated Activity Information**

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21602 | 3969.21602.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$100,000 |
| 8387 | 3969.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$100,000 |
| 3969 | 3969.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$50,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16074 | 3971.08 | 7336 | 690.08 | | US Department of Defense | \$228,000 |

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 1 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 2 | False |

Indirect Targets

Coverage Areas

Kampala

Luwero

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7292.08

Mechanism: AIDS Indicator Survey preparatory- MACRO

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15928.08

Planned Funds: \$100,000

Activity System ID: 15928

Activity Narrative: This is a new activity that falls into the category of Strategic Information, but it also relates to activities in Policy and Guidelines; Information, Education and Communication; Logistics; and Training. This narrative will cover only the preparatory phase of the 2008 HIV/AIDS Indicator Survey that will be undertaken by Macro International Inc. (Macro Int.), the organization that has been providing technical assistance to the USG in the implementation of the four Uganda Demographic and Health Survey (UDHS). The 2004-05 Uganda HIV/AIDS Sero-Behavioral Survey (UHSBS). The 2007 Service Provision Assessment and the ongoing verbal autopsy for the childhood deaths as a follow up of the 2006 UDHS.

The 2008 AIDS Indicator Survey (AIS) will provide an update of the prevalence of HIV infection from a nationally representative population survey which can be used to calibrate the data derived from the Antenatal Care sentinel surveillance surveys. Moreover, it will update data on knowledge, attitudes and behaviors related to HIV/AIDS, including prevalence of higher-risk sex and number of sexual partners, as well as condom use and abstinence. Data on the extent of voluntary HIV testing will also be collected. In addition to HIV testing, the survey may include tests for other sexually transmitted diseases; however, the exact design of the survey will be decided on during initial discussions concerning data needs. The data from the survey will address the monitoring and evaluation needs of HIV/AIDS programs, especially those funded by the USG and will provide policymakers involved in these programs with information to effectively plan future interventions. The 2008 AIS will be a follow-up to the 2004-05 UHSBS, as well as to the series of Uganda Demographic and Health Surveys, most notably the 2006 UDHS. As such, the findings will provide information about trends in many HIV/AIDS and health indicators over time.

The 2008 AIS will be implemented by USAID Macro Int., under the leadership of the MOH and in partnership with CDC/Uganda and other development partners. For programming purposes, the 2008 AIS will be implemented in two phases. The first phase that will be implemented by Macro Int. will cover the preparatory phase. The second implementation phase will be executed by the Measure DHS follow-on mechanism that is yet TBD. In order to ensure that first phase meets USG and other development partners' needs and does not overlap with other planned activities, a steering committee will be set up by the Ministry of Health, with all major stakeholders represented.

Children < 5 years, women age 15-49 years, and men age 15-54 years will be the focus of the survey. The main indicators produced from the survey include: HIV infection rate; level of orphanhood; knowledge of HIV/AIDS and its transmission; rejection of misconceptions about HIV/AIDS; level of stigma towards PHA; extent of higher-risk sex; condom use at last higher-risk sex; age at first sex; and number of sexual partners in the previous 12 months. The survey will produce data at the national level, for urban and rural areas, and probably also for 9 regions (groups of districts). An as yet undetermined laboratory in Uganda will implement the HIV testing and any other tests that might be included. As has been the case with all surveys implemented in Uganda under Macro's DHS program, technical assistance contains a strong capacity-building element, both in the form of on-the-job training and more explicit training courses. The capacity build by Macro Int. during the previous DHS programs to several data processing programmers at the Uganda Bureau of Statistics will be used to implement this survey.

Preparatory activities will include survey design, budgeting, HIV testing protocol preparation, sample design and selection, and questionnaire design. Macro proposes to make 2-3 technical assistance visits to Uganda to complete the preparatory activities. Deliverables by September 30 2008 will include a survey design document, an HIV testing protocol, a survey budget—including local, technical assistance, and medical supply costs—a sample design document, draft questionnaires, and trip reports.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|--|--------------|----------------|
| 13.1 Number of local organizations provided with technical assistance for strategic information activities | 1 | False |
| 13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) | 5 | False |

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7293.08

Prime Partner: Monitoring and Evaluation Management Systems

Mechanism: End of Program Evaluations

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15930.08

Planned Funds: \$700,000

Activity System ID: 15930

Activity Narrative: 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 -8 mid-term and/or end of project evaluations for USAID PEPFAR projects. End of project evaluations will focus on those that are scheduled to end in FY09. 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 evaluation will also distill lessons learned about program implementation that will have a bearing on scaling up HIV/AIDS intervention and replication of similar intervention nationwide. Resources are requested to conduct program evaluations for key USAID supported projects including: MEEPP, AFFORD, Deloitte and Touche (MTR), NUMAT (MTR), TB-CAP (MTR). The remaining are TBD pending PEPFAR priorities for ongoing programming.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$7,373,174

Estimated PEPFAR contribution in dollars \$40,000

Estimated local PPP contribution in dollars \$20,000

Program Area Context:

The USG, working collaboratively with other donors and stakeholders through the coordination of the Uganda AIDS Commission (UAC) and key line ministries, continues to support effective HIV/AIDS programming by supporting policy development and implementation, strengthening key systems, and fostering relationships with political leaders and key sectors involved in the national HIV/AIDS response.

The Civil Society Fund was inaugurated during FY07 and the first round of funding to National NGOs starts October 1, 2007. Three additional solicitations are expected by September 15, 2007. Two will focus on OVC, specifically increasing linkages between pediatric HIV and community OVC services, and funding comprehensive district based plans. The third will supplement the recent Global Fund submission and will focus on HIV prevention. Financial management and Technical management is provided by USG on behalf of the development partners and the Fund's steering committee. USG/PEPFAR will contribute to the overall monitoring and evaluation of the grantees.

Round 3, Phase 2 Global Fund (GF) OVC resources and pending Round 7 HIV Global Fund HIV resources for civil society are programmed to go through the CSF. USG will continue to support the operationalization of the national management structures for planning, implementing and monitoring GF resources that were approved in FY07.

The USG continues to actively engage with the Uganda AIDS Commission (UAC), the national body mandated to coordinate, plan, monitor and mobilize resources for HIV/AIDS. In 2007, with USG support, the UAC finalized the next five-year National Strategic Plan, which embraces evidence-based findings from the results of the recent sero-survey and other research in country. An accompanying Performance Monitoring and Management Plan was also developed with USG support. Active efforts are underway with UNAIDS leadership to coordinate technical support to the national response as well as the Uganda AIDS

Commission. In collaboration with other AIDS development partners, the USG will continue to provide support to strengthen the capacity of the Uganda AIDS Commission to effectively lead the national response. USG will also continue to provide organizational systems strengthening to national indigenous NGOs playing a key role in the national response.

Finding effective means to support Uganda's shortage of healthcare workers remains at the forefront of the response - lack of trained health personnel, staffing imbalances and the Human Resource Management infrastructure remain as critical constraints to scaling up services. In FY08, USG will continue to support the HR crisis by 1) Enhancing the capacity for HRH policy and planning at the central and district levels to mitigate the HRH impact of HIV/AIDS; 2) Strengthening systems for effective performance-based health workforce development; and 3) Identifying and promoting health workforce management practices for improved performance and retention. The USG is also participating in the newly formed national committee on task shifting, which was created following discussions with WHO/Geneva. The committee is comprised of MOH, UNAIDS, WHO/Uganda and USG. Guidelines are expected to be finalized and posted in November. USG/Uganda will follow the guidance outlined and work in partnership with other development partners to identify the most appropriate ways to support the GOU to address recommendations.

Key training programs for HIV program managers, and service providers 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 through the Institute of Public Health HIV/AIDS Fellowship program and the Strengthening of Counselor training project. The USG will also continue to support the development of various cadre of service providers particularly HIV counselors in FY08.

In addition, the USG team will design a new project to identify and place Ugandan interns and trainees as technical support staff or advisors in civil society organizations, implementing partner organizations, and host country organizations that are implementing HIV prevention and treatment programs. This new activity will identify and provide support to academic public health, medical and/or social science training institutions to increase students' practical experience in HIV/AIDS service delivery and prevention areas. The project will work with the administration of selected and interested institutions to put in place an internship program which can provide technical skills to USG supported programs and ensure that Ugandan undergraduate students have opportunities to gain practical experience in their field of study, much as is the norm in colleges in the US. The ultimate goal of this project is to strengthen and diversify the pool of Ugandan skills and expertise needed to address the multifaceted challenges posed by the HIV/AIDS epidemic, and mobilize national resources in the national response to the epidemic.

Given Uganda's decentralized system of financing and governance, and the increasing number of new districts (from 56 in 2001 to 82 in 2007), USG efforts will continue to support improved HIV/AIDS planning, management, implementation and monitoring at district level through key political and technical HIV/AIDS structures. A key outcome will be integration of HIV/AIDS into District Development Plans, budgeting for HIV/AIDS services beyond basic commodities and improved coordination of resources and service delivery at the district and sub-county level. In addition, the ongoing peace process in Northern Uganda has resulted in approximately 95% of people in the Lango region returning to their homes and 45% of people in the Acholi region moving to transit camps or their homes. This will continue to require significant systems strengthening of key political and technical HIV/AIDS systems and structures to ensure well planned, implemented and monitored HIV/AIDS activities after an 18-year civil war that decimated livelihood, education and health structures. A key focus in the North will be to improve service equity for vulnerable populations including internally displaced individuals, women and children.

Democracy and governance programming has become an integral component of the USG's support for sustainable development around the world. Democratic institutions are key to a well functioning government, and 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. The USG will 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. 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 within HIV/AIDS and strengthening the influence of marginalized groups. PEPFAR resources will leverage USAID's democracy and governance activity to specifically support activities 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.

Also in FY08, USG will continue to support the Ministry of Health to identify and address policy gaps and develop national policies and standards on prevention, treatment and palliative care. The MOH will also be supported to develop policies and guidelines on new and emerging technologies. HSV-2 and male circumcision are currently at the forefront of policy discussions in Uganda. Updating and rolling-out respective policy and treatment guidelines will be the focus for FY08.

The Ministry of Gender Labor and Social Development has recently developed an HIV/AIDS in the workplace policy that is currently under review by Cabinet. The new USG follow-on private sector initiative will support the GOU to roll-out and implement the HIV/AIDS workplace policy through the private sector. Building on previous successes, this activity will continue to assist mid to large size employers to establish and or improve workplace policies, with a particular focus on supporting the delivery of prevention programs and improving access to critical care and treatment programs for employees, their families and respective communities. This activity will also focus on improving support to and services for malaria, reproductive health and tuberculosis.

Program Area Downstream Targets:

| | |
|---|------|
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 570 |
| 14.3 Number of individuals trained in HIV-related policy development | 1765 |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 3452 |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | 5500 |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 4986 |

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 7624.08 | Mechanism: New Partners Initiative:Visions in Action |
| Prime Partner: Visions in Action | USG Agency: HHS/Health Resources Services Administration |
| Funding Source: Central GHCS (State) | Program Area: Other/Policy Analysis and System Strengthening |
| Budget Code: OHPS | Program Area Code: 14 |
| Activity ID: 17463.08 | Planned Funds: \$0 |

Activity System ID: 17463

Activity Narrative: Partnerships VIA is partnering with three local Uganda NGOs currently working on HIV/AIDS in Uganda. All three have strong support for HIV/AIDS programs from other international NGOs. All three NGOs have written letters of support to Visions in Action, confirming their participation and role in the program. All three have agreed to work in both Gulu and Kitgum districts, and to undergo periodic training to improve their own management systems, technical expertise and sustainability. These NGOs will work closely with Visions in Action to execute the youth workshops in AB, Anti-Stigma, and Living Positively with AIDS.

Family Life Network will provide youth abstinence workshops (AB workshop) four times a month, an average of 60 participants per workshop, reaching 3000 youth per year.
 Health Alert will provide anti-discrimination workshops four times a month, an average of 60 participants per workshop, reaching 3000 youth per year. They will also produce the radio dramas and messages.
 Dyere Tek will provide HIV+ care workshops (Living Positively with HIV) four times a month, an average of 60 participants per workshop, reaching 3000 youth per year. They will also follow up and provide the care and treatment 250-300 HIV+ clients at a community level.

The Family Life Network, which is known for its successful abstinence workshops, will perform these in the towns and IDP camps in both Gulu and Kitgum districts. FLN was founded in 2002 to address the fact that IEC campaigns alone were not having a great enough impact on the behavior change of the youth. FLN takes a family-centered approach to counseling, and works with youth to encourage abstinence and with couples to encourage faithfulness. Though they are strongly rooted in Christian ethics, they provide their services to persons of any race, religion or ethnic group. FLN is supported by CARE International, and has active programs in Kampala and Southwestern Uganda, including Ft. Portal, Kasese and Kabale. They currently have a staff of 12, and an annual budget of US\$130,000.

