Uganda

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

Executive Summary

In September 2012, the Ministry of Health (MOH) released the results of the Uganda AIDS Indicator Survey (UAIS) 2011 which indicated that Uganda is still experiencing a severe generalized HIV epidemic. HIV prevalence in the general population (15 to 59 years old) is estimated to be 7.3% in 2011, compared to 6.4% in 2004-5. HIV prevalence is higher among women (8.3%) than among men (6.1%). Compared to the 2004/5 UAIS survey, the magnitude of change in HIV prevalence varied across regions: Central, Western, Southwestern and Northern regions remain the worst-affected while modest declines in prevalence were recorded in the East-Central and Mid-Eastern regions. These regions had the highest prevalence of male circumcision among 15-49 year-old males, estimated at 42% and 53%, respectively. Of particular concern is the rise in HIV prevalence among young people aged 15-24 years and in the West Nile and North-East regions that previously were least affected. Among women and men age 15-49 who were tested in the Uganda AIS, 44% of HIV-positive women and 32% of HIV-positive men knew that they were positive.

The estimation of HIV incidence cannot be directly observed on a national level and therefore relies on modeling. UNAIDS projects the number of new infections at 150,000 (2011), stable since 2008, up from 120,000 in 2004. AIDS mortality is estimated at 62,000 deaths in 2011, the lowest estimate in a long decline since 2000, reflecting the significant expansion of ART. UNAIDS in its latest World AIDS Day Report warned of increasing unprotected sex (both sexes) and multiple partners (women). The estimated number of people infected with HIV has also risen to 1.39 million, 55% of whom are female and 14% are children under the age of 15 years.
HIV is predominantly heterosexually transmitted, accounting for 75-80% of new infections. However, the population subgroups most affected and the risk factors and drivers of HIV infections have evolved in recent years. Data shows a growing heterogeneity of HIV prevalence among Uganda's population. Studies have reported prevalence of 1.2% in university students compared to 15-40% in fishing communities, 37% among sex workers, 18% in the partners of sex workers, and 13% in the group of men with a history of having sex with men. Approximately 35% of new infections are occurring amongst self-reported monogamous individuals. The remaining transmissions are largely due to mother-to-child HIV transmission.

In response to the UAIS 2011 results and the challenges they posed, PEPFAR revised its programmatic and technical approaches and targets to better respond to Uganda's escalating epidemic. The FY12 COP

reflects a new roadmap for Uganda's HIV/AIDS response that is driven by science, prioritizing proven interventions, matching resources effectively across subpopulations, and directing efforts towards sources of new infections. The revised COP is the product of a highly consultative process that involved the Government of Uganda (GOU), PEPFAR implementing partners (IP) and other development partners including UN agencies.

The PEPFAR/Uganda program refocus relied on coming up with a functional Continuum of Response (COR). The Uganda COR focuses on health services access and distribution, reduction of HIV transmission, and health systems strengthening. The COR planning tool was used to come up with a platform of improving the outcomes of HIV/AIDS treatment programs which require successful linkage of patients testing positive for HIV to pre–antiretroviral therapy (ART) care and retention in pre-ART care until ART initiation. The COR has three components: identifying services; providing services (i.e. at different levels of health care); and developing strategies for successful linkages to and retention in services.

The three main foci utilized for the burden tables are epidemiologic profile, need and coverage burden. Using the 2011 projected mid-year population census data, Uganda AIS 2011 HIV regional prevalence and circumcision data, and other HIV/AIDS population estimate sources (UNAIDS, WHO/Spectrum) an epidemiologic profile was established to derive both PEPFAR and national (where available) need in key PEPFAR program areas. MOH/ACP national reports and S/APR 2011 and MEEPP data were used to estimate coverage of services in the key program areas to derive program level unmet need. It is anticipated that availability of program data at district level will improve with the roll-out of the DHIS II, but in absence of this information, a combination of data sources was used to get a sense of what was happening at the district level. District level burden estimates were derived using regional prevalence, district demographic data and relative "weighting" using PEPFAR PMTCT program data.

The burden tables were used to establish unmet need; to review program needs and improve coverage of services at district level; to set targets at the district level in each program area; to utilize data to identify/prioritize expected needs from all program areas and current linkages between program areas; to understand client flow and inform where linkages had to be strengthened; and to improve program planning and budgeting. Some of the data was overlaid on maps to better comprehend geographic coverage and what needs to be accomplished in FY13/14.

The intent is to institutionalize the burden table methodology as a PEPFAR and national planning tool including development of district profiles and a national dashboard.

Using evidence-based programming, the FY12 COP will support Uganda to achieve its goal of universal access for HIV and AIDS prevention, care, treatment, social support and protection by 2015. It is also responsive to Secretary Clinton's goal of an AIDS-free Generation and President Obama's World AIDS Day pledge to help six million people worldwide receive antiretroviral treatment by the end of 2013. The following programmatic strategies (pivots) have been selected to yield an immediate, tangible impact on

the epidemic:

1. Roll out of Option B+ to all HIV-positive pregnant women to not only protect the new born infant from the risk of HIV infection but also to treat the mother for her own health;
2. Providing HIV/HTC to populations of epidemiological significance, i.e., key populations and patients seeking care in health facilities;
3. Significantly scaling up VMMC as a proven highly effective approach to HIV prevention;
4. Improving access to antiretroviral therapy, with particular attention to reaching children; and
5. Expanding access to HIV/AIDS basic care, ensuring that patients are followed up appropriately and retained in services.

Absent an effective and functional health systems framework, achievement of these pivots may never materialize. PEPFAR has prioritized health systems strengthening for the successful roll-out of these pivots. Specific interventions in this area include improvement in access to laboratory services across the country as well as carefully considered recruitment of health personnel in severely constrained facilities. Working with the GOU, PEPFAR will support recruitment of 1,200 contract health workers to be absorbed into the national system after three years. Laboratory support will involve upgrading and accrediting 72 laboratories at HCs III and IV to serve as regional hubs for collection, testing, and transmittal of results for advanced HIV/AIDS diagnostic and disease monitoring services. Attitudes among health workers, policy makers, service users, and the communities remain a challenge especially as PEPFAR has begun to roll out new interventions such as VMMC. Therefore significant FY12 resources have been devoted to support a comprehensive and integrated communication strategy to provide accurate information, address community concerns, and raise demand for services, especially those newly introduced in the HIV/AIDS arena.

Following a series of iterative discussions with stakeholders, the GOU has endorsed a phased roll out of Option B+, initially prioritizing regions with the highest HIV prevalence. FY12 will serve as a transition year for Uganda's PMTCT program as stakeholders adjust to the policy shift from Option A to Option B+. Using district burden tables, the weighted HIV prevalence (developed in collaboration with MOH), and health facility capacity, PEPFAR has set ambitious targets to test and counsel 1,393,354 pregnant women from whom approximately 115,648 HIV-infected pregnant women will be identified (based on AIS 2011 prevalence in women of 8.3%). Eighty percent of these (92,500) will receive PMTCT ARVs, including 78,625 receiving HAART for life, and 13,875 receiving ARV prophylaxis. The latter category will receive PMTCT under the Option A platform due to the phased approach taken by government in rolling out Option B+. PEPFAR's goal to fast track accreditation and the upgrading of HC IIIs where the majority of HIV+ pregnant women attend ANC will help GOU reach its targets. These clinics will be linked to regional reference laboratory hubs to enhance easy access to essential laboratory services.

The UAIS 2011 results indicate a five-fold increase in the proportion of men and women who have ever been tested for HIV and received their results. Using FY11 funds, PEPFAR Uganda offered HTC services to 5.5 million individuals. The target for FY12 is 3.9 million, which is below the 2011 APR achievement. However, in FY12, PEPFAR will prioritize targeted HTC as opposed to testing the general population. The bulk of services will be delivered through provider-initiated testing and counseling (PITC) in health facilities as well as targeted outreaches to high-risk populations and communities. The objective is to enhance early identification of the HIV positive, linking them to care and treatment and ultimately mitigating their risk of transmitting HIV to their partners.

Uganda has been a global leader in piloting VMMC. However, political, cultural and religious constraints have impeded its adoption as a significant prevention strategy. In March 2010, a national VMMC policy was launched paving the way for rapid roll out of services. PEPFAR is the MOH's lead partner in rolling out VMMC. Despite early challenges, there is now an increasing demand for VMMC. APR 2011 results indicate that PEPFAR supported 352,039 circumcisions against a target of 474,000.