Health Alert Uganda, which works in Gulu District, has led workshops to counter discrimination against those who are HIV positive, and will do the same with VIA in the remote IDP camps in both Gulu and Kitgum districts. It was founded in 2004 to address the problem of lack of adherence to ARV regimens, especially among children and teens. They are currently an implementing partner of Save the Children, and are supported by DANIDA and UNICEF through Save. They have a staff of 10, and an annual budget of US\$140,000.

Dyere-tek (Literally "Sacrifice is difficult" in Acholi) is a local care and support organization for HIV+ persons working in Gulu that will work with VIA to improve care and support of HIV+ persons in both districts. They were founded in 1991 as an informal support group for HIV+ persons, and became an NGO in 1997. They have been supported by a number of international NGOs, including CARE, CRS, ACORD, World Vision, IOM and the Canadian African Partnership on HIV/AIDS. They have Peer Support Groups in nine communities in Gulu District, and directly assist 1500 HIV+ beneficiaries and 3500 orphans and vulnerable children. They have a core staff of 7, over 40 volunteers, and an annual budget of US\$233,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17152, 17253, 17260

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------|---------------|
| 17152 | 17152.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17253 | 17253.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |
| 17260 | 17260.08 | 7624 | 7624.08 | New Partners Initiative:Visions in Action | Visions in Action | \$0 |

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 3 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 60 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | 3,000 | False |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 3,000 | False |

Coverage Areas

Gulu

Kitgum

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7274.08

Mechanism: SPRING (Stability, Peace and Reconciliation In Northern Uganda)

Prime Partner: Emerging Markets

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 15855.08

Planned Funds: \$100,000

Activity System ID: 15855

Activity Narrative: The U.S. Government (USG) and Uganda government are working together to ensure peace and security, good governance, access to social services, economic growth, and humanitarian assistance in northern Uganda. The United States Agency for International Development (USAID) Mission in Uganda intends to support an integrated program to promote peace and stability in northern Uganda. The program will be entitled Stability, Peace and Reconciliation In Northern Uganda (SPRING). In light of recent developments in northern Uganda, including the ongoing peace talks between the Government of Uganda (GoU) and the Lord's Resistance Army (LRA), improved security and the return home of large numbers of internally displaced populations, the new program will contribute to the transition from relief to recovery and development. SPRING will support a core set of activities in three component areas: (1) Peace-building and reconciliation, (2) Economic security and social inclusion, and (3) Access to justice. The PEPFAR AB activity in FY08 promotes the third component – access to justice. This activity leverages USAID/Uganda's Democracy and Governance activities expected to be awarded in October 2007.

As people return to their homes after years of displacement in northern Uganda, vulnerable populations (including women, youth, children and child-headed households) will be most impacted; access to land and resources are key to ensuring economic security. When vulnerable groups have no access to land and other resources, there is an increased likelihood of HIV infection as they become reliant on males for survival and are therefore more vulnerable to high-risk activity such as transactional sex, and sexual violence.

Evidence from other post-conflict situations illustrates the relationship between HIV/AIDS (and women), property rights and access to land, namely: 1) access to land at the time of return and resettlement; 2) ability to use land to earn income for their families; and 3) ability to inherit land or pass it on as inheritance to their children. When women or other vulnerable groups have no access to land and other resources, there is an increase likelihood of HIV infection as they may be reliant on males for survival and are therefore more vulnerable to high-risk activity such as transactional sex, and sexual violence. To promote equity and economic growth for vulnerable persons, and to reduce the number of new HIV infections that will occur as people leave the camps, prevention, education and advocacy support to HIV/AIDS affected families and individuals will be an integral part of SPRING.

SPRING will support activities that promote non-violent decision-making and constructive social and economic participation. This project will link with and complement the SPRING OVC and AB activities. Illustrative activities under this component will include:

- Advocacy to increase access to economic opportunities (including access to land) that enable vulnerable people including HIV/AIDS affected women to maintain a stable and secure standard of living;
- Engagement of the community to decrease social exclusion of vulnerable populations, including HIV/AIDS affected women and infected families and individuals, particularly women;
- Activities with civil society organizations (including NGOs, women's groups and business associations) to promote local economic development for selected vulnerable populations including HIV/AIDS affected and infection women and their families;
- Advocacy to increase access by vulnerable populations including HIV affected women and their families to legal aid, and to increase awareness of human rights and land/property issues.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15979, 15852

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 15979 | 15979.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$350,000 |
| 15852 | 15852.08 | 7274 | 7274.08 | SPRING (Stability, Peace and Reconciliation In Northern Uganda) | Emerging Markets | \$150,000 |

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 5 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 5 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | N/A | True |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Amolatar
 Amuru
 Apac
 Dokolo
 Gulu
 Kitgum
 Lira
 Oyam
 Pader

Table 3.3.14: Activities by Funding Mechansim

| | |
|--|---|
| Mechanism ID: 6181.08 | Mechanism: Financial Management Agent/ Civil Society Fund (FMA/CSF) |
| Prime Partner: Deloitte Touche Tohmatsu | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Other/Policy Analysis and System Strengthening |
| Budget Code: OHPS | Program Area Code: 14 |
| Activity ID: 15859.08 | Planned Funds: \$500,000 |

Activity System ID: 15859

Activity Narrative: Under the direction of the Uganda AIDS Commission, the Civil Society Fund Steering Committee manages multiple donor resources supporting the civil society response to HIV/AIDS, OVC, TB, and Malaria. The CSF is receiving donor support from USAID, DfID, DANIDA, Irish AID, and the Uganda Global Fund for AIDS, TB and Malaria. The fund is managed by the Civil Society Fund Steering Committee, which held its inaugural meeting March 2007. Grants to CSF grant recipients will be managed through Deloitte and Touche, a USAID contractor, as the CSF Financial Management Agent. Deloitte and Touche also provides financial management technical assistance to CSF implementing partners. The Technical Management Agent is Care International through the CORE Initiative. The monitoring and evaluation component of the CSF will function similar to the MEEPP project for the USG PEPFAR program in Uganda. The TOR are currently being finalized. The contract is expected to be in place by the end of October.

It is important to note that the CSF is a partnership between development partners, GOU and civil society. USAID as a contributing donor and one of two development partners members of the Steering Committee, holds the agreements with the technical management agent and the financial management agent. In doing so, USAID provides in-kind cost sharing to the CSF for the management costs of these two agents. One of the reasons the fund was established from a donor perspective is because many donor agencies do not have the capacity to manage grants and contracts. This mechanism is one way to streamline their support to civil society and at the same time alleviate their management burden. The USG and in particular USAID is well positioned to support such activities and mechanisms as seen through the Uganda OVC grants program and the RFE in Tanzania.

These resources will be used to support the total direct cost plus fee of the financial management contract. Global Fund will cover the management costs of GF resources channeled through the CSF. The financial management agent is responsible for funds management, grants management and financial capacity building of CSF grantees. They also work in close partnership with the technical management agent, the M&E contractor and provide technical support to the steering committee. The use of the CORE Initiative as the technical management agent did not result in increased costs because the CORE Initiative's original SOW included a similar activity for the Ministry of Gender, Labour and Social Development (MGLSD). The activities initiated under the MGLSD have been integrated with the CSF.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14189, 15991, 15993, 15996,
15484, 15491, 16001

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--|--------------------------|---------------|
| 15991 | 15991.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$1,026,681 |
| 15993 | 15993.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$648,485 |
| 15996 | 15996.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 14189 | 12499.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$6,316,253 |
| 15484 | 3194.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 15491 | 3972.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |
| 16001 | 16001.08 | 6733 | 6181.08 | Financial Management Agent/ Civil Society Fund (FMA/CSF) | Deloitte Touche Tohmatsu | \$0 |

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 100 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 200 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Table 3.3.14: Activities by Funding Mechanism**Mechanism ID:** 7156.08**Mechanism:** NUMAT**Prime Partner:** John Snow, Inc.**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Other/Policy Analysis and System Strengthening**Budget Code:** OHPS**Program Area Code:** 14**Activity ID:** 4712.08**Planned Funds:** \$200,000**Activity System ID:** 15495

Activity Narrative: The overall goal of the Northern Uganda Malaria, AIDS/HIV, and Tuberculosis Project (NUMAT) is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care and support activities in 9 districts of North Central Uganda (Acholi and Lango Sub regions). Implementation of NUMAT project activities began in FY 07 and NUMAT has used differentiated project implementation strategy in the Lango and Acholi sub regions. This is because of the variation in the security situation in the two sub regions.

In Lango, where the security situation is more stable and 79% of the displaced people returned to their homes, NUMAT supports activities aimed at strengthening existing community and facility based HIV/AIDS/TB and malaria services. Services at static are 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, though the conflict has almost disappeared, significant parts of the population remain in the main camps while about 45% have moved to smaller satellite camps closer to their homes and a good number are also returning home. The NUMAT Project will continue supporting services to populations both in the peripheral camps and those returning home. The project will continue working with a host of other stakeholders to scale up mobilisation and service provision and referral for HIV/AIDS/TB and malaria services for both the returning and the remaining camp populations.

In FY 07 the project worked with District health teams and the District HIV/AIDS coordination structures to develop district specific HIV plans. Project teams participated in coordination activities involving other agencies in the nine districts. Logistical and technical support was also provided to each of the districts to strengthen their planning and coordination activities particularly at the sub county level. In FY 08, the project will build on the achievements of FY 07 and will work with the districts to harmonize the different district HIV/AIDS plans currently in place and support the process of integrating them into the overall District development plans.

NUMAT will continue working with the Uganda AIDS Commission to operationalize the National HIV/AIDS Coordination Guidelines in the program districts and support the districts to adapt the guidelines to reflect the reality of the post conflict 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, Gulu, Amolatar, Dokolo and Oyam) the project will work with other agencies like UNOCHA and other UN bodies to 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). Where camps still exist, the project will 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 Internally Displaced Persons (IDP) camps.

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 and other stakeholders 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 invest in strengthening CSOs and their networks in the district. The project will work with national partners like Uganda Network of AIDS Service Organization, National Forum for people living with HIV/AIDS in Uganda and the NGO Forum to build the capacity and improve coordination among HIV/AIDS CSOs involved in HIV/AIDS related services. Specifically we will 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 Psychosocial support, 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.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8475

Related Activity: 15467, 15468, 15473, 15480,
15481, 15486, 15487, 15488,
15490, 15494

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-----------------|---------------------|--------------|---|---------------|
| 21733 | 4712.21733.09 | U.S. Agency for International Development | John Snow, Inc. | 9416 | 7156.09 | NUMAT | \$400,000 |
| 8475 | 4712.07 | U.S. Agency for International Development | John Snow, Inc. | 4839 | 696.07 | UPHOLD; UPHOLD/PIASC Y Primary; TASO; AIC; Conflict | \$200,000 |
| 4712 | 4712.06 | U.S. Agency for International Development | John Snow, Inc. | 3167 | 3167.06 | NUMAT/Conflict Districts | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|-----------------|---------------|
| 15467 | 4696.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$850,000 |
| 15468 | 8775.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$550,000 |
| 15473 | 4698.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$250,000 |
| 15480 | 4699.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,000,000 |
| 15481 | 4700.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$600,000 |
| 15486 | 4702.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$570,000 |
| 15487 | 15487.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$1,100,000 |
| 15488 | 4705.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$800,000 |
| 15490 | 4706.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$300,000 |
| 15494 | 4711.08 | 7156 | 7156.08 | NUMAT | John Snow, Inc. | \$400,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 9 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 9 | False |
| 14.3 Number of individuals trained in HIV-related policy development | 90 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 135 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | 90 | False |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 90 | False |

Indirect Targets

Coverage Areas

- Apac
- Gulu
- Kitgum
- Lira
- Pader
- Amolatar
- Amuria
- Dokolo
- Oyam

Table 3.3.14: Activities by Funding Mechansim

| | |
|---|---|
| Mechanism ID: 3370.08 | Mechanism: AIDS Capacity Enhancement Program (ACE) |
| Prime Partner: Chemonics International | USG Agency: U.S. Agency for International Development |
| Funding Source: GHCS (State) | Program Area: Other/Policy Analysis and System Strengthening |
| Budget Code: OHPS | Program Area Code: 14 |
| Activity ID: 4532.08 | Planned Funds: \$600,000 |
| Activity System ID: 15631 | |

Activity Narrative: In December 2005, USAID/Uganda initiated a contract with Chemonics International Inc to implement a program 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 aimed at strengthening 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. The program, named AIDS Capacity Enhancement (ACE) currently works with the Joint Clinical Research Centre (JCRC), Hospice Africa Uganda (HAU), the Inter-Religious Council of Uganda (IRCU), the Uganda AIDS Commission (UAC), and the Ministry of Health Resource Centre (MOH RC). Three organizations, JCRC, HAU, and IRCU play pivotal roles in expanding access to HIV/AIDS prevention, care and treatment in Uganda. UAC and MOH RC serve to coordinate the national HIV/AIDS response in terms of strategy, policy, monitoring, evaluation as well as reporting outcomes and results. The Chemonics/ACE program will consolidate the achievements made to date and will support the target organizations through the entire first phase of PEPFAR. ACE has made substantial progress in building the capacity of the targeted organizations.

Over the last two years, ACE assisted UAC in the evaluation of the previous National Strategic Framework for HIV/AIDS and the development of Uganda's HIV/AIDS National Strategic Plan 2007/2008- 2011/2012 (NSP), which is currently almost complete. ACE also supported UAC to develop the new long term institutional arrangements which will govern the Global Fund process in Uganda, particularly HIV/AIDS funds. In FY 2007, ACE will support UAC to improve coordination of the HIV/AIDS response through the operationalization of both the NSP and the accompanying Performance Measurement and Management Plan (PMMP). In addition, ACE will continue to support UAC in the development of the national HIV/AIDS comprehensive communications strategy that will provide guidance to partners implementing HIV/AIDS activities under the NSP.

In FY 2008, ACE will be required to further support UAC to reposition itself as a coordinating body. UAC will have increased responsibilities in serving as the country coordinating mechanism for the Global Fund. It will require support to ensure there are effective and transparent systems in place for the management of the entire global fund process, from proposal to implementation to evaluation. In addition, support is also needed to strengthen the Partnership Committee (PC) to be able to provide strategic and policy level oversight to the newly initiated multi-donor Civil Society Fund, managed by Deloitte and Touche. The steering committee for the CSF sits under the PC of the Uganda AIDS Commission.

ACE will work with UAC in improving their coordination of HIV/AIDS partners in Uganda, including development of a documentation center where UAC will collect and maintain reports, documents, and information from major civil society and government partners in Uganda working on HIV/AIDS. ACE will work with UAC to develop the terms of reference for how the center will work and link it with the MOH Resource Centre, particularly with its digital library of health information.

To-date, ACE has provided significant support to IRCU, resulting into strengthened sub granting processes, financial systems, monitoring and evaluation systems, as well as improved management and leadership. ACE has supported IRCU to raise their competence and confidence in sub-granting to their implementing partners. IRCU was assisted to gain competence in competing, negotiating and awarding grants. Currently, IRCU has provided 86 sub-grants to indigenous faith-based organizations undertaking interventions in ART, palliative care, OVC, and HIV prevention. ACE has helped IRCU to improve its financial management systems. Specifically, ACE supported IRCU to recruit staff in the finance department and installed and trained staff on the Navision financial system which will help IRCU develop a more robust and transparent financial system that enables them to track and report use of funds with greater detail and accuracy. ACE support to IRCU will continue through FY 2007, with the key focus on strengthening human resources management and governance systems.

As IRCU further expands its sub-granting portfolio and partners, challenges exist in providing effective oversight of the programs. Continued support will be required to enable IRCU evolve as a stronger organization better able to manage the large HIV/AIDS program, develop a stronger and more transparent grants program, and improve capacity to support the grantees. Therefore, in FY 2008, ACE will work with IRCU to continue to improve its coordination abilities, particularly among the Religious Coordination Bodies (RCBs) so that the IRCU Secretariat and the RCBs become even more effective leaders in the faith-based response to HIV/AIDS. These coordinating bodies will then work with the grantees to strengthen their approaches in prevention, OVC, palliative care, and ART, and will document their lessons learned and best practices for dissemination both within their network of religious organizations and to the wider HIV/AIDS community. In addition, IRCU will need assistance to plan for greater organizational sustainability by helping it diversify its funding sources and create a longer term plan for funding HIV/AIDS activities. IRCU will need support to enhance its ability to provide quality assurance to the grantees, particularly in ART and palliative care. This may be through training certain key staff to provide this service, developing tools that the Secretariat can use in monitoring and evaluating progress at the facilities or partnering them with other the PEPFAR supported quality assurance institutions such as Infectious Disease Institute or the Quality Assurance Project.

ACE is undertaking an assessment of the needs of the grantees in areas such as finance, M&E, planning, reporting, management/leadership, and sustainability. Using assessment results, ACE will design trainings and technical assistance tailored to the needs of these grantees. The facility-based grantees have stronger institutions and require assistance in managing ART and palliative care. The community-based grantees need more general support to their management systems so they are better able to manage the HIV/AIDS grant funds.

Over the last two years, ACE strengthened HAU's capacity to deliver palliative care services by working with them to improve their organizational structure, governance practices at the Board level, and human resources policies. In FY 2007, ACE is supporting HAU in upgrading its accounting and financial systems and working with HAU to develop a communications and advocacy strategy that will give HAU the tools to more effectively communicate about the importance of palliative care for HIV/AIDS patients in Uganda.

HAU is strategically placed to increase access to key components of palliative care, particularly management of pain and symptoms as well as end of life care. To achieve economies of scale, HAU seeks to build the capacity of indigenous HIV/AIDS care organizations to integrate these key components within

Activity Narrative: their existing programs. To achieve this, the HAU will need support in FY 2008 to develop a business strategy for its education program, which will help to plan better and increase the size, awareness, visibility and impact of the education program. HAU will also need continued support in developing its plans for expanding its directly managed services to more sites and increasing the availability of palliative care in Uganda.

At JCRC, ACE has provided support in expanding the Navision financial system, improving ICT infrastructure, developing a strategic plan for the organization and an annual work plan for the TREAT program. In FY 2007, ACE will continue supporting the finance department in writing new financial management guidelines, the M&E department in development a new M&E framework, plan and database, and the leadership of the organization as they upgrade their organization structure, job descriptions, and decision-making protocols.

Beyond FY 2007, JCRC will need further support to plan a longer term sustainability strategy and to think about how it can diversify its funding sources and develop long-term business plans. To achieve this, ACE will work with JCRC in strengthening their regional centers of excellence (RCEs) so that they are effective fully functional institutions in and of themselves. This will involve strengthening the human resources and staffing at the RCEs as well as helping them improve their financial systems, IT infrastructure, data management and reporting.

As more HIV/AIDS resources become available, and new partners come on board, the capacity building needs also grow. Therefore, in FY 2008, besides consolidating the achievements of ACE within the partner institutions, ACE will be expected to expand to include new client organizations as identified in consultation with USAID. As the civil society basket fund becomes the primary mechanism for funding a number of local organizations, ACE will be a resource of capacity building to recipients of funds, working with identified organizations in a participatory way to identify their strengths and weaknesses and then designing capacity building interventions tailored to their needs. This will be crucial for leveraging the investment the USG is making in the basket fund and will strengthen a wider array of organizations, enhancing their capacity to manage HIV/AIDS programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8461

Related Activity: 15627, 15628, 15629, 15630

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|-------------------------|---------------------|--------------|--|---------------|
| 26768 | 4532.26768.09 | U.S. Agency for International Development | Chemonics International | 11122 | 3370.09 | AIDS Capacity Enhancement Program (ACE) | \$0 |
| 8461 | 4532.07 | U.S. Agency for International Development | Chemonics International | 4850 | 3370.07 | AIDS Capacity Enhancement Program, ACE | \$500,000 |
| 4532 | 4532.06 | U.S. Agency for International Development | Chemonics International | 3370 | 3370.06 | Capacity Building of Indigenous Institutions | \$325,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|-------------------------|---------------|
| 15627 | 4525.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$650,000 |
| 15628 | 12500.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15629 | 4530.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$200,000 |
| 15630 | 4531.08 | 7210 | 3370.08 | AIDS Capacity Enhancement Program (ACE) | Chemonics International | \$1,205,630 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 3 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 82 | False |
| 14.3 Number of individuals trained in HIV-related policy development | 30 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 180 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Indirect Targets

ACE reaches a number of indirect target populations through their client organizations. Through support to JCRC, IRCU and HAU, ACE reaches adults, adolescents and children, discordant couples, pregnant women, orphans and vulnerable children, religious leaders, and some internally displaced persons.

Target Populations

Other

Religious Leaders

Table 3.3.14: Activities by Funding Mechansim

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4376.08

Planned Funds: \$1,260,000

Activity System ID: 14215

Activity Narrative: Uganda like many developing countries is experiencing human resources for health crisis. The human resources are inadequate both in number and skill mix to effectively respond to the health needs in Uganda. The HIV/AIDS epidemic presents additional demand on the human resources because of special skills required for HIV/AIDS prevention and treatment, and health workers themselves being affected by the disease. The Government of Uganda institutional capacity for Human Resource and Health (HRH) policy and planning is weak. There is no reliable source of HRH information for planning and management. This makes planning and monitoring of the human resource situation difficult. There is no capacity to develop, regularly monitor and review HRH policy and plans either at national or district level. HRH development, deployment and utilization are therefore not guided. This results into mismatch between service requirements and training, both in numbers and skills, and inequity in the distribution of the available human resources.

The working condition of health staff is difficult, characterized by poor infrastructure, lack of staff accommodation, inadequate equipment and supplies, work overload and inadequate remuneration. The poor working condition is aggravated by weak HRH management. Performance management, regulatory and disciplinary mechanisms are ineffective. Poor working conditions do not attract staff nor motivate them to stay. As a result the staff turnover is high, particularly in remote rural districts generally regarded as difficult-to-reach and difficult to stay in. As a result of poor working conditions the morale of health workers is low, which in part results into poor attitude towards clients, absenteeism and low productivity. The public image of health staff has been eroded, the quality of care provided is perceived as poor and the utilization of health services is not optimal. There are inadequate resources to sustainably support initiatives to address these human resources issues and the crisis persists in a vicious circle. With FY08 funding, the Capacity Project, in partnership with the line ministries of Health, Public Service, Education and Sports, and Local Government will:

1. Enhance the capacity for HRH policy and planning at the central and district levels to mitigate the HRH impact of HIV/AIDS by: strengthening human resource information system (HRIS) at the central level; enhancing Ministry of Health (MOH) capacity for HRH policy review, analysis and reform; enhancing MOH capacity for long term strategic health workforce planning, roll-out and reviews; strengthening district capacity to translate HRH policy and strategic plan into action plans to address HRH priorities at the district level; strengthening advocacy and strategic alliances for HRH; and supporting initiatives for health workforce rationalization.
2. Strengthen systems for effective performance-based health workforce development by: harmonizing pre-service and in-service training of the health workforce; developing and promoting approaches for effective performance improvement (on-job training, task shifting, mentoring, supportive supervision, action learning); developing strategies to motivate continuing professional development including accreditation, certification, licensure; strengthening the role of the health workforce professionals' councils and associations in in-service training and continuing professional development; and providing technical assistance to the Human Resource Department of the MOH to rationalize training and develop a training plan for pre-and in-service training.
3. Identify and promote health workforce management practices for improved performance and retention by: strengthening systems for health workforce performance management; enhancing MOH and district capacity for health workforce management; building capacity for results oriented management (ROM); developing strategies and systems for improved recruitment and deployment; developing tools and initiatives for improved job satisfaction and retention; strengthening systems for Performance Improvement (PI) and support supervision; enhancing systems for community co-management of health services; and strengthening systems for workplace safety, and protection and care of the health workforce.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8429

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|--------------------------------|---------------------|--------------|----------------------|---------------|
| 21720 | 4376.21720.09 | U.S. Agency for International Development | IntraHealth International, Inc | 9413 | 3312.09 | The Capacity Project | \$1,251,252 |
| 8429 | 4376.07 | U.S. Agency for International Development | IntraHealth International, Inc | 4837 | 3312.07 | The Capacity Project | \$1,260,000 |
| 4376 | 4376.06 | U.S. Agency for International Development | IntraHealth International, Inc | 3312 | 3312.06 | The Capacity Project | \$500,000 |

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 10 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 47 | False |
| 14.3 Number of individuals trained in HIV-related policy development | 35 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 179 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Indirect Targets

The indirect targets are women and men who will be reached by the community members who will be trained to mobilize pregnant women and men to participate in the PMTCT and family planning services and follow up of women on PMTCT program.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3340.08

Mechanism: Health Comm Partnership;
AFFORD

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 12433.08

Planned Funds: \$216,587

Activity System ID: 14226

Activity Narrative: During FY 2007, Health Communication Partnership (HCP) worked with local organizations and a joint MOH and UAC Task Force to design an advocacy strategy intended for decision makers in the health, political, media, and religious spheres. The overall purpose of the strategy was to provide epidemiological, cultural, and cost data and arguments to support the MOH's intention to include medical male circumcision as an effective prevention intervention within the country's ABC+ prevention program, and to provide these leaders with the data and arguments necessary to properly inform their constituents and to effectively address opponents. A particular aspect of the advocacy strategy involves the translation of the epidemiological data into policy briefs that are accessible to a wide audience of policy makers, particularly at national level.