Building on these achievements, increased FY12 funding will support PEPFAR's ambitious targets to provide safe circumcisions to 750,000 eligible men. This will be achieved through creation of dedicated/roving teams at health facilities and utilization of models that optimize the volume and efficiency of male circumcision service (MOVE, facility-based, outreaches, and camps). There are only three accredited VMMC training sites: Walter Reed in Kayunga, Infectious Diseases Institute (IDI), and the Makerere University School of Public Health Project in Rakai. To maximize access to training and optimize real time technical support to VMMC sites, additional training sites will be created within Regional Referral Hospitals, which will train and oversee services in approximately five districts each. Real time reporting will be critical as services are rolled out. In 2011, PEPFAR developed a VMMC Operational Center to provide daily data on the number of circumcisions conducted and any adverse events. In 2013, this center will be transitioned to MOH (currently hosted at the IDI) and all IPs will report daily the numbers circumcised as well as any adverse events. OGAC and the HQ VMMC TWG have agreed to assist the Uganda PEPFAR team to procure circumcision kits and consumables centrally through SCMS, thus freeing up sufficient funding to realize the target of 750,000 circumcisions. Two local partners, Joint Medical Store and Medical Access Uganda Limited, will be responsible for distribution of these kits across all PEPFAR partners.

In addition to the challenges of rolling out VMMC, Uganda's HIV program has not been balanced regarding key interventions and key populations; condom use was not emphasized nor were key populations targeted. Behavioral interventions such as abstinence for youth and faithfulness for adults were prioritized with no linkages to complementary biomedical prevention services. In FY12, PEPFAR will substantially reduce resources for AB programs in favor of proven biomedical interventions and will prioritize access to condoms by increasing distribution outlets at facilities and the community level and in fishing landing sites and hard to reach areas (primarily rural). However, AB messages will continue to be provided in the context of a combination prevention approach

Through targeted health advocacy, PEPFAR will also seek to address policy challenges particularly Uganda's post-shipment testing policy that has delayed timely release of donor-procured condoms in Uganda. PEPFAR will also engage with the government to reach mutual agreement regarding open marketing of condoms in Uganda.

In FY12, PEPFAR will provide targeted interventions for key populations including ensuring user-friendly and non-threatening services. Three Wellness Friendly Clinics are planned in Kampala to provide care and treatment for sex workers and MSMs. Services will also be provided through proven innovations like moonlight clinics.

Access to ART in Uganda has improved dramatically over the past eight years with approximately 329,060 (57%) eligible clients accessing services. However, the country still lags behind its universal access target of 80% by 2015 as articulated in the National Strategic Plan [NSP] 2010/11 – 2015/16. In 2013, PEPFAR is poised to support enrollment of an additional 190,804 new naïve clients on ART, which will translate to a net increase of 142,339 clients – almost equal to the number of new infections recorded in 2010. With the current roll out of Option B+, the bulk of new naïve clients are projected to be pregnant women (78,626) and children (38,161). Targets were derived using a COR matrix and were matched with resources available. However, IPs will be specifically instructed not to interpret targets as an enrollment ceiling, thus allowing for uninterrupted enrollment and aggressive treatment scale up of any eligible clients at facilities. In order to achieve these targets, PEPFAR will focus on ensuring early initiation on treatment, with special emphasis on HIV-positive pregnant women (20% to 85% through Option B+); providing wider coverage and access to CD4 testing to achieve 100% treatment access; fast-tracking accreditation of lower level facilities (HC II and III); implementing a COR approach to ensure adequate access to a wide range of services for HIV-positive clients; promoting an active search for HIV-exposed and HIV-infected infants; and supporting MOH and districts to mobilize community structures to identify, link, and retain children in care and treatment.

The roll out of Option B+ presents major adherence challenges, which could lead to a rise in drug resistance. In FY12, PEPFAR will focus on maintaining adherence by strengthening facility-community linkages using linkage facilitators, a cadre of volunteers including PLHA, VHTs, and religious and local leaders to monitor clients at community level.

In addition to its prevention strategy pivots, PEPFAR will also prioritize developing a quality, comprehensive HIV/AIDS chronic care strategy to keep HIV-infected individuals healthy, better informed, actively engaged in the response, and to delay the need for costly antiretroviral therapy. Statistical modeling projects that there is an estimated 1,390,732 million individuals living with HIV. As of September 2011, PEPFAR had provided chronic care services to 717,205 individuals – 51% of the national need. In FY12, PEPFAR plans to provide 812,989 HIV positive individuals with care and support services in

support of the GOU goal of achieving universal access of 80% in care by 2015. The target was derived using the COR framework. PEPFAR plans to identify additional HIV-positive individuals through HCT, VMMC, EID, and PMTCT services who will then be linked to care and support services. Linkage of HIV-positive children from EID programs and other HTC services will be targeted at 100%.

In pursuit of these targets, PEPFAR Uganda will prioritize:

1. Capacity building of peripheral public facilities with the aim of decentralizing care and support services into the lower level health facilities with a special focus on services for key populations;
2. Improving retention in care though a continuous quality improvement process and active tracking of individuals lost to follow-up;
3. Standardizing and integrating prevention with positive interventions across care and treatment services;
4. Addressing the barriers to pediatric access to care and treatment by strengthening pediatric testing and treatment services;
5. Prioritizing accreditation of lower level TB diagnostic and treatment units that are not currently providing ART and as a short-term measure, supporting ART outreach to lower level TB treatment units that are not ART accredited sites;
6. Strengthening the continuum of nutrition care through support for nutrition assessment, counseling, and support in HIV and antenatal clinics for adults, children and pregnant women; and
7. Supporting economic strengthening and livelihoods at the community-level.

Alignment with GOU Strategies and Priorities
HIV/AIDS has been prioritized as a key pillar under the National Development Plan (NDP). The Uganda AIDS Commission's (UAC) National HIV and AIDS Strategic Plan 2007/8 – 2011/12 (NSP) has been re-focused and extended up to 2015/16 in light of new research, best practices, and the evolving epidemiological profile of the disease. The MOH STI/AIDS Control Program (ACP) has a new five-year strategic plan, the National Prevention Strategy (NPS), which was revised and launched. Lastly, the MOH has developed a policy on VMMC and has completed a plan to eliminate mother-to-child HIV transmission. FY12 pivots reflect the priorities of these various policy and strategic frameworks, and interventions are planned to contribute substantially to their objectives.

PEPFAR remains a cornerstone of Uganda's Global Health Initiate (GHI) strategy that aims to reduce maternal and neonate deaths by improving access to and delivery of health services.

In support of several GHI principles, PEPFAR-funded interventions work to integrate one or more critical health system functions. PEPFAR's comprehensive partner programming and focus on the continuum of

care has provided the platform upon which to strengthen the 'one-stop-shop' for affordable antenatal services. The commodity security and national HMIS programming has a direct benefit to the HIV and AIDS response while leading to system-wide strengthening and scaled-up engagement with the Village Health Teams in PMTCT, HCT, and care. However, in practice, USG programs combine both non-integrated and integrated interventions. The nature and extent of integration varies significantly due to programming history, funding levels, and emergent national demands. GHI affords PEPFAR the opportunity to better support USG efforts to increase community advocacy for health in parallel with rising utilization of quality health services.

National Coordination of HIV/AIDS Activities

Inadequate absorption and limited national resource mobilization is compounded by the lack of transparency of programs, masking technical and fiduciary inefficiencies between and within all stakeholders active in the response. Assessments have demonstrated that there is an absence of effective coordination in the national response, e.g., inadequate utilization of Global Fund (GF) grants (utilizing only 41% of the Round 7/Phase 1 HIV/AIDS grant). The GOU has an allocation target of only 10% of the national budget for the health sector by 2015.

The USG, led by the Ambassador, has raised the political profile of health with the President of Uganda and the executive and legislative branches of government. The USG is represented on the CCM, and USG agencies are active members of the Health Development Partner and AIDS Development Partner groups.

In 2011, the GOU appointed a new, dynamic Chair of the Board of the UAC. With assistance from the USG, the CCM, which oversees GF grants, reconstituted its membership in a transparent and representative fashion. The newly inaugurated parliament has begun holding ministries and other government departments more accountable and engaging government to prioritize basic service delivery. Recently, the MOH's FY2011/12 budget for maternal and child health was rejected due to the paucity of support for health worker salaries and its inflated training budget lines. This culminated into the release of funds for recruitment of additional health workers that is slated to begin early next year. The appointment of a new Minister, Permanent Secretary, and Director General of the MOH on technical merit – rather than political ties – has signaled an opportunity for a reinvigoration of the management of the public health service and the wider HIV/AIDS response.

Support for Uganda’s HIV/AIDS response is provided by a diverse group of partners. Britain’s DFID recently funded an evaluation of civil society and community support to combination prevention activities. Denmark's DANIDA, Sweden's SIDA, and Irish Aid all contribute to the Civil Society Fund. The UNITAID

foundation will continue to support pediatric antiretroviral drugs through FY2012. Although a World Bank grant will focus on maternal and child health and on district hospitals, its support for human resources and M&E systems will directly benefit the HIV/AIDS response.

Partnership Framework

The Ugandan Partnership Framework is nearing completion. The draft Partnership Framework outlines clear roles and responsibilities which builds upon the existing International Health Partnership Plus (IHP+) Compact with the MOH (signed by HHS/CDC and USAID) to engender program sustainability, GOU stewardship, and USG partnership. National, district and sub-district technical personnel, parliament and the executive branch, development partners, civil society, and the private sector will be brought together as multi-sectoral actors under a coordinated framework. Through the ethic of 'stewardship' for planning and managing the public health response, the sector leadership shall enlist the aid and support of all stakeholders to achieve the national goals. The Partnership Framework will emphasize and detail support for the systematic implementation and revision of all the channels of technical and management communication between the signatories. Furthermore, the Framework strives to ensure that both governments – GOU and USG – be answerable to interested constituencies and includes objectives to further empower stakeholders to track progress.