Depending on the progress achieved in the campaign in 2007, and policy decisions made by the Ugandan government, HCP will continue to provide technical assistance to the local advocacy partner identified in FY 2007 (likely the Makerere University School of Public Health) to strengthen its ability to design and manage advocacy and communication programmes, specifically in support of male circumcision policy implementation. HCP will assist the advocacy partner to evaluate male circumcision advocacy activities and approaches conducted over the previous year, and build on successful approaches. If the government of Uganda has decided to embark on a full-scale male circumcision programme, then the advocacy will be increasingly targeted toward religious and cultural and community leaders at local level to support male circumcision. HCP will assist the advocacy partner to reach a minimum of 10 religious, cultural, media and/or local leaders in districts where male circumcision services are offered. Assuming male circumcision is rolled out to 80 districts, HCP activities will reach a minimum of 8,000 local leaders ahead of the rollout to facilitate acceptability and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12433

Related Activity: 14217, 14218, 14219, 14220,
14221, 14222, 14224, 14225

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|---|--|---------------------|--------------|---------------------------------|---------------|
| 12433 | 12433.07 | U.S. Agency for International Development | Johns Hopkins University Center for Communication Programs | 4841 | 3340.07 | Health Comm Partnership; AFFORD | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---------------------------------|--|---------------|
| 14217 | 9188.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$800,000 |
| 14218 | 4385.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$1,100,000 |
| 14219 | 12434.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$300,000 |
| 14220 | 4399.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,713,900 |
| 14221 | 6552.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$250,000 |
| 14222 | 4409.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$2,300,000 |
| 14224 | 12492.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$400,000 |
| 14225 | 4697.08 | 6743 | 3340.08 | Health Comm Partnership; AFFORD | Johns Hopkins University Center for Communication Programs | \$500,000 |

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 5 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | N/A | True |
| 14.3 Number of individuals trained in HIV-related policy development | 60 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | N/A | True |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8655.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 4421.08

Activity System ID: 13327

Mechanism: UCSF

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$200,000

Activity Narrative: In FY08 the university technical assistance (UTA) mechanism will be competed to continue provision of high quality expert technical support for PEPFAR programs in Uganda. The focus of this assistance will be in four key program areas.

The PMTCT component of UTA will continue to provide technical guidance to the Ministry of Health (MOH) national prevention of mother-to-child HIV transmission program and scale up of services in rural districts. Focus will be to identify best practices for community and clinical PMTCT interventions and assistance the MOH with national policy to implement technical, operational and, training guidelines.

Treatment services technical assistance will be concentrated on enhancing comprehensive care and treatment interventions to strengthened partners' clinical programs. In FY08 the primary focus will be to review patient management and record keeping systems at treatment sites and identify areas and implement improvements in the clinic operations to substantially improve patient outcomes.

The strategic information component of UTA will be to assist the PEPFAR program in using the substantial amounts of program area data collected over the past five years in combination with country surveillance data to provide a better understanding of PEPFAR outcomes and contributions to the national portfolio. Examining the data from multiple sources will provide the country team will a more comprehensive analysis to assist with future programming directions.

For systems strengthening/policy development the UTA technical expertise will be transferred to local partners through a series of in-country workshops for advanced data analysis and triangulation and training on how to interrupt the results for policy guidance and program direction; and, training on how to prepare technical presentations and manuscripts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8369

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|-------------|--|---|---------------------|--------------|---|---------------|
| 8369 | 4421.07 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 4818 | 1273.07 | University of California San Francisco - UTAP | \$160,000 |
| 4421 | 4421.06 | HHS/Centers for Disease Control & Prevention | University of California at San Francisco | 3345 | 1273.06 | University of California San Francisco - UTAP | \$140,000 |

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 15 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 30 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 693.08

Prime Partner: The AIDS Support Organization

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 4426.08

Activity System ID: 13319

Mechanism: Strengthening HIV Counselor Training

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$700,000

Activity Narrative: The Strengthening HIV Counselor Training Project (SCOT) is collaboration among organizations with a stake in HIV counselor training in Uganda. It aims at improving the quality of HIV counselor training through standardizing curricula, building the capacity of institutions to utilize standardized curricula, supporting the development of accreditation and certification criteria for HIV counselor training institutions, supporting advocacy for the counseling profession, and developing a standardized monitoring and evaluation system for HIV counselor training. SCOT has continued to work very closely with the Ministry of Health (MOH), Uganda AIDS Commission (UAC), Uganda Counseling Association, other line ministries, Forum for People Living with HIV/AIDS (NAFOPHANU), HIV counselor training institutions and development partners to improve the quality of HIV counselor training in the country.

In FY 2007, SCOT and ACQUIRE project have worked with MOH, PHA care organizations (TASO, PIDC, MJAP, JCRC, Reach out, Mildmay) and PHA networks, particularly NAFOPHANU, National Community of Women Living with HIV/AIDS (NACWOLA), Uganda Network of Young Positives Associations, & Uganda Young Positives to strengthen HIV prevention counseling in the country. 51 trainers and 123 service providers have been trained in Positive prevention (PP) counseling. A PHA Peer counseling and educators' curriculum has been developed and pre-tested. SCOT is yet to train additional 400 service providers and 200 PHA peer counselors by the end of the year. Accompanying training materials for Positive Prevention curriculum have been finalized and printing of 750 participants' manuals, 100 facilitators' manuals, 750 cue cards and 500 sets of health education charts will be completed by the end of year.

SCOT has recruited a substantive M&E officer to spearhead the M&E functions of the project. The M & E system at SCOT has been reviewed; data collection tools will be shared with partners. In addition, a repository database has been developed to keep track of training activities by SCOT and partners. A joint program review of the SCOT project will be conducted by the end of FY07.

In FY 2008, SCOT together with ACQUIRE project shall continue to support AIDS service organizations and PHA networks to implement the Positive Prevention program by training 250 counselors in Positive Prevention counseling and 250 PHA peer counselors. In addition, SCOT will collaborate with Reach-Out Mbuya to complete the curriculum for discordant couple's intervention and support the training of 20 trainers (TOT), who will in turn support the training of 200 service providers from other partners. In order to strengthen support supervision for HIV counseling, SCOT will support the training of 60 HIV counselor supervisors. A total of 1000 copies of training materials per curriculum (Positive Prevention and discordant couples) will be printed and distributed to various implementing partners.

To ensure quality of counseling training and service delivery, SCOT in collaboration with Ministry of Health (MOH) will strengthen the capacity of major HIV counselor Training institutions namely AIC, TASO Training Center, PIDC, MJAP, JCRC, Reach-out and Mildmay to implement HBHCT, RCT, ART, HIV Counselor supervision, Positive Prevention and HCT trainings and other SCOT accredited courses in the country. This will entail developing a joint accreditation system and common certification framework for to HIV counseling courses (HBHCT, RCT, ART, HIV counselor supervision, HCT, and PP curricula). SCOT will continue to contribute to the professional growth of counseling in Uganda, by supporting institutional growth of Uganda Counseling Association (UCA) and work with line ministries to advocate for the establishment of the counseling cadre in the Public service. Support will be provided to UCA to develop an information booklet on Ethics and Code of Conduct for HIV counselors. In addition, SCOT will continue to support the annual counselors conference and facilitate meetings for the technical working committees for the HIV counseling consortium. SCOT Secretariat will hire a full time program officer to coordinate activities of the national HIV counseling consortium

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8365

Related Activity: 13318

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|-------------------------------|---------------------|--------------|--------------------------------------|---------------|
| 20884 | 4426.20884.09 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 9150 | 693.09 | Strengthening HIV Counselor Training | \$695,000 |
| 8365 | 4426.07 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 4814 | 693.07 | TASO CDC | \$600,000 |
| 4426 | 4426.06 | HHS/Centers for Disease Control & Prevention | The AIDS Support Organization | 3188 | 693.06 | TASO CDC | \$537,501 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|--------------------------------------|-------------------------------|---------------|
| 13318 | 8363.08 | 6441 | 693.08 | Strengthening HIV Counselor Training | The AIDS Support Organization | \$600,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 70 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 220 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | 250 | False |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 72 | False |

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5028.08

Prime Partner: Emerging Markets

Funding Source: GHCS (State)

Mechanism: HIPS (Health Initiatives in the Private Sector)

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9082.08

Planned Funds: \$200,000

Activity System ID: 14175

Activity Narrative: Building on the USG new private sector initiative which will be awarded in September – October 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 sized employers. The new contractor will build on accomplishments and activities implemented in the private sector through Business Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment (Business PART) project. Under closed program, Business Part has worked with over 50 mid and large size companies to expand access to HIV/AIDS and health services. The new activity will be expected to continue working with existing companies that need additional support and to identify appropriate new businesses. Focus will continue to be on facilitating businesses to expand their HIV/AIDS prevention, care and treatment services to employees, family members and the surrounding communities as well as integrating TB, RH/FP and malaria services.

This project will build Capacity through Supporting initiatives that strengthen the private sector workers' organizations. Capacity will be built for the Federation of Ugandan Employers (FUE) and the Ugandan Manufacturers Association (UMA) - two Ugandan institutions that are well positioned to eventually assume the technical support role started under Business Part and continued through this program to ensure ongoing support to local institutions to develop or strengthen HIV/AIDS and health workplace programs. Understanding the roles and interface of FUE and UMA as well as their strengths and weaknesses in supporting the private sector is essential to this component. Building on the work of Business Part, this activity will develop and support a sustainability plan for FUE and UMA. Capacity building should focus on both organization's ability on effectively manage and report on their activities.

illustrative activities in FY08 that FUE and UMA will take on include:

- Expanding FUE and UMA's scope of workplace interventions, as needed, beyond HIV/AIDS to integrate TB, FP/RH and malaria.
- Supporting companies to develop and implement HIV/AIDS and health policies and programs building on best practices such the activities undertaken by HIMA Cement
- Calculating loss costs for companies to convince them of the need to provide HIV/AIDS and health services to their employees.
- Brokering relationships with key partners such as Global Fund, National TB and Leprosy Program and the Health Marketing Group to facilitate low-cost or no-cost commodities.
- Collaborate with Ministry of Gender, Labor and Social Development to roll-out and operationalize the new HIV/AIDS in the Workplace Policy.
- Facilitate private sector support of the National Social Health Insurance Scheme (NSHIS)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9082

Related Activity: 14169, 14170, 14171, 14172, 14173, 14174

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------|---------------------|--------------|---|---------------|
| 21758 | 9082.21758.09 | U.S. Agency for International Development | Emerging Markets | 9428 | 5028.09 | HIPS (Health Initiatives in the Private Sector) | \$195,000 |
| 9082 | 9082.07 | U.S. Agency for International Development | Emerging Markets | 5028 | 5028.07 | Private Sector Initiative | \$200,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|------------------|---------------|
| 14169 | 9086.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$200,000 |
| 14170 | 9084.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14171 | 9075.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$750,000 |
| 14172 | 9081.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$150,000 |
| 14173 | 9080.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$100,000 |
| 14174 | 9077.08 | 6723 | 5028.08 | HIPS (Health Initiatives in the Private Sector) | Emerging Markets | \$1,100,000 |

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars \$40,000

Estimated local PPP contribution in dollars \$20,000

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 20 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 2 | False |
| 14.3 Number of individuals trained in HIV-related policy development | 20 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 9 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Indirect Targets

Target Populations

Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5030.08

Mechanism: Strengthening Democratic Linkages in Uganda (Linkages)

Prime Partner: State University of New York

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9092.08

Planned Funds: \$530,000

Activity System ID: 14176

Activity Narrative: The Strengthening Democratic Linkages (Linkages) program seeks additional resources to continue its work in support of the HIV/AIDS and Social Services Committees of Parliament. Support would include working to enhance the legal framework for protection of rights of and access to healthcare for those affected and infected with HIV/AIDS, particularly through working to support initiatives focused on pending legislation such as the HIV/AIDS control bill and sexual offences bill. Parliamentary Committees will also be supported to hear the voices of the people particularly those at the grassroots (sub-county and village level) as well as challenges faced by service providers. The Linkages program will support programs which will improve and increase the exercise of the oversight role of Parliament, Local Government and Civil Society regarding the expenditure of HIV/AIDS resources. Linkages will also support advocacy efforts of CSOs particularly at the district and sub county levels to the higher local governments and national foras to articulate issues, challenges and needs at district and grassroots levels. Support will also be provided to enable the Parliamentary Committees to provide national leadership by using the media to disseminate key message that support the national response to the epidemic. Activities will also include more general capacity building and outreach and support to Members of Parliament, Local Government and Civil Society in the fight against corruption in Uganda which has a direct impact on the expenditure of PEPFAR resources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9092

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|------------------------------|---------------------|--------------|--|---------------|
| 21776 | 9092.21776.09 | U.S. Agency for International Development | State University of New York | 9435 | 5030.09 | Strengthening Democratic Linkages in Uganda (Linkages) | \$525,000 |
| 9092 | 9092.07 | U.S. Agency for International Development | State University of New York | 5030 | 5030.07 | Parliament and Local Government Initiative | \$530,000 |

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | N/A | True |
| 14.3 Number of individuals trained in HIV-related policy development | 40 | False |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | N/A | True |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 100 | False |

Indirect Targets

No of persons taking up VCT/ART in target districts

Improved quality of service at monitored sites

Improved legal framework for protection of rights of persons living with HIV/AIDS

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5738.08

Mechanism: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District

Prime Partner: Makerere University School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4017.08

Planned Funds: \$1,566,587

Activity System ID: 13241

Activity Narrative: 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 HIV positives clients, to expand services in Rakai and Lyantonde Districts in Southwestern Uganda and to enhance national HIV leadership and management training. Key program activities supported in FY07 include, provision of ART, adherence counseling; TB screening and treatment; diagnosis and treatment of opportunistic infection, and provision of basic preventive care package; prevention with positives (PWP) interventions, confidential counseling and testing at the health facilities and communities or households. Patients on ART receive continuous adherence counseling and support services. Prevention with positive interventions is an integral part of the services to reduce HIV transmission to sexual partners and unborn children, including specific interventions for discordant couples. . The program implements the comprehensive ABC strategy in line with the national HIV/AIDS plan 2006/ 11.