At the central level, all USG health programming will strive to strengthen and advance governance, management, and financing of national policies and systems. The FY12 budget directly supports the service delivery components of the Framework through the acceleration of PMTCT funding, doubling of VMMC funding and four-fold increase in VMMC targets, and an incremental increase in ART, including ARV procurement. All three service delivery areas support the national policies and strategies and are reliant on the system strengthening of essential medicines and health supplies – quantification, procurement, and distribution – as well as laboratory and human resources for health strengthening. Again, these system-strengthening objectives build upon the governance and stewardship principles and objectives.

The Partnership Framework Implementation Plan has not been completed. Technical input into the Framework has already identified many of the metrics. The service delivery Implementation Plan metrics will be based upon existing HMIS systems, including program reports, annual MOH reviews, and annual UAC-development partner Joint AIDS reviews. The GOU and development partners already have a "Joint Assistance Framework" which defines some of the processes and metrics to monitor progress and will be used where possible.

Increased national financial contribution will be identified either through the Ministry of Finance’s

budgetary framework, national allocation to ARVs, and/or, sites supported by the GOU following the planned rationalization of ARV distribution. Although other essential health commodities are not explicitly included in the Framework, unified quantification and supply to the only two national medical stores will also enable transparency and accountability to be measured routinely following commitments by the GOU, USG, or other development partners. The USG will continue to support HIV test kits, laboratory reagents, and OI medications as well as ensure a backup through the Emergency Commodity Security Fund. As the Global Fund Principal Recipients and CCM have also been engaged in the Framework, it is likely that the Round 7/Phase 2 HIV/AIDS grant for commodities will also be included. Through these efforts, it is expected that utilization of GF resources will rise significantly.

Finally, distinct activities have been outlined to develop the USG partnership in the national response, national stewardship, and accountability of all signatories to their peers and the Ugandan public. Process and output indicators for these are not routinely collected. The Framework suggests a semi-annual or annual high-level review panel (Ministers, Ambassador, and third parties), as designated by signatories to the Partnership Framework and Implementation Plan, to complete a Framework 'score-card' or dashboard of key indicators.

Country Ownership

In FY12, PEPFAR will continue to build upon integration and reinforcing capacity building activities undertaken in previous years to further GOU stewardship and coordination of the HIV/AIDS response. The concept of country stewardship requires significant reinforcement among stakeholders in Uganda. It is essential to establish collective ownership and mutual accountabilities not only within various layers of the government structures – from the central level to district and sub-district or health facility levels – but also within PNFP and for profit sectors, civil society, and communities. Although Uganda’s AIDS Commission was created to coordinate the multi-sectoral HIV/AIDS response, there are gaps in ensuring effective coordination by public, development partner and civil society actors.

Implementation of the revised National Strategic Plan for HIV/AIDS 2010/11 – 2015/16 will require commitment to multi-sectoral linkages by all stakeholders as well as increasing partnership by the GOU with USG and other health donors. Historically, USG has had a three-prong approach to country ownership: alignment of the PEPFAR portfolio to national policies and plans; capacity building of the service delivery and health systems at district levels; and public diplomacy to engender stronger national leadership. In FY12, following the appointment of new senior management at the MOH and re-structuring of the CCM and UAC board, additional emphasis will be placed upon the leadership and stewardship of the UAC and MOH to coordinate the multi-sectoral response and greater transparency and partnership of the USG PEPFAR portfolio.

GOU and civil society already consider themselves “owners” of the national response as the depth of the HIV/AIDS response architecture and policy environment testify. Furthermore, Ugandan academics and technocrats, leaders of civil society, and directors of indigenous NGOs are respected globally. However, despite a supportive political and policy environment, challenges remain in building national capacity and effectively executing the national HIV/AIDS response: poor leveraging of and advocating for resources; disjointed GOU partner coordination and national M&E structures; and lack of ownership or responsibility for deliverables. In FY12, USG will strive to bolster national stakeholders’ response to these challenges.

As a major tenet for promoting and ultimately realizing durability and sustainability of PEPFAR-supported programs, PEPFAR engages all national stakeholders – government, private sector, civil society, and communities – under the leadership of the government to undertake overall responsibility for programming all HIV/AIDS and associated interventions in the country. This has entailed working jointly with these stakeholders through the whole range of programming activities: identification of priorities; designing of the appropriate response; management of the implementation process; and monitoring and evaluation. To further strengthen the capacity of these stakeholders, PEPFAR has jointly developed and supported programs that specifically enhance the capacities of each of these stakeholders. For instance, the cooperative agreements with the Ministry of Health, Uganda Capacity Program, Strengthening Decentralization for Sustainability Project, Health Initiatives for the Private Sector Project, and the Civil Society Fund have significantly improved the capacity of government (national and local), the private sector, and civil society to undertake their respective mandates in HIV/AIDS and broader health services delivery.

The nascent Partnership Framework will formalize USG partnership and support the NSP to eliminate key bottlenecks and select scalable interventions, with the expectation that at the end of five years, the GOU will be better equipped to manage a sustainable response to the HIV/AIDS epidemic.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	100,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Adults 15-49 HIV Prevalence Rate	07	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	150,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	64,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	100,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	120,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	1,502,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	94,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			

Number of people living with HIV/AIDS	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	530,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	610,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

In what way does the USG participate in the CCM?

Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
4-6 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
Yes

In any or all of the following diseases?
Round 11 HIV

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?
No

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
No

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint

planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	USAID/Health Initiatives for the Private Sector Project (HIPS)/The New Forests Company (NFC)			32,135	82,148	The New Forests Company is involved with promoting tree planting in 4 districts in Uganda. The company buys tree seedlings from over 700 out growers in the rural districts of Kiboga, Mubende, Mityana and Bugiri. These 4 communities comprise a catchment population of more than

						10,000 people. HIPS together with its local partner Federation of Uganda Employers(FUE), has partnered with NFC since 2009 to ensure that the out growers working with the company have access to health services in the areas of HIV/AIDS, TB, Malaria and RH/FP. HIPS & FUE have assisted NFC draft an HIV/AIDS workplace policy. In 2011, NFC completed construction of three company/community clinics. HIPS provided basic equipment to each of these facilities and sponsored medical

						personnel from these clinics for various training programs to enable them provide quality services. HIPS has also facilitated the Ministry of Health to accredit these clinics. During this year, 156 people have accessed VCT services from the clinics. All the HIV positives are currently being referred to the nearby government health facilities until the company is administratively ready to start treating these patients at their facilities. In addition, 106 community members have trained by HIPS/FUS as peer educators.

						HIPS and NFC are also implementing the Mobile Referral network program to facilitate critical information access and referrals within the communities of NFC.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Royal Van Zanten Flowers (RVZ)/International Medical Foundation			6,377	11,783	RVZ is a flower exporting medium sized company based in Mukono district with 500 employees, surrounded by a community of about 7,000 people. HIPS has been partnering with RVZ since 2008 to expand RVZ's employee HIV/AIDS program to cover dependants and surrounding community members under a Memorandum of Understanding

						between RVZ, IMF (International Medical Foundation) and HIPS. In 2011, HIPS has continued to consolidate the programs at RVZ. HIPS has provided various trainings to the company clinic medical personnel so they continue providing quality services to company employees and community members. HIPS has also provided equipment & supplies to this clinic. Currently the clinic supports 185 community clients on palliative care and 35 on ART. Another 413 people have accessed VCT

						services this year. The clinic also offers Long Term Family Planning (LTFP) methods. In addition, HIPS & RVZ implement a community based palliative care program in Kyetume for those that are HIV positive. Also, HIPS has transitioned management of prevention activities of RVZ to its local partner Federation of Uganda Employers to enhance the sustainability of programs; 30 peer educators have been trained & a health fair event in which 238 community members accessed HCT has been conducted.

	USAID/Health Initiatives for the Private Sector Project (HIPS)/Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)		TBD			Delete
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Nile Breweries		Nile Breweries	54,615	66,247	Nile Breweries Limited (NBL) is located in Jinja, Eastern Uganda. It is a subsidiary of the South African Breweries Miller Group (SABMiller). NBL has 400 employees and 35,000 people in its catchment. HIPS has been working with NBL since 2007 to extend its work place health program to its supply chain that includes 10,000 small scale sorghum farmers, 300 long distance truck drivers and

						1,000 hospitality workers. In 2011, HIPS and NBL concluded the Home Based counseling and testing program that was piloted in 2010. The 12 month program has seen 4,400 people receive HCT services; all 175 who tested positive are on Septrin prophylaxis, 32 of the 175 HIV positive are receiving ART. HIPS & NBL also support another 41 clients on ART through two NBL supported clinics. In addition, another 225 people have received HCT services in these clinics this year. Furthermore, HIPS & NBL support the palliative care program at St.