In the area of Other Prevention and System Strengthening (OP/SS), the program will collaborate with the MOH, District Directors of Health Services, training institutions and leading HIV/AIDS organizations in Uganda, 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 professionals and short term management training courses will be organized for fellows and key staff working with HIV/AIDS organizations including networks of people living with HIV/AIDS, Faith Based Organizations and community based organizations. In FY08 an estimated 530 middle managers will attend the short courses and over 20 young professionals will be enrolled into medium to long term training programs.

In FY08 Makerere University School of Public Health will collaborate with Johns Hopkins Center for Clinical Global Health Education (CCGHE) and the Internet Educational Equal Access Foundation, Inc (IEEAF), a non-profit that secures donations (currently spanning 17 time zones) of key equipment, co-location facilities, fiber optic cables, and capacity on existing infrastructure to link together research and education networks across continents. This public-private partnership between GMRE, IEEAF and the CCGHE brings \$2,000,000 in donated high-bandwidth fiber optic connectivity to the initiative.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8322

Related Activity: 13231, 13232, 13233, 13234,
13235, 13236, 13237, 13238,
13240, 17111

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|---------------------------|--------------------|--|--|----------------------------|---------------------|---|----------------------|
| 21227 | 4017.21227.09 | HHS/Centers for Disease Control & Prevention | Makerere University School of Public Health | 9243 | 5738.09 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$1,557,839 |
| 8322 | 4017.07 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 5738 | 5738.07 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | \$850,000 |
| 4017 | 4017.06 | HHS/Centers for Disease Control & Prevention | Makerere University Institute of Public Health | 3177 | 1084.06 | | \$700,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|---|----------------------|
| 13231 | 4022.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$40,000 |
| 13232 | 4019.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$44,823 |
| 13233 | 12431.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$20,000 |
| 13234 | 4023.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$250,000 |
| 13235 | 4018.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$15,000 |
| 13236 | 4024.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$521,850 |
| 13237 | 4020.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$887,805 |
| 13238 | 4021.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$469,023 |
| 13240 | 10102.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$473,300 |

| | | | | | | |
|-------|----------|------|---------|---|---|----------|
| 17111 | 17111.08 | 6421 | 5738.08 | Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District | Makerere University School of Public Health | \$50,000 |
|-------|----------|------|---------|---|---|----------|

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | 10 | False |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | 30 | False |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 550 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | N/A | True |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | N/A | True |

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Arua

Bugiri

Bundibugyo

Bushenyi

Iganga

Jinja

Kabarole

Kampala

Luwero

Wakiso

Yumbe

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1259.08

Mechanism: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development

Prime Partner: Ministry of Health, Uganda

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4502.08

Planned Funds: \$800,000

Activity System ID: 13301

Activity Narrative: In FY 2008 the Ministry of Health of Uganda (MOH) will continue to conduct activities to achieve the objectives outlined in the nation's second Health Sector Strategic Plan (HSSP II) and the updated HIV/AIDS National Strategic Plan (NSP) aimed at expanding efforts to improve access to quality HIV prevention, care, and treatment to HIV infected/affected persons and their families. Specifically the MOH will undertake the following five initiatives: 1) HIV Prevention, Palliative Care, Treatment and Support to improve the quality and scale-up of HIV/AIDS programs including: coordination of local and international partners to increase access to confidential counseling and testing, PMTCT, palliative care and treatment services; improved integration of HIV prevention, care and treatment into comprehensive primary health care; and, support for country-wide access to confidential HIV counseling and testing through provider-initiated and home-based testing approaches; 2) TB/HIV Integration to strengthen integrated prevention and clinical management of HIV and TB and increase access to confidential HIV testing for TB patients and TB diagnosis and treatment for HIV+ individuals; 3) Policy and Systems Strengthening to identify gaps and develop, revise and update Uganda national policies and technical guidelines for HIV/AIDS related health services and to develop and implement policies and technical guidelines to improve the management of TB/HIV co-infection; 4) Laboratory Infrastructure to support the national central public health laboratory to develop policies, standard operating procedures and quality assurance and quality control process; to conduct training and support supervision to peripheral, district and, regional laboratories; to improve access to early infant HIV diagnosis; and, to develop the capacity for related diagnosis of HIV, TB and OI in health center IVs and IIIs laboratories; 5) Strategic Information to implement HIV/TB/STI surveillance activities and support national monitoring and evaluation of HIV/TB/STI and population-based studies as approved through the PEPFAR technical workgroups.

The MOH's mandate is developing policies, standards and technical guidelines for the provision of quality health services. Included in this is the responsibility for the review, revision, development, and dissemination of updated technical policies relating to HIV/AIDS to guide national and district health services and frontline service providers in the provision of comprehensive and effective prevention, care and treatment services. All relevant policies and guidelines will be evidence based, relevant, appropriate and responsive to meet the demands for appropriate services to address the current epidemic in Uganda and to ensure the achievement of the program goals. During policy development, the program will conduct wide consultation with national and international experts and local stakeholders, service providers, nongovernmental organizations, community based organizations, other sectors whose activities impact on the program and most importantly with the intended users of the services, persons infected with HIV and their families. With the availability of new information and rapid development of new technologies, the MOH in FY 2008 will review the current condom policy, HIV Counseling and Testing (HCT) policy, PMTCT services and infant-feeding policies, treatment policies with a focus on adherence and drug-resistance monitoring, cotrimoxazole prophylaxis guidelines, home-based care services, Post-exposure prophylaxis (PEP), and develop new policies for the implementation of male circumcision, Isoniazid prophylaxis, prevention with positives and HSV-2 suppressive therapy. Dissemination of the TB/HIV policies will also be reviewed. The MOH's human resources department will be supported to implement the new HR policy to create the new position of HIV counselors in public health facilities.

Finally, the MOH will ensure the completion of unfinished policies and guidelines and will undertake activities to evaluate existing policies with a view to identifying gaps.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8348

Related Activity: 13293, 13294, 13295, 13296,
13297, 13298, 13299, 13300

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|----------------------------|---------------------|--------------|---|---------------|
| 21237 | 4502.21237.09 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 9244 | 1259.09 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$795,000 |
| 8348 | 4502.07 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 4809 | 1259.07 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | \$250,000 |
| 4502 | 4502.06 | HHS/Centers for Disease Control & Prevention | Ministry of Health, Uganda | 3342 | 1259.06 | | \$150,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|---|----------------------------|----------------------|
| 13293 | 4402.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$350,000 |
| 13294 | 4401.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$170,000 |
| 13295 | 4405.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$200,000 |
| 13296 | 4404.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$331,625 |
| 13297 | 4403.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$60,000 |
| 13298 | 4407.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$826,918 |
| 13299 | 4408.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$2,025,000 |
| 13300 | 4406.08 | 6434 | 1259.08 | Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development | Ministry of Health, Uganda | \$740,000 |

Targets

| Target | Target Value | Not Applicable |
|---|--------------|----------------|
| Number of persons trained in strategic information (includes M&E, surveillance, and or HMIS) | N/A | True |
| 14.1 Number of local organizations provided with technical assistance for HIV-related policy development | N/A | True |
| 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building | N/A | True |
| 14.3 Number of individuals trained in HIV-related policy development | N/A | True |
| 14.4 Number of individuals trained in HIV-related institutional capacity building | 150 | False |
| 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction | 150 | False |
| 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment | 150 | False |

Indirect Targets

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$15,993,807

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The PEPFAR Uganda Team: The PEPFAR Uganda program is staffed and managed by an experienced, multi-faceted group of experts and technicians in health and development. This high level technical and program staff from the Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of State (State), National Institutes of Health (NIH), Peace Corps, and the US Agency for International Development (USAID) offer a wide range of expertise; and includes epidemiologists, behavioral scientists, clinical specialists, virologists, and experts in the areas of prevention and behavior change communication, palliative care, program management, evaluation, informatics, public health, and social work.

Management:

The governance structures of the Uganda PEPFAR program include the:

- Executive Committee, which consists of the Ambassador, the Deputy Chief of Mission, the CDC Country Director, USAID Country Director, the Peace Corps Country Director, and the PEPFAR Country Coordinator who is an ex-officio member. The Executive Committee is responsible for making policy and strategy decisions.
- Coordinator's Office, which currently consists of a Country Coordinator and a Program Assistant. It has the mandate to provide the overall day-to-day coordination of the PEPFAR Uganda program.

- Country Team, which consists of two representatives from each agency, with the exception of NIH, which has one; and the two Co-chairs of the Technical Working Groups. The Country Team is responsible for making PEPFAR Uganda's overall programmatic and budgeting decisions.
- Technical Working Groups, of which there are currently eight. They are responsible for conducting joint partner and program area reviews, outlining strategies and interventions specific to their respective program area, determining the appropriate implementing partner mix for PEPFAR Uganda's program's and services, ensuring appropriate linkages and synergies with all program areas to facilitate comprehensive programming, and making budget recommendations to the Country Team when developing the Country Operational Plan.

Each of the PEPFAR Uganda USG agencies has representation on the Country Team and all contribute to PEPFAR Uganda's strategic planning process and implementation of program activities nationwide. In addition, each agency has representatives on the Technical Working Groups, where the vast majority of programmatic decisions are made.

The PEPFAR Uganda Team's Core Strengths:

The success of the PEPFAR Uganda team lies in the overlapping and complementary core strengths of the participating USG agencies.

The US Ambassador, as the head of the US Mission in Kampala, has been charged with managing the overall PEPFAR country program. Working through Executive Committee and Coordinator, the Ambassador provides leadership for USG interagency coordination, and gives policy, strategic, and budgetary guidance for achieving the overall PEPFAR goals.

In addition, the Department of State manages an orphans and vulnerable children (OVC) and palliative care small grants program that complements the Ambassador's Self Help and Democracy Grants Funds; and through the Bureau for Population, Refugees, and Migration manages a comprehensive HIV/AIDS prevention and care program with the refugee population.

Each agency brings unique expertise and strengths to the coordinated PEPFAR Uganda Team's national response:

Department of Defense

- (DOD) Serves as the primary PEPFAR liaison to the Uganda People's Defense Force; and
- (Walter Reed) Has strength in comprehensive district HIV/AIDS prevention, care, and treatment programming.

HHS/CDC

- Provides direct technical and financial assistance to the Ministry of Health (MOH) to develop national policy and service delivery guidelines for HIV/AIDS care and treatment;
- Undertakes and provides technical assistance to a variety of indigenous organizations in developing and conducting public health interventions and evaluations, which in turn provides essential empirical data that informs and ensures programming based on the most recent scientific findings; and
- Provides academically rigorous, peer-reviewed scientific and technical advice drawing on its extensive expertise in public health, information systems, monitoring and evaluation, surveillance, epidemiology, laboratory systems strengthening, training, disease prevention and control, and the provision of tuberculosis (TB) and antiretroviral treatment (ART) clinical services.

NIH

- Focuses on clinical and basic research that informs ART and male circumcision service delivery; and even though NIH receives no direct PEPFAR funding, it serves as an invaluable technical resource to the PEPFAR Uganda Country Team and the program as a whole.

Peace Corps

- Resides and works in local communities, implements programs directly to targeted groups;
- Integrates prevention programs into grass roots food security, income generation, health and education projects; and
- Provides a broader reach to youth through the work of Volunteers.

USAID

- Builds capacity of public and private sector staff to improve and sustain the delivery of quality HIV/AIDS clinical services;
- Fosters strong HIV/AIDS programming through non-governmental, faith-based, community-based, and private sector;
- Creates innovative wrap-around programs with other health or other sectors (Democracy and Governance, Agriculture, Economic Growth), for prevention, care, and treatment in the home, community, workplace, and public and private clinical settings; and
- Builds financial, management and programmatic capacity of local government, civil society, faith based and the private sector institutions and organizations involved in HIV/AIDS service delivery.