						Francis, a community health facility that provides HIV/AIDS treatment to community members. HIPS has sponsored NBL medical staff for various medical trainings & has provided basic supplies to the clinics. HIPS & NBL are also implementing the PMI-funded IPT malaria program in which 1,995 pregnant women have benefited. At NBL, HIPS has facilitated transition of prevention activities to its local partners Federation of Uganda Employers (FUE) and Uganda Manufactures Association (UMA). UMA

						manages the community activities while FUE manages the employees' activities. FUE has so far conducted 1 health fair event while UMA has scheduled peer education trainings for September.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Xclusive Cuttings Flowers		Xclusive Cuttings Flowers	9,099	9,411	Xclusive Cuttings is a Dutch owned flower farm located in Gayaza, Wakiso district. Xclusive has over 200 employees and 10,000 people living within its catchment area. In FY 2009, HIPS & its local partner Federation of Uganda Employers (FUE) signed an MOU with Xclusive to co-sponsor integrated health

						activities within their community. These activities include; developing & launching an HIV/AIDS workplace policy, training employees as peer educators, conducting community health fair events, and constructing a new clinic to enable the employees & community members access treatment services. In 2011, HIPS has facilitated MOH accreditation of this clinic to provide ART and TB treatment services. In total, 84 People have received VCT services this year. The clinic is in the process of recalling all the 7 HIV

						positives who were previously referred to Mulago before the clinic was accredited. HIPS is also supporting the clinic to expand on the range of services at the clinic to include Long Term Family Planning & Safe Male Circumcision services. Basic equipment and supplies have been given to the facility and medical staff have been trained. Besides this, HIPS & Xclusive Cuttings are implementing the PMI IPT malaria program among the predominantly female staff. In addition, the company clinic now conducts community

						outreach events; these take place at least once a week. HIPS, FUE & Xclusive Cuttings further renewed the partnership MOU that had expired. Other activities such as refresher trainings for peer educators and a health fair event are slated to take place in late September 2011.
	OGAC-BD Laboratory Strengthening	12981:Strengthening capacity through improved management and coordination of laboratory, surveillance, and epidemiology activities, public health evaluations and training in Uganda –				Delete

		Lab Quality Assurance				
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Baati		Uganda Baati	10,040	15,000	Uganda Baati is building material manufacturing company located in Kampala. It is part of a larger group of companies that produces iron sheets and steel products for the whole East Africa region. The company has 400 employees and over 14,000 people within its catchment area. HIPS together with its local partner Uganda Manufacturers Association (UMA) have been working with Uganda Baati since 2009 to co-sponsor activities that include developing an HIV/AIDS workplace policy,

						supporting the health facility receive accreditation for HIV/AIDS & TB, train peer educators & carry out health fair events. Uganda Baati has a clinic that is open to the community. In 2011, HIPS & UMA have continued to work with Uganda Baati to strengthen and expand the current programs; HIPS has provided basic equipment & has trained the medical personnel in various programs. HIPS, UMA & Uganda Baati have co-sponsored training of 24 peer educators. 1 health fair event has also been conducted

						in which the company HIV/AIDS work place policy that HIPS & UMA assisted in developing was launched. During the health fair, 227 community members accessed free HCT. The clinic provides care and support to 10 HIV positive people who receive their ARVs from the nearby government health facility. Another 61 people Have accessed VCT services this year. Uganda Baati has also procured health commodities such as bed nets, family planning supplies etc that it distributes to its employees. HIPS & Uganda

						Baati have recently implemented the PMI IPT malaria program in which 20 mothers have so far benefited.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Bead for Life		Bead for Life	19,994	47,329	Bead for Life is an organization that improves the livelihoods of vulnerable women by engaging them in various entrepreneurship activities and helping them find markets for their products. Bead for Life is currently working with over 800 women who care for over 1000 OVC in Lira & Otuke districts and are involved in the production of Shea butter oil. The organization provides the women with technical assistance to

						improve the quality of their oil products and then link them to markets where they can sell their products. HIPS has been working with Bead for Life since 2009 to provide OVC care and support services in Lira and Otuke through a matching grants program. This comprehensive program includes support in education, health, child protection, economic strengthening and psychosocial support for OVC and OVC households. In 2011, 467 OVC have been served, four of these OVC are HIV positive and are receiving

						care and treatment.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Southern Range Nyanza Limited (SRNL)		Southern Range Nyanza Limited	5,591	9,582	Southern Range Nyanza Limited (SRNL), formerly NYTIL Uganda, is a textile processing and paper milling company located in Jinja district. HIPS together with its local partner Uganda Manufacturing Association (UMA) approached SRNL in 2009 to carry out a comprehensive health program for the company's 1,500 employees & 35,000 community members in its catchment area. A Memorandum of Understanding to implement both prevention and treatment programs was signed between

						UMA, HIPS and SRNL. The company refurbished its clinic; HIPS provided basic equipment and sponsored medical personnel for various training programs. In 2011, SRNL and HIPS/UMA have strengthened the current programs at the company. Refresher trainings for 26 peer educators have been conducted. A community health fair event has been planned for September. The company clinic currently takes care of 11 patients on palliative care and 1 patient on ART. Another 130 people have accessed VCT

						services this year. In addition, HIPS & UMA have worked with SRNL to integrate more health services like Reproductive Health/Family Planning (RH/FP) for the predominantly female staff. HIPS has trained clinical staff in long-term family planning services and has provided basic FP commodities and supplies.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Tullow Oil		Tullow Oil	40,000	283,440	Tullow Oil is an oil exploration company based in Hoima & Bullisa districts. HIPS has partnered with Tullow since 2008 to extend health services among Tullow's 200 employees and 60,000 community members. HIPS

						has assisted Tullow set up 4 VCT & FP service centers and 1 maternity clinic that has been expanded to provide primary care services. HIPS facilitated Ministry of Health accreditation for ART and TB of the clinic. To date, more than 40 clients are receiving ARVs and 69 are receiving palliative care through this clinic. Also, HIPS & Tullow are implementing the PMI-funded IPT malaria program in which 927 pregnant women have so far benefited. HIPS and Tullow have sponsored training of 339

						volunteers as peer educators; these reach out to their peers with health messages. Also, 6 health fair events have been conducted in which 6,229 people have been sensitized & 2,803 accessed VCT. HIPS has expanded the programs at Tullow to include men only seminars, community dramas & pre-recorded community radio discussions. HIPS & Tullow are utilizing technology to facilitate referrals and promote communication through the mobile phone referral network program. As part of sustainability

						efforts, HIPS has shifted management of prevention activities at Tullow to Uganda Manufacturers Association.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Mpongo Fisheries Limited		Mpongo Fisheries Limited	32,000	32,683	Mpongo Limited is a fish processing company located in Masaka. It is a subsidiary of the "Four Ways Group" of companies. The company has a catchment population of 16,000 people. Mpongo completes a value chain that entails buying fish from local fishermen, processing it and then transporting it to various distribution centers across the country for export. HIPS has been partnering with Mpongo

						since 2009. The company supports Lambu Health Center in the community. HIPS facilitated Ministry of health accreditation of this health facility to enable it provide ART services. Currently, the clinic is serving 19 patients on ART and 27 on palliative care. Another 205 people have accessed VCT services this year. In addition, Mpongo & HIPS are sponsoring the PMI IPT malaria program and so far, 356 pregnant mothers have benefited. HIPS & Mpongo are also implementing the OVC matching grants program in

						which 256 OVC have been supported in the areas of health, education, social economic strengthening and psychosocial support. Among these are 18 HIV positive OVC who are being provided with care and support. OVC care givers have also been assissted to form Village Savings Loan Associations(VSLAs) from which they make savings & borrow and can be able to start up income generating activities. HIPS has also continued to support Safe Male Circumcision(SMC) & Long Term Family

						Planning(LTFP), basic equipment and supplies have been provided to the clinic to facilitate these procedures.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Tororo Cement Industries		Tororo Cement Industries	9,302	10,825	Tororo Cement is a company based in Eastern Uganda with 500 employees & a catchment population of 42,100. HIPS together with its local partner Uganda Manufacturers Association (UMA), has partnered with Tororo Cement since 2009, to expand the scope of the company's HIV/AIDS workplace program to include TB, Malaria & RH/FP services. HIPS and UMA helped Tororo develop an HIV/AIDS

						workplace policy and train peer educators on HIV/AIDS, TB, Malaria & RH/FP. HIPS has further worked with Tororo Cement to extend this comprehensive workplace health program along the company's supply chain that comprises the quarry workers, the truck drivers who ferry limestone to the factory & the distribution centers where the cement is sold. In 2011, HIPS has continued to engage Tororo Cement in the PMI IPT malaria program which has served 304 Pregnant women. Through the company clinic, 57 people have accessed

						VCT services and all those who test HIV positive are referred to the nearby government health facility for care and treatment. Tororo Cement financially supports this government health facility. Tororo has also cost shared with HIPS to distribute 1,047 long lasting insecticide treated mosquito nets. HIPS has engaged the District in discussions to strengthen referral mechanisms of HIV positive and TB patients from the Tororo Cement company clinic.
	USAID/Health Initiatives for the Private Sector		Rwenzori Commodities	6,921	10,289	Rwenzori Commodities is a tea exporting

	Project (HIPS)/Rwenzori Commodities					company located in western Uganda. It is one of the many companies owned by 'Mukwano Group of Companies'. Rwenzori spans 4 tea estates that have a total catchment population of over 29,000 people. HIPS has been partnering with Rwenzori Commodities since 2009 to implement prevention and treatment programs for its 5,822 employees and community members. In 2011, HIPS has continued to strengthen the programs at Rwenzori commodities. HIPS has provided basic equipment and

						medical supplies to the 3 company clinics. Also medical personnel in these clinics have been sponsored for various medical trainings so that they continue providing quality and integrated health services to employees and community members. The clinics currently support 102 HIV positive clients on palliative care and those that require treatment are referred to the nearby government health facility. Also, 315 people have accessed VCT services this year. Services at the clinics have been integrated to include Long Term Family

						Planning (LTFP). Two people are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program (NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS & NTLP. HIPS together with its local partner Federation of Ugandan Employers have trained 33 new peer educators, bringing the total number of trained peer educators to 106. HIPS and Rwenzori Commodities are also implementing the mobile

						phone referral network program in Buzirasagama estate; this program will facilitate communication and timely referrals in the community of Buzirasagama.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Kakira Sugar Works		Kakira Sugar Works	39,392	69,813	Kakira Sugar Works is one of the companies under the "Madhvani Group of Companies" umbrella. Since 2008, HIPS has engaged Kakira to carry out a comprehensive health program that includes HIV/AIDS, TB & malaria prevention & treatment, and promotion of Reproductive Health/Family Planning services amongst Kakira's 7,500 employees &

						25,000 community members. In 2011, HIPS has continued to work with Kakira in expanding the health programs; Long Term Family Planning (LTFP) and Safe Male Circumcision (SMC) services received a boost with basic equipment & supplies being provided to facilitate the two services, clinic staffs have also been trained. The community prevention programs such as community outreaches, schools program, men only seminars, and pre recorded community radio discussions have also been scaled up. The

						Kakira health facility currently supports 250 patients on ART and 255 on palliative care. Also, 5 TB patients are currently receiving TB treatment through Directly Observed Therapy (DOT). Another 1,735 people have accessed VCT services this year. HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Kakira. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care. Kakira re-launched the

						“Text to Change” SMS massaging program among the employees and community members & this time around, the program was extended to the out growers. Kakira & HIPS have also continued to support the OVC & PMI IPT2 malaria program and 549 OVC & 406 pregnant women have been served respectively. In addition, Kakira’s trainers of trainers conducted refresher trainings for the 129 already trained peer educators, demonstrating that this program will be sustained beyond HIPS. HIPS has transitioned management of

						prevention activities of Kakira to its local partner Uganda Manufacturers Association to further enhance the sustainability of the programs.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/UGACOF Coffee		TBD			Delete
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Rakai Community Health Development (RCHD) Project		Rakai Community Health Development Project	6,276	6,348	Rakai Community Development Health (RCDH) project was established in 1999 to respond to the alarming health crisis and high HIV/AIDS prevalence within Rakai district. The project is operating in a community of 5,600 people. HIPS partnered with RCHD in 2008 to implement the PMI IPT malaria

						program to mitigate the impact of malaria amongst pregnant women in the district. Through this partnership, more than 688 pregnant women have been supported to receive Intermittent Presumptive Treatment for malaria. HIPS has further assisted one of the private clinics' within the project's community to acquire ART accreditation to enable community members access ART services. This clinic currently provides ART to 19 clients & palliative care to 40 clients. Another 273 people have

						accessed VCT services this year. HIPS has trained clinic staff from this clinic in various training programs at Mildmay. In addition to this, HIPS has supported integration of services in this clinic, for example the clinic now offers safe male circumcision services and long term family planning services. HIPS has supported the clinic with basic equipment and supplies to facilitate these services.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Roofings Limited		TBD			Delete
	USAID/Health Initiatives for the		Kinyara Sugar	48,316	64,077	Kinyara Sugar is a sugar cane

	Private Sector Project (HIPS)/Kinyara Sugar Works		Works			processing factory based in Masindi, western Uganda. HIPS has been working with Kinyara since 2007 to augment Kinyara's existing HIV/AIDS workplace program to include TB, Malaria and RH/FP services among its 6,000 employees and 50,000 community members. In 2011, HIPS has expanded the community health programs at Kinyara to include Integrated outreach events in which Safe Male Circumcision (SMC) and Long Term Family Planning(LTFP) services are offered to

						community members. 5 events have been conducted this year. Also, HIPS has strengthened Kinyara's capacity to provide these services at the company clinic. Medical staffs have been sponsored for trainings in SMC & LTFP and basic equipment and supplies have been provided to facilitate initial procedures. The Kinyara clinic that HIPS supports is currently providing 95 people with ART while 133 are on palliative care. Another 3,717 people accessed VCT services this year. Also, 8 TB patients are currently

						receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Kinyara. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care. Furthermore, HIPS & Kinyara have revised the OVC matching grants program in which 248 OVC have been served, 17 of these are HIV positive and are receiving care & treatment. In addition, the “Text to Change” SMS messaging

						program was renewed for another 12 months. HIPS and Kinyara are also sponsoring the mobile phone referral network program to facilitate referrals and information sharing in Kinyara's communities. Kinyara is also implementing the PMI IPT malaria program in which 850 pregnant women have benefited. Furthermore, HIPS has transitioned management of the prevention activities at Kinyara to its local partner Uganda Manufacturers Association (UMA). This is reflected in the revised MOU that was signed

						between Kinyara, HIPS and UMA.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Clays		TBD			Delete - duplicate
	USAID/Health Initiatives for the Private Sector Project (HIPS)/James Finlay (Uganda) Limited		James Finlay Limited, McLeod Russel (U)Ltd	30,052	81,716	Since 2007, HIPS has partnered with McLeod Russell Uganda (MRU) - formerly James Finlay's to implement workplace and community health programs for its 5,000 employees and over 60,000 community members in the company's 6 tea estates. In 2011, HIPS together with its local partner Federation of Uganda Employers (FUE) & MRU have co-sponsored refresher

						trainings for 278 peer educators & new trainings for 32 peer educators - bringing the total number of peer educators at the company to 310. Also, MRU & HIPS/FUE have conducted 5 health fairs in which over 1,439 people have accessed VCT and 2,603 have been sensitized. Furthermore, HIPS has facilitated accreditation of 1 more company clinic for ART, bringing the total of accredited company clinics to 6. As a result of these clinics' accreditation, 345 people are currently receiving palliative care and 285 are on ART. MRU & HIPS have also

						scaled up Safe Male Circumcision (SMC) services amongst its predominantly male population to include SMC camps. HIPS has further sponsored medical staff for trainings in SMC and Long-Term Family Planning (LTFP). HIPS has also provided basic SMC & LTFP equipment and supplies to MRU. HIPS & MRU are implementing the PMI-funded IPT malaria program in which over 800 pregnant women have so far benefited.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Hima Cement		Hima Cement	32,535	117,927	Hima Cement is owned by the French multinational Lafarge & is located in

						Kasese district, south west of Uganda. Hima has 1,042 employees and is in a catchment of 40,000 people. HIPS has partnered with Hima since 2007 to expand the range of health services at the company to include HIV/AIDS, TB, malaria & RH/FP. In 2011, HIPS has transitioned management of prevention activities at the company to its local partner Federation of Uganda Employers (FUE). HIPS/FUE and Hima have cosponsored 2 trainings for 41 Peer educators and oriented these Peer educators into

						small discussion groups. The company now has 119 peer educators. Also, 1 health fair targeted towards the most at risk group, the truck drivers has been conducted. Through the Good Life at School (GLAS) program, student peer educators in selected schools have been trained. HIPS has also engaged Hima to provide to students treatment for Sexually Transmitted Infections (STIs). HIPS has further boosted Safe Male Circumcision (SMC) and Reproductive Health/Family Planning (RH/FP) services through

						provision of basic equipment and supplies & on the job mentorship for clinic staff. Also, 1 Integrated community outreach has been conducted. HIPS and Hima Cement are also sponsoring the mobile phone referral network program to facilitate referrals and information sharing in Hima's community. HIPS & Hima are implementing the PMI-funded IPT malaria program in which 202 pregnant women have benefited. The Hima clinic which HIPS supports currently takes care of 227 patients on ART

						and 351 on palliative care. Hima & HIPS have also supported 782 people access VCT services this year. Also, 4 TB patients are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Hima. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Wagagai		Wagagai Flowers	27,972	32,795	Wagagai Limited is a flower exporting company with a work force of