Staffing for Results (SFR):

PEPFAR Uganda embarked on SFR in April 2006, when it established six inter-agency Technical Working Groups (Prevention, Care, Treatment, Counseling and Testing, OVC, and Strategic Information) and subsequently outlined a terms of reference for the various governance structures that would facilitate country operations. These included the Executive Committee, the Country Team, and the six inter-agency Technical Working Groups. After the FY07 COP was submitted, the Coordinator, in collaboration with selected members of the team, reviewed and revised the Terms of Reference (TORs) to include lessons learned. During this process, an additional two working groups—Laboratory and Other Policy/Systems Strengthening—were established.

This interagency approach was fully endorsed and supported by the new Ambassador, who came to post in March 2006.

With the support of an organizational development specialist, PEPFAR Uganda has made great strides in joint planning (including budgeting) and program review, using an interagency approach with the key principles being consensus, collaboration, and at times compromise. The team acknowledges that this is an evolving process. The PEPFAR Uganda Team's SFR vision is aligned with the FY08 COP guidance. We envision having in place a fully staffed and functional interagency team that effectively plans, implements, and evaluates its programs together with appropriate technical leadership and management oversight. While we work through the SFR process during the next couple of years to make this vision a reality, we are striving to create an

enabling environment where team members are empowered and their contributions are valued, where the diversity of the various USG agencies are appreciated, and where teamwork, trust, transparency, and collaboration are core values.

A key accomplishment to date is the delegation of planning, decision making and monitoring to the interagency Technical Working Groups. During PEPFAR Uganda Team's continuous assessment of the processes and lessons learned, the Team will also look at how best to address some of the challenges that include the need to bolster intra- and inter- agency communication as responsibilities devolve to working groups, and ensure the Technical Working Groups have the requisite skills in leadership, management, budgeting, and conflict resolution. Key strategies to address these challenges include the review and revision of communication protocols, agreements on how decisions are made, and identifying and using appropriate training opportunities.

PEPFAR/Uganda employs a wide range of highly accomplished technical FSN staff who contribute greatly to programmatic and technical management of the PEPFAR Uganda program. They are members of the Technical Working Groups and Co-Chair most of them, i.e., 75 percent of the Co-Chairs are FSNs.

A key component of the SFR exercise is adequate staffing for the PEPFAR Coordinator's Office.

Given the considerable growth of the Uganda PEPFAR Program, the Country Team and the Executive Committee agreed that in FY08 the PEPFAR Coordinator's Office will recruit and hire a Program Manager and a Communications Officer (both positions will be contracted through USAID). The Program Manager will support the day-to-day programmatic operations and liaison with OGAC, freeing the Coordinator to focus more on public diplomacy, donor coordination, and national HIV/AIDS strategy development. The Communications Officer will work closely with the Public Affairs Officers or designated point persons from other USG agencies to develop and implement a comprehensive PEPFAR communication strategy. The hiring of a Strategic Information Liaison, who supports the overall PEPFAR Uganda program, was approved for FY07.

PEPFAR Uganda is looking at the issue of co-location, and is considering different models for co-locating; but the co-location of the entire PEPFAR team is not an option. (See supporting documents for additional information.)

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

| | |
|---|---|
| Mechanism ID: 7348.08 | Mechanism: HHS/CDC ICASS |
| Prime Partner: US Department of State | USG Agency: HHS/Centers for Disease Control & Prevention |
| Funding Source: GHCS (State) | Program Area: Management and Staffing |
| Budget Code: HVMS | Program Area Code: 15 |
| Activity ID: 10176.08 | Planned Funds: \$1,199,608 |
| Activity System ID: 13335 | |
| Activity Narrative: In FY 2008 this funding will support the US Embassy assistance to HHS/CDC for financial management services, human resource services and general services including the health clinic, payroll and home-security provided to the approved nine direct hire positions and one personal services contractor. | |
| HQ Technical Area: | |
| New/Continuing Activity: Continuing Activity | |
| Continuing Activity: 10176 | |
| Related Activity: 13270, 16094, 13336, 13343 | |

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---|---------------------|--------------|---------------|---------------|
| 20848 | 10176.2084 8.09 | HHS/Centers for Disease Control & Prevention | US Department of State | 9139 | 7348.09 | HHS/CDC ICASS | \$1,300,000 |
| 10176 | 10176.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$950,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13270 | 4016.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$200,000 |
| 13336 | 10178.08 | 7349 | 7349.08 | HHS/CDC CSCS | US Department of State | \$320,000 |
| 16094 | 16094.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$552,208 |
| 13343 | 4430.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$5,958,764 |

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7349.08

Mechanism: HHS/CDC CSCS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10178.08

Planned Funds: \$320,000

Activity System ID: 13336

Activity Narrative: In FY 2008 this funding will support the calculated capital security cost-sharing 'head tax' charged by the State Department for HHS/CDC staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10178

Related Activity: 13270, 16094, 13335, 13343

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|--------------------|--|---|---------------------|--------------|--------------|---------------|
| 20850 | 10178.2085 0.09 | HHS/Centers for Disease Control & Prevention | US Department of State | 9140 | 7349.09 | HHS/CDC CSCS | \$470,000 |
| 10178 | 10178.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4819 | 3481.07 | | \$197,847 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13270 | 4016.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$200,000 |
| 13335 | 10176.08 | 7348 | 7348.08 | HHS/CDC ICASS | US Department of State | \$1,199,608 |
| 16094 | 16094.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$552,208 |
| 13343 | 4430.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$5,958,764 |

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1257.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVMS

Activity ID: 4430.08

Activity System ID: 13343

Mechanism: CDC Base GAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$5,958,764

Activity Narrative: The HHS/CDC Uganda Management and Staffing (M&S) budget for FY 2008 supports the USG goal for appropriate staffing and level of effort in order to provide technical assistance, programmatic oversight, and performance monitoring for all implementing partner activities. Over 80 percent of CDC operations and staffing costs are covered through GAP funding, and the balance is covered by GHAI funds. The GHAI funds support direct technical assistance to in-country implementing partners for strengthening national surveillance and policy initiatives, developing laboratories services, improving care and treatment programs, expanding counseling and testing approaches, enhancing PMTCT activities and TB/HIV integration, and implementing public health evaluations.

The HHS/CDC Uganda staffing plan includes nine approved U.S. Direct Hire (USDH) staff positions: Chief of Party; Associate Director for Operations; Program Manager; three unit Chiefs for Laboratory Services, Behavioral Science, and Informatics; and three Medical Epidemiologists. One new USDH position is planned for an Associate Director for Science (ADS). Two Title 42 Senior Service Fellows (SSF) are also requested. One will work with the Ministry of Health's (MOH) national prevention of mother-to-child HIV transmission (PMTCT) Coordinator and the Tororo District Hospital; with a focus on best practices and national policy to address technical, operational, and organizational PMTCT program implementation. The other will focus on enhancing and integrating public health surveillance, improving MOH monitoring and evaluation activities, and strengthening collaborations between the President's Malaria Initiative (PMI) and PEPFAR/Uganda implementing partners, technical units, and surveillance programs. Three Personal Services Contract (PSC) positions are also planned. These five positions are necessary for HHS/CDC to continue the provision of high quality technical assistance to and strengthening of indigenous partners' capacity, to ensure the sustainability of PEPFAR activities as support for this technical assistance was previously provided under different mechanisms.

As shown in the organizational charts provided, the HHS/CDC Uganda office is comprised of six units: Operations, Program, Laboratory, Epidemiology, Informatics, and Behavioral.

The Program Unit works with PEPFAR-supported partners to provide technical assistance for program implementation and to ensure that implementing partner initiatives are based on current evidence-based science. Direct country project officer oversight is in place for seven of ten active PEPFAR treatment partners: Makerere University Faculty of Medicine, The AIDS Support Organization, Mildmay Center, Reach -Out Mbuya, Rakai Health Services, Pediatric Infectious Diseases Clinic, and Catholic Relief Services-AIDS Relief. These partners work in over 60 public and non-governmental organization (NGO) facilities, treat 46,000 clients and provide care to 134,000 HIV-infected persons and their families. Currently, CDC has twenty-five local and central cooperative agreements supporting a broad range of predominantly indigenous partners. Partner activities include implementation of HIV prevention interventions, laboratory services, blood safety activities, TB/HIV integration, care and treatment for adults, and for orphans and vulnerable children (OVC), PMTCT program expansion, strategic information initiatives and capacity-building/system strengthening interventions. HHS/CDC also provides direct funding and technical support to the MOH and the National Medical Stores (NMS). In FY 2008, funding opportunity announcements will likely add three to five new implementing partners by July 2008.

The Laboratory Unit provides technical support to the national Central Public Health Laboratory and national reference laboratories for virology, TB, and blood safety; and provides training for implementing partner staff. The CDC laboratory works closely with the MOH to review and develop appropriate laboratory diagnostic technologies for HIV disease monitoring, and has developed less expensive CD4 and viral load tests for use in resource-poor settings. The laboratory performs HIV-related tests in-country, including CD4/CD8 and viral load counts, dry-blood spot testing for the Early Infant Diagnosis program, and routine clinical testing for serology, hematology and clinical chemistry for the HBAC cohort and implementing partners. The laboratory also conducts routine quality control testing on specimens from the door-to-door initiatives and is currently transferring this technology to the national HIV reference laboratory. The CDC laboratory also provides training placements for students from national laboratory training programs. In addition, the laboratory liaises with other virology reference laboratories and CDC Atlanta on investigations of viral hemorrhagic fever and other suspected country-wide viral outbreaks, and with the Ugandan national avian influenza preparedness program. An accreditation process through The American College of Pathologists is underway, which will certify the CDC laboratory as a high-level testing and training facility for Uganda and the East Africa region.

The Epidemiology Unit leads the implementation of twelve public health evaluations (PHEs). Currently, the team has seven approved PHEs in development: the impact of ART on morbidity, mortality and HIV transmission and household economics; TB drug resistance; HIV surveillance among high-risk groups; assessing the utility of retesting HIV sero-negative voluntary counseling and testing clients; evaluating the impact of home-based counseling; exploring the interface between pediatric malaria, HIV, and cotrimoxazole prophylaxis; and, incidence-based HIV surveillance. Three new PHEs are proposed for FY 2008; two will focus HSV-2 and one for evaluating treatment adherence interventions. This team also provides the MOH AIDS Control Program direct technical assistance to conduct antenatal clinic surveillance, and for the development and conduct of the AIDS Indicator Survey. Scientists in the unit are key members of the national Technical Surveillance workgroup and the PEPFAR strategic information workgroup and PHE task force. They also advise the MOH and related government agencies on national evaluations and studies.

In addition, Epidemiology Unit staff coordinates the Tororo field station Home-Base AIDS Care I (HBAC) project. HBAC is an approved PHE designed to answer key operational questions that will provide valuable information to the MOH and inform the international community on how to best scale-up ART in rural settings; develop appropriate policies for selection of second line ART drug regimens; evaluate the need for continued cotrimoxazole in ART patients; and, examine the risks and benefits associated with early versus late ART drug switching.

The Informatics Unit provides Ugandan public health partners with computer system expertise, performs CDC laboratory data management, and provides in-country scientific staff with data management and statistical support. This team also provides technical assistance to the MOH Resource Center in the design and implementation of the national Health Management Information System and provides direct technical assistance to over twenty local implementing partners on data collection applications for clinical and laboratory services, data management and analysis, and the building, maintenance, and management of electronic communication, connectivity and data networking systems. The Informatics Unit provides extensive on-site training opportunities for all HIV partners to strengthen their institutional capacities, and holds on-campus training sessions on Epi-info, SQL, network management; trainings are also available for staff, MOH and partners on management of national survey data.

The Behavioral Unit provides scientific leadership to numerous indigenous partners, including the MOH, NGOs, universities, other PEPFAR country units, USG agencies, and various international health institutions. Using multidisciplinary methods based on behavioral science, anthropology, economics, and

Activity Narrative: epidemiology, the Unit also provides direct technical assistance and capacity building to a variety of partners. The goals of the Unit are to address issues and reduce barriers relevant to providing effective HIV prevention and care services. These include: PMTCT implementation and program harmonization; changing risk behavior to reduce secondary HIV transmission; reducing social and stigma associated with HIV testing and home-based care; evaluating reproductive norms and reducing unwanted pregnancies among HIV-infected women; increasing social support for care and disclosure; facilitating discordant couple counseling; and, interventions for OVC. The Behavioral Unit is planning new projects to address prevention and care in the Uganda Prison System, and to develop and facilitate policy-level interventions. To fully implement the activities described above, the HHS/CDC office has planned for a full compliment of 248 staff positions, including the six planned technical experts described above. These staffing needs are supported by increased funding for PMTCT, laboratory services, and strategic information to ensure adequate technical assistance for expanded initiatives, surveillance activities, and data management and analysis of the PHEs. M&S staff-specific costs include travel, training, and communication services. The M&S operational costs are inclusive of office and warehouse space, and associated utility and security costs. The \$552,250 M&S cost is for procurement of information technology support services from Atlanta. ICASS charges of \$1.2 million cover the USDH staff, relocation fees, residential leases and maintenance and security services. CSCS charges of \$320,000 are budgeted as required by COP08 guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8377

Related Activity: 13270, 16094, 13335, 13336

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|--|---|---------------------|--------------|--------------|---------------|
| 20846 | 4430.20846.09 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 9137 | 1257.09 | CDC Base GAP | \$6,852,578 |
| 8377 | 4430.07 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 4820 | 1257.07 | CDC Base GAP | \$4,482,516 |
| 4430 | 4430.06 | HHS/Centers for Disease Control & Prevention | US Centers for Disease Control and Prevention | 3347 | 1257.06 | CDC Base GAP | \$3,416,366 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13270 | 4016.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$200,000 |
| 13335 | 10176.08 | 7348 | 7348.08 | HHS/CDC ICASS | US Department of State | \$1,199,608 |
| 13336 | 10178.08 | 7349 | 7349.08 | HHS/CDC CSCS | US Department of State | \$320,000 |
| 16094 | 16094.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$552,208 |

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1373.08

Mechanism: USAID Management

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 4745.08

Planned Funds: \$5,308,384

Activity System ID: 14243

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 FY07 budget of \$150 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 2007, USAID programmed almost \$110 million under the Emergency Plan. Also in FY 2007, additional staff, including 3 FSN Advisors (Prevention, Conflict and Malaria), 1 TCN Treatment Advisor, and 2 PSC staff (Monitoring and Evaluation and Logistics) joined the team making SO8 a 28-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 two USDH HIV/AIDS advisors, nine professional Foreign Service Nationals, and one U.S. PSC. USAID also supports recruitment and funding of the PEPFAR Coordinator's position, who works closely with 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 two USDH, four U.S. PSC, three FSN project management specialists, three FSN financial management specialists, 1 FSL FMO Deputy, four FSN administrative/support staff, one FSL contracts officer and two FSN contracts specialists. Two Fellows are placed with indigenous partners. These core staff are responsible for managing over 52 different prime activities with 48 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 programs in areas of conflict and private sector service delivery, 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 FY08 has increased to keep up with the technical and managerial requirements of its increased budget. In FY07, a program manager and a PAO officer will be hired for the PEPFAR Coordinator's office. In FY08, USAID plans to add one full-time FSN program manager focusing on SI.

USAID's FY08 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 \$5,308,384, 80% will be used for personnel, office rent etc; 10% will be used for PEPFAR ICASS costs; 7% will be used for capital security sharing; and 3% will be used for IRM tax. A table outlining this budget breakdown has been uploaded into the support documents of this COP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8477

Related Activity:

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---|---|---------------------|--------------|-------------------------------|---------------|
| 21782 | 4745.21782.09 | U.S. Agency for International Development | US Agency for International Development | 9439 | 1373.09 | USAID Management and Staffing | \$7,058,000 |
| 8477 | 4745.07 | U.S. Agency for International Development | US Agency for International Development | 4854 | 1373.07 | USAID Management | \$4,809,097 |
| 4745 | 4745.06 | U.S. Agency for International Development | US Agency for International Development | 3450 | 1373.06 | USAID Management | \$3,389,000 |

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1222.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 4747.08

Planned Funds: \$310,800

Activity System ID: 15235

Activity Narrative: The Peace Corps Uganda PEPFAR program supports the USG EP for Uganda. Through supporting the EP, Peace Corps Uganda contributes to the Ugandan National Strategic Framework (NSF) for HIV/AIDS, and in turn, to the goals and objectives of the partner organizations hosting our Volunteers. The program is designed so that Volunteers are closely engaged with communities at a grassroots level in a manner that allow them to develop the close personal relationships necessary and deep cultural understanding 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 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, Associate Peace Corps Director for Administration, and Associate Peace Corps Director overseeing the CHED project (3 USDH). Additional support is provided by, Post's Cashier, and Financial Specialists, (3 LES). This level of effort is supported through direct Peace Corps appropriated funds and is required to engage the full cohort of over 100 Peace Corps Volunteers who carry out EP activities. The EP Coordinator, EP Administrative Assistant, and EP Technical Advisor provide support to the PEPFAR program especially in monitoring and reporting, training, resource development, and Volunteer support.

To achieve expanded level of EP support in FY08, Peace Corps Uganda requires two additional staff members. One staff member will assume the role of EP Team Leader to coordinate PEPFAR activities and provide overall program management to Post's EP activities and Volunteers. The second new staff member will be a part-time Medical Officer needed to provide medical support to what will eventually be approximately 50 full-time Volunteers and soon-to-be constant stream of Crisis Corps Volunteers. The EP Coordinator, EP Administrative Assistant, and EP Technical Advisor will continue to provide support to the PEPFAR program especially in monitoring and reporting, training, and volunteer support for nearly 50 PEPFAR-funded, two-year Volunteers as well as Post's 100 other Volunteers. All EP staff members will support the USG PEPFAR country team and serve on various PEPFAR technical workgroups.

During FY08, management, program direction and supervision, and financial oversight of EP activities will be provided by the Peace Corps Country Director, Associate Peace Corps Director overseeing the CHED project, and Associate Peace Corps Director for Administration (3 USDH). Additional support will be provided by Associate Peace Corps Director for Education, Associate Peace Corps Director for Economic Development, Cashier, two Financial Specialists, and Program Assistants for Education and Health (7 LES). This level of effort is supported by Peace Corps appropriated funds and is required to engage the full cohort of well over 100 Peace Corps Volunteers who carry out EP activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8400

Related Activity: 15231, 15232, 15233, 15234

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-------------|----------------|---------------------|--------------|-------------|---------------|
| 21613 | 4747.21613.09 | Peace Corps | US Peace Corps | 9376 | 1222.09 | Peace Corps | \$350,000 |
| 8400 | 4747.07 | Peace Corps | US Peace Corps | 4823 | 1222.07 | Peace Corps | \$227,600 |
| 4747 | 4747.06 | Peace Corps | US Peace Corps | 3162 | 1222.06 | Peace Corps | \$127,600 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|----------------|---------------|
| 15231 | 3999.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$221,600 |
| 15232 | 3993.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$413,200 |
| 15233 | 3991.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$557,820 |
| 15234 | 3992.08 | 7091 | 1222.08 | Peace Corps | US Peace Corps | \$592,600 |

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1245.08

Mechanism: Makerere University Walter Reed Project (MUWRP)

Prime Partner: Walter Reed

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 5356.08

Planned Funds: \$243,000

Activity System ID: 15716

Activity Narrative: This activity is a continuation from FY2007.

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 FY08 will be to maintain this position.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8530

Related Activity: 15709, 15769, 15710, 15711, 15712, 15713, 15714, 15715, 16075, 17531

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|---------------|---------------------|--------------|---|---------------|
| 20041 | 5356.20041.09 | Department of Defense | Walter Reed | 8949 | 1245.09 | Makerere University Walter Reed Project (MUWRP) | \$260,000 |
| 8530 | 5356.07 | Department of Defense | Walter Reed | 4873 | 1245.07 | Makerere University Walter Reed Project (MUWRP) | \$188,000 |
| 5356 | 5356.06 | Department of Defense | Walter Reed | 3365 | 1245.06 | Makerere University Walter Reed Project (MUWRP) | \$104,705 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|---|---------------|---------------|
| 15709 | 8544.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$138,000 |
| 15769 | 15769.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$100,000 |
| 15710 | 4506.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$435,000 |
| 15711 | 6408.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$200,000 |
| 15712 | 8543.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$300,000 |
| 17531 | 17531.08 | 9387 | 9387.08 | Walter Reed | Walter Reed | \$174,775 |
| 15713 | 4507.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$613,757 |
| 15714 | 4514.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$368,267 |
| 15715 | 4516.08 | 7234 | 1245.08 | Makerere University Walter Reed Project (MUWRP) | Walter Reed | \$125,000 |

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1311.08

Mechanism: State Department

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 4752.08

Planned Funds: \$320,000

Activity System ID: 16407

Activity Narrative: Coordination of the PEPFAR Uganda Program: The US Ambassador, as the head of the US Mission in Kampala, manages the overall PEPFAR country program. Working through the Executive Committee and Coordinator, the Ambassador provides leadership for USG interagency coordination, and gives policy, strategic, and budgetary guidance for achieving the overall PEPFAR goals. The Coordinator, who reports to the Deputy Chief of Mission and Ambassador, is the overall and primary liaison with the Government of Uganda and other AIDS development partners regarding PEPFAR and also coordinates PEPFAR public affairs communications to better inform the American and Ugandan people about the program's goals and successes.

PEPFAR Coordinator's Office. The PEPFAR Coordinator's Office within the Uganda US Mission was established in February 2006, when the first Country Coordinator joined the Department of State. A PEPFAR Program Assistant was subsequently hired in March 2007. The PEPFAR Coordinator reports directly to the Deputy Chief of Mission and the Ambassador and is responsible for the day-to-day management and coordination of the PEPFAR Program in Uganda.

Given the considerable growth of the Uganda PEPFAR Program, the Country Team and the Executive Committee agreed that in FY08, the PEPFAR Coordinator's Office will recruit and hire a Program Manager and a Communications Officer (both positions will be contracted through USAID). The Program Manager will support the Coordinator in the day-to-day programmatic operations and liaison with OGAC, freeing the Coordinator to focus more on public diplomacy, donor coordination, and national HIV/AIDS strategy development. The Communications Officer will work closely with the Public Affairs Officers or designated point persons from State and other USG agencies to develop and implement a comprehensive PEPFAR communication strategy. The hiring of a Strategic Information Liaison, who supports the overall PEPFAR Uganda program, was approved for FY07. Reporting to the Coordinator, the SI Liaison will work closely with the SI Advisors from CDC and USAID. Co-location of these team members is under consideration but no final agreements have been reached. As space is also an issue at the Chancery, co-locating the Coordinator's Office either with Peace Corps or Walter Reed is currently being considered.

Small Grants Program: State manages a PEPFAR small grants program that includes funding for orphans and vulnerable children and palliative care. This program is overseen by the Political Officer who reports to the Deputy Chief of Mission and complements the Ambassador's Self Help and Democracy Grants Funds. Initially the PEPFAR small grants program was managed by the same person who oversaw the Ambassador's Self Help Program but after a detailed workload assessment, the Mission decided to hire an EFM specifically tasked to manage the PEPFAR small grants program in tandem with the manager of the Ambassador's Self Help and Democracy Grants Funds. All the small grants programs are under the purview of the Political Officer. To facilitate coordination, the Political Officer has liaised closely with the PEPFAR Coordinator. The new Small Grants Manager will report to the Political Officer. Additional systems will be put in place to ensure coordination between the small grants program and the Coordinator's Office. In addition, the Program Manager in the Coordinator's Office will provide systematic technical support, particularly in monitoring and evaluation, to the small grants recipients.

Refugee Program: PEPFAR also funds HIV/AIDS prevention and care programs for refugee populations, managed by the Bureau for Population, Refugees, and Population (PRM). The primary liaison is PRM's Refugee Coordinator who sits in the Chancery. Once the Program Manager in the Coordinator's Office is in place, s/he will provide technical support, particularly in monitoring and evaluation, to the implementers of the refugee HIV/AIDS programs, in close consultation with the Refugee Coordinator.

The Department of State ICASS bill for FY07 was \$177,836. It is estimated that there will be an increase of \$548 to support the additional position in FY08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8392

Related Activity: 16405, 16406, 19068

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|---------------------------------------|------------------------|---------------------|--------------|------------------|---------------|
| 21608 | 4752.21608.09 | Department of State / African Affairs | US Department of State | 9375 | 1311.09 | State Department | \$389,580 |
| 8392 | 4752.07 | Department of State / African Affairs | US Department of State | 4822 | 1311.07 | State Department | \$130,000 |
| 4752 | 4752.06 | Department of State / African Affairs | US Department of State | 3455 | 1311.06 | State Department | \$20,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|---------------------------|--------------------|----------------------------|---------------------|-----------------------|------------------------|----------------------|
| 19068 | 19068.08 | 7426 | 1311.08 | State Department | US Department of State | \$350,000 |
| 16405 | 4763.08 | 7426 | 1311.08 | State Department | US Department of State | \$80,000 |
| 16406 | 4753.08 | 7426 | 1311.08 | State Department | US Department of State | \$185,000 |

Table 3.3.15: Activities by Funding Mechanism**Mechanism ID:** 3481.08**Prime Partner:** US Centers for Disease Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** HVMS**Activity ID:** 16095.08**Activity System ID:** 16095**Mechanism:** CDC GHAI**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Management and Staffing**Program Area Code:** 15**Planned Funds:** \$110,091

Activity Narrative: 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 applicable 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.