	Flowers Limited					1,700 employees and 15,700 people in its catchment area. In 2008, HIPS partnered with Wagagai to expand the health programs the company was providing to its employees to include community members. The company set up a clinic which provides integrated health services and is open to community members. In 2011, HIPS has continued to work with Wagagai to support both prevention & treatment programs at the company. Long Term Family Planning (LTFP) & Safe Medical Circumcision (SMC) services

						received a boost with basic equipment and supplies being provided to facilitate the two services, clinic staffs have also been trained. So far, 50 SMC and 47 LTFP procedures have been done at the clinic. The Wagagai clinic is currently taking care of 104 patients on ARVS & another 155 on palliative care. Another 1,063 people have accessed VCT services this year. Also, 8 patients are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program(NTLP)

						to improve case follow up for TB patients in the community of Wagagai. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care. Furthermore, HIPS & Wagagai are implementing the mobile phone referral network program to facilitate referrals and communication. HIPS has also transitioned management of prevention activities at Wagagai to its local partner, Federation of Uganda Employers (FUE). FUE has so far conducted refresher trainings for the

						peer educators. A health fair event for Wagagai has been scheduled.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Liberty Development Trust clinic		Liberty Development Trust clinic	9,719	9,932	Liberty Development is a local NGO that was started up in 1996 to support former employees of the national Internal Security Organization (ISO) with health services. It is surrounded by a community of more than 66,000 people. HIPS has partnered with Liberty since 2008 to extend health services for this community. Liberty works closely with the Kitante Medical Center, a Kampala based clinic which HIPS has supported. Basic equipment,

						supplies and commodities have been provided to this clinic. Also, medical staff have been sponsored for various medical trainings. The clinic currently manages 362 clients on ART & 597 on palliative care. Another 989 people have accessed VCT services this year. Six people are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with the National TB & Leprosy program (NTLP) to improve case follow up for TB patients. Two follow up visits have been conducted by HIPS & NTLP.

						HIPS and Liberty also support the PMI IPT malaria program in which 300 pregnant women within the Kitante community have been served. The clinic has also been supported by HIPS to provide integrated health services to include TB and Reproductive Health/Family Planning (RH/FP).
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Cornerstone Foundation		Cornerstone Foundation	16,091	23,030	Cornerstone Development is an NGO that is directed towards helping underprivileged children with a special focus on youth leadership development. The organization was established in Uganda in 1988 to help in the rebuilding and

						development of the nation as it was emerging from a very turbulent past. HIPS has partnered with Cornerstone Development since 2009 to implement an OVC matching grants program. This program intends to reach out to 600 OVC. This comprehensive OVC program includes support in education, child protection, health, nutrition, economic strengthening and psychosocial support for OVC and OVC households. In 2011, HIPS has continued to put a lot of emphasis on economic strengthening of OVC households.

						HIPS and Cornerstone have built the capacity of OVC caregivers by supporting socio-economic strengthening in OVC households. The self sustaining Village Savings Loan Associations (VSLAs) is one of the programs that HIPS has facilitated to enhance OVC Caregivers' capacity to provide care and support to OVCs. Members are able to save and borrow money from these associations so as to set up income generating activities. At Cornerstone, 7 VSLAs have been formed. This program

						has so far benefited 592 OVC; Two of these are HIV positive and are receiving care & support. HIPS and Cornerstone are also implementing the schools program and through this program, 1,122 students have been reached with abstinence messages.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Caring Hands		Caring Hands	21,079	26,940	Caring Hands is an organization made up of volunteers who assist neighborhoods of Kampala families living in poverty, giving them new hope for the future. Their goal is to break the cycle of poverty in families in the community. HIPS has been working with Caring Hands

						since 2009 to implement an OVC matching grants program. Caring Hands & HIPS have been delivering comprehensive care and support services to OVC in the Nakawa division through socio-economic activities using a family centered approach. This comprehensive OVC program includes support in education, child protection, nutrition, economic strengthening and psychosocial support for OVC and OVC households. Through this program, 171 OVC have so far been supported. Thirteen of these OVC are HIV positive and are receiving care

						and treatment. Caring Hands has also started a large sports and recreation program for these OVC.
	USAID/Health Initiatives for the Private Sector Project (HIPS)/Kasese Cobalt Company Limited (KCCL)/International Medical Foundation		Kasese Cobalt Company Limited	23,662	38,183	Kasese Cobalt Company Limited (KCCL) is a cobalt mining company in south western Uganda owned by a European private equity group. KCCL has 275 employees and a catchment population of 8,500. In 2007, HIPS engaged KCCL to expand the KCCL/IMF (International Medical Foundation) implemented HIV/AIDS workplace program beyond the company to cater for the health needs of 3 neighboring fishing

						communities of Hamukungu, Kahendero & Muhokya. In 2011, HIPS has expanded the programs at KCCL to include Integrated outreaches in which Safe Male Circumcision (SMC) & Long Term Family Planning (LTFP) services are offered to the community. 1 SMC camp has been done in which 68 men have been circumcised and 6 integrated outreaches have been done in which 274 people have accessed FP methods for the first time. Also, HIPS has strengthened KCCL's capacity to provide these services at the company clinic.

						Medical staffs have been trained and basic equipment & supplies have been provided. The KCCL clinic currently has 143 people on ART & 201 on palliative care. Another 555 people have accessed VCT services this year. Also, 7 people are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program (NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS & NTLP. KCCL is also implementing

						the PMI IPT malaria program in which 383 women have benefited. KCCL has also continued to support other prevention programs such as the community radio discussions, men only seminars & the Good Life At School (GLAS) program. Also, KCCL's trainers of trainers conducted refresher trainings for peer educators, an affirmation that this program will be sustained after HIPS. HIPS together with local partner Federation of Uganda Employers (FUE), IMF& KCCL also revised the expired

						partnership Memorandum of Understanding & agreed to extend it for another 12 months.
	Wellness Center for Health Care Workers		Becton Dickinson, International Council of Nurses (ICN)	0	0	Project ending
2011 APR	HHS/CDC/Becton Dickinson (Oct 07-Sept 08)		TBD			Delete
2011 APR	HHS/CDC/Becton Dickinson (Oct 09-Jun 10)		TBD			Delete
2011 APR	HHS/CDC/Becton Dickinson (Oct 08 - Sept 09)		TBD			Delete
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Ankole Coffee Processors		TBD			Delete
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Centenary Bank Limited (CERUDEB)		TBD			Delete
2011 APR	USAID/Health		Dominion	9,124	9,164	Dominion

	Initiatives for the Private Sector Project (HIPS)/Dominion Uganda Limited (DUL)		Uganda Limited (DUL)			Petroleum is an Oil exploring company operating in Rukungiri. Dominion Uganda Limited signed a Production Sharing Agreement with the Government of the Republic of Uganda which grants it exclusive rights to explore for petroleum in the south-west of Uganda. HIPS together with its local partner Federation of Uganda Employers (FUE) and Dominion signed an MOU in 2010 to implement health programs for community members in Bwambara sub county, Dominions' area of operation. These activities

						include training of community volunteers as peer educators, conducting community health fairs, distributing IEC materials & health commodities and working with a nearby private clinic to enable surrounding community members access treatment services. Bwambara comprises mainly fishing communities – a high risk group. FUE leads in implementation of activities at Dominion. To date, more than 4,000 ITN's have been distributed to community members &1 community health fair event in which 215 people accessed

						VCT services has been conducted. All those that turned out positive were referred to the nearby government health facility, Bwambara health unit for care and treatment. 70 Community members have also been trained as peer educators. Furthermore, a policy has been drafted for Dominions employees. Also, Dominion has provided basic equipment and supplies to the health facility.
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Eskom		Eskom	8,212	18,095	Eskom Limited is the electricity generating company in the country. The company is located in Njeru town with a

						catchment population of 35,000. In 2009, HIPS together with its local partner Uganda Manufacturers association (UMA) partnered with Eskom to increase utilization of health services by Eskom's employees, dependants and the surrounding community members. HIPS and UMA assisted Eskom to develop their HIV/AIDS workplace policy. This policy was disseminated through a policy launch/health fair event. In 2011, HIPS, UMA and Eskom have continued to strengthen these programs. HIPS together with UMA have

						conducted 2 employee health fair events. Refresher trainings have also been conducted for all the 28 peer educators. HIPS and Eskom are also implementing the Text to Change SMS messaging program. Furthermore, HIPS is assisting Eskom to come up with tailor made information education communication materials that will be distributed to the company employees and community members. HIPS has further supported medical trainings for IAA Jinja. Eskom staff access their

						treatment services from this clinic. This clinic currently takes care of 12 clients on ART and 15 on palliative care.
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Group 4 Security		TBD			Delete
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Mpanga Tea Estate		Mpanga Tea Estate	10,653	12,500	Mpanga tea factory is located 12kms from Fort portal town in Kabarole district. The factory was licensed to start operations in 1971 as a government entity however; the government offered it to the local community in 1995. The company has1,927 employees & a catchment of 28,700 people. HIPS together with its local partner Uganda