CDC Uganda informatics Unit will continue to provide guidance to our partners and develop software following proven computer software design techniques such as structure programming, industrial data base data management standards will be used and taught. System development planning will be based on the practical needs of the partner, the expected long term resources available to the partner, and the skills and capabilities of the partner.

Through coordination with our PEPFAR and CDC Uganda Program unit we have developed an in depth understanding of Uganda's infrastructure and our partner's resources, capabilities and desires. CDC Informatics has a number of highly skilled, well educated individuals who understand our mission is to assist our partners in developing their capabilities and abilities. For the most part our partners have become capable of maintaining the initial less complicated data base and data entry systems. They recognize the need for better data quality control, and better reporting tools. We have partners that are using and tracking thousands to a little over a hundred thousand patients.

The Uganda infrastructure is lacking in reliable power and computer connectivity systems. Some areas have no access to internet, telephone or power. Developing systems that allow these areas to be included in surveillance system will require multiple capability systems that are standardized. Multiple parties working independently on the same problems often create incompatible systems which reduces efficiency and causes

In following activities initiated in FY05, FY06 and FY07, the Informatics Unit will focus on the following key areas in FY08: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13342, 13332

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13332 | 13332.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$550,000 |
| 13342 | 4703.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$899,504 |

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3481.08

Mechanism: CDC GHAI

Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 16096.08
Planned Funds: \$1,093,100

Activity System ID: 16096

Activity Narrative: During FY 2008 the CDC-Uganda laboratory will continue to offer the high quality HIV related services provided in FY07; these include serological testing for HIV, HHV-8, HSV-2, and Hepatitis B; CD4+ and CD8+ cell counting, hematology, serum chemistry and viral load testing. The laboratory also introduced PCR techniques in FY07 to diagnose HIV from dried blood spots collected from infants. Testing services were provided for CDC evaluation activities and for partners who had no established laboratory capacity of their own. The CDC laboratory also provided technical assistance and training for lab staff of several PEPFAR implementing partners and to Ministry of Health (MOH) public facilities in order to enhance national laboratory services capacity. In FY 2008, the CDC laboratory will also continue to assist in health service policy development and the restructuring of MOH Central Public Health Laboratory (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 FY08, the need for laboratory management training will also be addressed as well as the continuation of the roll-out training program for rapid testing.

In FY08 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 sessions at the CDC laboratories, follow-up and support supervision to ensure quality of testing and enrollment in external quality assurance programs. In order to integrate services and technical assistance the CDC laboratory will work closely with the MOH Lab Technical Committee (LTC) and with the health laboratory service sector. This includes 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 Lab to develop its role in coordination of reference laboratory and lab support programs, the National TB/Leprosy Laboratory (NTLP) to provide quality assurance programs and re-establishing an HIV Reference Lab (HRL). The CDC laboratory will also continue to work closely with the National Medical Stores for commodity procurement; and 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15738, 13341

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 15738 | 15738.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$1,041,237 |
| 13341 | 4429.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$981,732 |

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 690.08
Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Activity ID: 3971.08

Planned Funds: \$228,000

Activity System ID: 16074

Activity Narrative: The Department of Defense (DoD) supports the Uganda Peoples Defense Forces AIDS Control program by providing funding, logistical and technical support. In FY 07 DoD hired one full time staff to coordinate the program. From the MEEP Report a number areas were identified that need to be addressed to ensure quality HIV/AIDS service delivery in the UPDF. One of the key areas identified was the shortage of staffing in the medical unit. To this effect in FY Y08 DoD plans to hire a Medical Officer to provide Technical support initially to be based at Bombo Military Hospital but with support to other sites in the HIV/ADS programming and management. DoD also plans to hire a part time Administrative Assistant to be based at Bombo as well.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8389

Related Activity: 16068, 16069, 16070, 16071, 16072, 16073, 16065, 16066, 16067, 16318, 18548

Continued Associated Activity Information

| Activity System ID | Activity ID | USG Agency | Prime Partner | Mechanism System ID | Mechanism ID | Mechanism | Planned Funds |
|--------------------|---------------|-----------------------|--------------------------|---------------------|--------------|-----------|---------------|
| 21603 | 3971.21603.09 | Department of Defense | US Department of Defense | 9374 | 690.09 | | \$117,866 |
| 8389 | 3971.07 | Department of Defense | US Department of Defense | 4821 | 690.07 | | \$100,000 |
| 3971 | 3971.06 | Department of Defense | US Department of Defense | 3156 | 690.06 | | \$100,000 |

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|--------------------------|---------------|
| 16065 | 4551.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 18548 | 18548.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16066 | 8856.08 | 7336 | 690.08 | | US Department of Defense | \$50,000 |
| 16067 | 3967.08 | 7336 | 690.08 | | US Department of Defense | \$215,000 |
| 16068 | 3968.08 | 7336 | 690.08 | | US Department of Defense | \$134,000 |
| 16069 | 8987.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |
| 16070 | 8853.08 | 7336 | 690.08 | | US Department of Defense | \$150,000 |
| 16071 | 3970.08 | 7336 | 690.08 | | US Department of Defense | \$138,000 |
| 16072 | 4552.08 | 7336 | 690.08 | | US Department of Defense | \$250,000 |
| 16073 | 3969.08 | 7336 | 690.08 | | US Department of Defense | \$100,000 |

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3481.08

Mechanism: CDC GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 16093.08

Planned Funds: \$349,852

Activity System ID: 16093

Activity Narrative: In FY 2008 this funding will cover the CDC-Uganda management and operational expenditures of the Tororo field station to ensure all activities are fully mplemented.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13337, 13338, 13339, 13340, 16085, 13331

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13337 | 4431.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$170,000 |
| 13338 | 4432.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$150,000 |
| 13339 | 4433.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$835,412 |
| 13340 | 4434.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$129,599 |
| 13331 | 4821.08 | 6445 | 3481.08 | CDC GHAI | US Centers for Disease Control and Prevention | \$2,400,000 |

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3481.08

Mechanism: CDC GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 16094.08

Planned Funds: \$552,208

Activity System ID: 16094

Activity Narrative: In FY 2008 the HHS/CDC Information Technology Services Office (ITSO) has established a support cost of \$3280 per workstation and laptop in each country office to cover the cost of information technology infrastructure services provided to the field by ITSO Atlanta. This cost includes support for the base-level of connectivity for the primary CDC office in-country and connection to the HHS/CDC global network; maintaining the IT equipment located in the field offices as refreshed and updated on a regular cycle; and, strengthening the ITSO global activities team in Atlanta to better support the field. In addition, this funding will support the full implementation of the ITSO regional technology services executives to be deployed for in-country technical assistance as needed. This is a structured cost model which represents the 'cost of doing business' and has been mandated for each country to ensure full service delivery.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13270, 13335, 13336, 13343

Related Activity

| System Activity ID | Activity ID | System Mechanism ID | Mechanism ID | Mechanism Name | Prime Partner | Planned Funds |
|--------------------|-------------|---------------------|--------------|----------------|---|---------------|
| 13270 | 4016.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$200,000 |
| 13335 | 10176.08 | 7348 | 7348.08 | HHS/CDC ICASS | US Department of State | \$1,199,608 |
| 13336 | 10178.08 | 7349 | 7349.08 | HHS/CDC CSCS | US Department of State | \$320,000 |
| 13343 | 4430.08 | 6446 | 1257.08 | CDC Base GAP | US Centers for Disease Control and Prevention | \$5,958,764 |

Table 5: Planned Data Collection

| | | | |
|---|----------|------------|-----------|
| Is an AIDS indicator Survey(AIS) planned for fiscal year 2008? | X | Yes | No |
| If yes, Will HIV testing be included? | X | Yes | No |
| When will preliminary data be available? | | | 9/30/2009 |
| Is an Demographic and Health Survey(DHS) planned for fiscal year 2008? | | Yes | X |
| If yes, Will HIV testing be included? | | Yes | X |
| When will preliminary data be available? | | | |
| Is a Health Facility Survey planned for fiscal year 2008? | X | Yes | No |
| When will preliminary data be available? | | | 12/1/2007 |
| Is an Anc Surveillance Study planned for fiscal year 2008? | X | Yes | No |
| If yes, approximately how many service delivery sites will it cover? | | Yes | No |
| When will preliminary data be available? | | | 3/1/2008 |
| 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 2008? | X | Yes | No |

Supporting Documents

| File Name | Content Type | Date Uploaded | Description | Supporting Doc. Type | Uploaded By |
|--|--------------------------|---------------|---|--|-------------|
| CDC staffing charts.pdf | application/pdf | 9/19/2007 | CDC staffing charts | Other | CMatovu |
| MASTERLIST PEPFAR PARTNERS PER FACILITY PER PGM AREA_SAR07.xls | application/vnd.ms-excel | 9/28/2007 | | Other | CAkena |
| Final FY 2008 Executive Summary_CN.doc | application/msword | 10/3/2007 | | Executive Summary | CAkena |
| PEPFAR COP 08 COMMODITY SUMMARY.xls | application/vnd.ms-excel | 10/3/2007 | This outlines PEPFAR Uganda's consolidated Procurement plan for FY08. | Other | CAkena |
| USAID Organogram.doc | application/msword | 10/3/2007 | USAID Organogram | Other | CAkena |
| DEPARTMENT OF STATE (2) (2).doc | application/msword | 10/3/2007 | Department of State Organogram | Other | CAkena |
| Uganda FY 2009 Funding Planned Activities FINAL September 25.doc | application/msword | 10/3/2007 | This document summarizes the projected activities planned for FY09. | Fiscal Year 2009 Funding Planned Activities* | CAkena |
| HCD Table.xls | application/vnd.ms-excel | 10/3/2007 | This table is a tally of all USG FY08 HCD Tables | Other | CAkena |

| | | | | | |
|--|--------------------------|------------|---|--|---------|
| FY08 Uganda Peace Corps volunteer matrix.xls | application/vnd.ms-excel | 10/3/2007 | This is Matrix provides information on the Peacecorps Volunteers. | Other | CAkena |
| Uganda Global Fund Supplemental September 26.doc | application/msword | 10/3/2007 | This document summarizes the Global Fund Program in Uganda. | Global Fund Supplemental* | CAkena |
| PEPFAR and USAID TB leveraging Final.doc | application/msword | 10/3/2007 | This document describes how PEPFAR TB/HIV funding is leveraging USAID non-PEPFAR USAID funding. | Other | CAkena |
| PMTCT_ PROPOSED.pdf | application/pdf | 10/3/2007 | This is a document that describes where PMTCT Implementing Partners will be working to provide maximum national coverage. | Other | CAkena |
| Peacecorps Organogram.xls | application/vnd.ms-excel | 10/3/2007 | Peacecorps Organogram | Other | CAkena |
| Management and Staffing Program Area Narrative.doc | application/msword | 10/3/2007 | This a continuation of the Management and Staffing Program Area Narrative. | Other | CAkena |
| UACletter[2].RTF | application/msword | 10/3/2007 | This letter, which is from the Director General of the Uganda AIDS Commission, endorses the Uganda FY08 Country Operational Plan as being one that is truly in line with the National Strategic Plan. | Other | CAkena |
| AB Earmark Justification.doc | application/msword | 10/3/2007 | | Justification for AB Budgetary Requirements | ALatour |
| ART Justification.doc | application/msword | 10/3/2007 | | Justification for Treatment Budgetary Requirements | ALatour |
| FY08 COP Acronyms List.doc | application/msword | 10/3/2007 | | Other | ALatour |
| FY2008 Budgetary Requirements Worksheet 1001.xls | application/vnd.ms-excel | 10/3/2007 | | Budgetary Requirements Worksheet* | ALatour |
| Uganda Amb Letter.pdf | application/pdf | 11/5/2007 | | Ambassador Letter | MLee |
| FY08 Male Circumcision 12 20 2007.xls | application/vnd.ms-excel | 12/20/2007 | This document summarizes the Medical Male Circumcision Activities that will be conducted in FY08. | Other | CAkena |
| PEPFAR Program Planning and Oversight Functional Staff Chart.doc | application/msword | 10/19/2007 | This is the PEPFAR program Planning and Oversight Functional Staff Chart. | Other | CAkena |
| UGANDA NATIONAL STRATEGIC PLAN FINAL DRAFT.doc | application/msword | 10/19/2007 | This is the Uganda National HIV/AIDS Strategic Plan for 2007/8-2011/12. | Other | CAkena |
| explanation of FY08 target calculations.doc | application/msword | 12/22/2007 | This document outlines the USG process for calculating the FY08 targets and provides detail on indirect allocations and the variance from FY07 COP Table 2.2. | Explanation of Targets Calculations* | CMatovu |
| FY08PMTCT Program Area Narrative PWG final FY08COP responses dec10.doc | application/msword | 12/23/2007 | This document details the FY08 PMTCT program area narrative. | Other | CMatovu |