						Manufacturers Association (UMA) started to work with Mpanga in 2010 to implement work place programs for employees & community members. Mpanga has been assisted to develop an HIV/AIDS work place. This policy was launched through a health fair event in which 406 accessed VCT services. HIPS has also trained 33 community members as peer educators. HIPS has further supported upgrading of the company clinic to provide integrated health services. The company refurbished the clinic and hired

						more medical staff while HIPS provided basic laboratory equipment & supplies and sponsored the new clinic staff for various trainings at Mildmay. This clinic now offers free integrated health services to employees and community members. HIPS has further facilitated accreditation of this facility for ART services. 299 people have accessed VCT services this year. The clinic is currently supporting 10 patients on palliative care. HIPS and Mpanga are also implementing the mobile referral network program that will facilitate critical

						information access and referrals in the community. Mpanga is also implementing the IPT program and so far, more than 60 mothers have benefited.
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Shell Uganda Limited	7188:Health Initiative for the Private Sector (HIPS)	TBD			Delete
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Clays/Uganda Clays		Uganda Clays	6,500	6,559	Uganda Clays is the leading producer of roofing tiles in the country. The company is located in Kajjansi town, Wakiso District and has a catchment population of 19,000 people. HIPS together with its local partner Uganda Manufactures Association (UMA) has partnered with Uganda Clays

						since 2008 to increase utilization of health services by Uganda Clays' employees & surrounding community members. HIPS & UMA have assisted Clays to draft their HIV/AIDS workplace policy & disseminate it through a policy launch/health fair event. Uganda Clays & HIPS have replicated the comprehensive health programs established at Kajjansi in their new branch in Mbale. This new branch was commissioned through a health fair event which was attended by H.E The President of Uganda. So far, 104 employees

						have been trained as peer educators & 2 Health Fair events have been conducted. Uganda Clays has also purchased more than 1500 bed nets that have been distributed to company employees. HIPS has also facilitated various trainings for the clinics medical staff to enable them ably handle the expanded range of services. The clinic provides integrated services and is currently providing palliative care services to 39 clients. The HIV positive patients that need ARVs are referred to Mildmay, an HIV/AIDS treatment center.

						Another 130 people have accessed VCT services this year.
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Crane Creameries Cooperative Union (UCCU)		Uganda Crane Creameries Cooperative Union (UCCCU)	5,640	9,013	Uganda Crane Creameries Cooperative Union (UCCCU) is an association that brings together dairy farmers in western Uganda. The Association has a presence in 10 districts i.e. Mbarara, Ibanda, Kamwenge, Kiruhura, Isingiro, Bushenyi, Ntungamo, Rukungiri, Kanungu and Kabale. UCCCU has 88 direct employees and 13,600 Dairy farmers across the 10 districts. HIPS together with its local partner Uganda Manufacturers Association

						(UMA) has partnered with UCCCU since 2010. A Memorandum of Understanding was signed to implement both prevention and treatment programs among the dairy farmers; some of the activities agreed upon include carrying out peer education training, workplace policy development, conducting health fairs and setting up a clinic. The workplace policy has been developed & launched. 2 health fair events have also been held during which 300 people received VCT services. All those that turned out

						positive were referred to the nearby government facility which the company has a working arrangement with to access care & treatment. UCCCU is finalizing setting up of the clinic which will provide treatment services to its members and the community. The treatment activities are hinged on completion of the clinic which is anticipated for early 2012.
2011 APR	USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Telecom Limited (UTL)		TBD			Delete
2011 APR	USAID/Health Initiatives for the Private Sector		TBD			Delete

	Project (HIPS)/HIPS and Ugarose Flowers Limited					
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Africa Affordable Medicines(AAM)		Africa Affordable Medicines	101,278	358,600	Africa Affordable Medicines is a privately owned entity in Uganda whose main goal is to bring affordable, quality, essential medicines and medical supplies closer to the end users wherever they may be in Uganda. AAM operates a franchise pharmacy model and currently has 5 pharmacies distributed in the various regions of the country. These pharmacies provide both retail and wholesale services. In 2011, HIPS has partnered with AAM to support the scale up of

						franchise pharmacies in the country. This is aimed at expanding this model that is valuable for the private health sector. HIPS partner clinics and other clinics can benefit from AAMs network of pharmacies that are in all regions of the country, through access to high quality essential health commodities in a timely and cost effective manner. So far, 2 HIPS partners namely McLeod Russell Uganda and Kinyara are benefiting from this partnership.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Airtel Uganda		Airtel Uganda	15,393	17,607	Airtel Uganda is one of the major Telecommunications company in Uganda and in the East African region. In August 2011, HIPS

						signed a Memorandum of Understanding with Airtel to implement a mobile phone referral network program that will facilitate referrals and information seeking in selected HIPS partner communities. Having been successfully piloted in 3 HIPS partner companies in 2010, this program is now being expanded to 9 HIPS partners i.e. Tullow Oil, Hima Cement, Kinyara Sugar, Kakira, Wagagai, Mpanga Tea, Mabale, New Forests company and Rwenzori commodities. HIPS and Airtel cost shared

						purchase of 332 mobile handsets, which have been handed to selected peer educators and company clinics. 1 mobile handset has been given to the Aids Treatment Information Center (ATIC) in Mulago – the national referral center. The medical personnel call this center when they are faced with challenges on HIV/AIDS treatment and care. Airtel has enabled a Closed User Group platform (CUG) and zero rated calls for these handsets. The program will be running for 12 months. This partnership demonstrates the value that

						cellular phone technology can bring to the health sector.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/BM Group of companies		BM Group of Companies	8,122	26,846	BM Group of Companies Services is an established private limited company engaged in the manufacture of quality steel products with its operations currently located in South Western Uganda. The company has 300 employees and another 26,600 people in its catchment area. In FY 2011, HIPS together with its local partner Federation of Uganda Employers (FUE) signed an MOU with BM Steel to cosponsor activities that include

						developing an HIV/AIDS workplace policy, construction of company clinic, training the company's employees as peer educators, carrying out community health fair events and support integrated health services at the company clinic once its construction is complete. BM Steel has already started construction of the company clinic. BM Steel will recruit the necessary personnel while HIPS will provide basic start up equipment and supplies to the clinic. HIPS will also sponsor medical personnel for

						trainings. Peer education trainings for the company employees have been scheduled for September this year.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Buikwe Dairy Development Cooperative Society		Buikwe Dairy Development Cooperative Society	21,973	22,582	Buikwe Diary Development Cooperative Society/International Needs Network is an organization that Provides support to the neglected children and addresses cases of child labor on Buvuma Islands, Kiyindi landing sites, sugar plantations, tea estates and other hard to reach areas in Buikwe district. In 2011, HIPS partnered with Buikwe Dairy Development Cooperative society to implement an OVC program. HIPS has built

						the capacity of 40 OVC caretakers for the company in OVC care and support. The trained caretakers provide the psychosocial support, conduct home and school visits to assess children's needs at the home and at school and conduct referrals. So far, 165 OVC have been served, including18 who are HIV positive. The HIV positive are receiving treatment care & support.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/EVOKCOM		EVOCKOM/ Ngora Development Association	23,496	28,421	EVOKCOM Limited is a company that is registered to promote socio-economic empowerment of youth in Uganda through hire purchase

						business to build the capacity of youth in business enterprises, trading in general merchandise, hire purchase, conduct microfinance & research and training in business skills. EVOKCOM works in the districts of Gulu, Kampala, Mukono, Kumi and Ngora. HIPS partnered with EVOKCOM to support OVC interventions among child headed households and vulnerable children in Teso region. The program aims to provide education, socio-economic strengthening, health care and psychosocial

						support to 200 OVC.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Farmers Center (U) Limited (FACE)		Farmers Center Uganda Limited	23,438	27,121	Farmers Center (U) Ltd (FACE) is a registered limited liability company in operation since 2005 with its main office in Lira district. FACE is motivated to work with rural communities and low income e earners to uplift and enhance sustainable agricultural practices and other integrated rural development initiatives that build on farmers' knowledge and general livelihood. HIPS and FACE have been partnering since 2009 to provide comprehensive service delivery and support services to OVC

						selected from among farming groups in 12 sub counties in lango sub region. The program encompasses support in education, health, socio-economic strengthening, nutrition, child protection and care & support. This partnership has so far benefited 246 OVC. 14 of these OVC are HIV positive and are in care and treatment. HIPS and FACE have built the capacity of OVC caregivers by supporting socio-economic strengthening in OVC households. The self sustaining Village Savings Loan Associations (VSLAs) is one

						of the programs that HIPS has facilitated to enhance OVC Caregivers' capacity to provide care and support to OVCs. Members are able to save and borrow money from these associations so as to set up income generating activities. At FACE, 11 VSLAs have been formed.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Fiduga Flowers		Fiduga Ltd.	13,607	15,393	HIPS together with local partner association Federation of Uganda Employers (FUE) approached Fiduga in 2010 to scale up the company's prevention and treatment programs. A Memorandum of Understanding

						(MOU) was signed between Fiduga, HIPS and FUE. Activities in the MOU included developing & launching an HIV/AIDS workplace policy, training employees & community members as peer educators, conducting health fair events, and partitioning the clinic. In 2011, HIPS & FUE have assisted Fiduga to develop and launch the company's HIV/AIDS workplace policy. HIPS & FUE have also conducted peer education trainings for 33 employees. In addition Fiduga and HIPS have co-sponsored a

						health fair event in which 476 community members accessed VCT services. All those that were HIV positive were referred to the company clinic. This clinic currently supports 6 clients on ART and palliative care. Also, 372, people have accessed VCT from the clinic this year. HIPS has further supported the clinic with basic medical supplies and commodities as well as medical trainings for the medical staff. The clinic has also been supported to conduct Long Term Family Planning (LTFP) methods.
2012 COP	USAID/Health Initiatives for the		Jomo Fruit Processing	19,928	20,370	Jomo Fruit Company is a

	Private Sector Project (HIPS)/Jomo fruit company		Company			local fruit processing company established and registered in 2007 by Kumi organic farmers. Jomo works with 60 farmers' groups comprised of widows and vulnerable women households as well as child headed households. Jomo provides training and technical support to the fruit farmers while at the same time buys the fruits from these farmers for re-sell and juice processing. Jomo sells its juice on the local market in Tororo, Kumi, Malaba, Soroti and Kampala. Jomo works with Action for

						Behavioral Change, a local NGO that provides HIV/AIDS, and OVC care and support services in the regions of Tororo, Kumi, Ngora and Atutur. Since 2010, HIPS has been working with Jomo Fruit Company to implement an OVC program targeting OVC care takers in Kumi, Tororo and Ngora region. This comprehensive program includes support in education, child protection, nutrition, economic strengthening and psychosocial support for OVC and OVC households. So far, 162 OVC have been

						served, 13 of whom are HIV positive. Also, HIPS has built the capacity of 40 OVC caretakers to provide support to these OVC.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Luwero Industries Limited		Luwero Industries Ltd.	7,608	15,572	Luwero Industries Limited is a Manufacturing medium sized company based in Nakasongola district with 400 employees. The company is surrounded by a predominantly fishing community of about 6,700 people. HIPS has partnered with Luwero industries since 2007 to augment the company's workplace health program that was only focused on HIV/AIDS to include TB, Malaria and

						RH/FP services. To date, 29 Peer educators have been trained and retrained to sensitize their peers in these key areas. HIPS has also assisted Luwero Industries to develop the HIV/AIDS policy for its employees. The company has a clinic which is open to the community & both employees and community members access free treatment from this clinic. This clinic is currently supporting 69 clients on ART and 22 on palliative care. Another 108 people have accessed VCT this year. The company clinic has been supported to

						receive basic equipment and supplies such as family planning products. Furthermore, HIPS has also supported medical staff from this clinic to receive various medical trainings to enable them provide quality services.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Music Life Skills and Destitute Alleviation(MLISADA)		Music, Life Skills, and Destitution Alleviation	19,130	22,642	Music Life Skills and Destitute Alleviation (MLISADA) is largely a self supportive organization that is being directed by former street children. For the last 15 years, MLISADA uses music, dance and football to lure children off the streets and places them in a reception center at the MLISADA home. HIPS has partnered with MLISADA since

						2009 to lure off the streets these OVC through music and life skills including soccer and provide them with comprehensive care and support services. This comprehensive program includes support in health, education, nutrition, socio-economic strengthening and psychosocial support for OVC. So far, HIPS and MLISADA have supported 179 OVC, 2 of these are HIV positive and are receiving care & treatment.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/TBD 1		TBD			TBD
2012 COP	USAID/Health Initiatives for the		TBD			TBD

	Private Sector Project (HIPS)/TBD 2					
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/TBD 3		TBD			TBD
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Regional Lorry Drivers and Transporters Association (RLDTA)		Regional Lorry Drivers & Transporters Association	5,848	6,074	Regional Lorry Drivers and Transporters Association (RLDTA) is an association for lorry/truck drivers and transporters that started operations in February 2010. RLDTA works with over 10,000 lorry drivers, 443 of whom are direct association members. In 2011, HIPS/FUE and RLDTA signed an MOU to implement health programs geared towards improving the lives of these Lorry drivers. So far, 20 lorry

						drivers have been trained as peer educators to reach out to their peers with behavior change information. HIPS has also assisted the association to draft an HIV/AIDS policy. HIPS has further negotiated an arrangement with Touch Namuwongo to assist the lorry drivers access highly subsidized safe male circumcision services at the hospital.
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Sugar Corporation of Uganda		Sugar Corporation of Uganda	15,941	20,796	Sugar Corporation of Uganda (SCOUL) is a sugar cane processing factory based in Buikwe District, Central Uganda. HIPS started working with SCOUL in early

						2008 to expand SCOUL's existing HIV/AIDS workplace program to include TB, Malaria and RH/FP services and extend these services to SCOUL's 6,000 employees and 30,000 community members and dependants. In 2011, Having realized the benefits of partnering with HIPS, SCOUL accepted to increase their contribution towards health programs & formalize the partnership through signing of an MOU & a costed menu of services. HIPS has provided basic equipment and supplies to SCOUL

						including Safe Male Circumcision (SMC) & Long Term Family Planning (LTFP) equipment; medical personnel from the clinic have also been sponsored for training in SMC & LTFP. SCOUL is also engaged in the PMI IPT2 malaria program in which 200 pregnant women have benefited. The SCOUL health facility is currently providing ARVs to 27 clients while 58 clients are on palliative care. Another 546 people have accessed VCT services this year. Also, 150 community volunteers have been trained as peer educators. HIPS has

						transitioned management of prevention activities at SCOUL to its local partner Uganda Manufacturers Association (UMA).
2012 COP	USAID/Health Initiatives for the Private Sector Project (HIPS)/Toro And Mityana Tea Company(TAMTECO)		Toro and Mityana Tea Company	20,519	30,304	Toro And Mityana Tea Company (TAMTECO) is a tea growing and exporting company with 7,000 employees and 25,700 people in its catchment area. HIPS has been working with TAMTECO since 2008 to implement work place programs for the company's employees and community members. In 2011, TAMTECO agreed to increase their contribution

						towards the health programs and as a result, the partnership was formalized through an MOU and a costed menu of services which was signed between TAMTECO & HIPS together with its local partner Uganda Manufacturers Association (UMA). HIPS has assisted TAMTECO in developing an HIV/AIDS workplace policy for its employees, this was followed by peer education trainings for 129 company employees and community volunteers. HIPS has also provided support to the 2 company clinics that includes provision of

						basic health supplies, facilitating accreditation of the clinics for ART and sponsoring medical personnel for various training programs. The 2 TAMTECO clinics currently provide ART to 130 clients and palliative care to 135 clients. Another 292 people have received VCT services this year. HIPS has also facilitated one of the clinics to receive TB accreditation. Currently 4 TB patients are receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program

						(NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS and NTLP The clinics' services have further been expanded to include Long Term Family Planning services.
2012 COP	Becton Dickinson (BD)		Becton Dickinson	50,000	50,000	To implement quality improvements in the lab system, managers are needed at all levels. In line with national plans, BD will train central managers & "preceptor resident mentors". Aside from improved training skills, mentors require the ability to influence & manage change, plan training & lab projects &

						utilize communication & teamwork skills. Quality management skills will also improve their ability to coach lab techs & managers. We will extend Project Management training to include leadership, training & coaching skills, communication, & team-building skills for CPHL leaders & national mentors in support of SLMTA. As part of lab Quality Systems Management improvement, BD will teach quality management concepts based upon ISO 15189 standards for building lab systems,

						including but not limited to internal auditing for compliance, EQA development, & management oversight. We propose to extend this training through a training-of-trainers course to national mentors who will support national implementation of SLMTA.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	2012 Uganda Population Census	Other	General Population	Publishing	N/A
N/A	ANC Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation	N/A
N/A	Autpsy-based survceillance of HIV Dx, HIV DR, cause of death, and OI drug resistance patterns among deceased HIV+ patients	Other	Other	Development	N/A
N/A	Cohort-based HIV drug	HIV Drug	Other	Implementatio	N/A

	resistance surveillance	Resistance		n	
N/A	Continuous MCH surveys	Other	Other	Planning	N/A
N/A	Early warning indicator survey	HIV Drug Resistance	Other	Data Review	N/A
N/A	Epsilon estimation study	Recent HIV Infections	Other	Planning	N/A
N/A	Estimating MARP sizes	Population size estimates	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men, Other	Development	N/A
N/A	Fishing community HIV survey	Population-based Behavioral Surveys	Mobile Populations	Development	N/A
N/A	Global Health Survey	Other	General Population	Planning	N/A
N/A	HMIS based MCH surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Other	Planning	N/A
N/A	Piloting PMTCT-based HIV surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning	N/A
N/A	Prison survey	Sentinel Surveillance (e.g. ANC Surveys)	Other	Implementation	N/A
N/A	TB drug resistance survey	Other	Other	Publishing	N/A
N/A	The Crane Survey - bio-behavioral HIV-related	Population-based	Male Commercial	Implementation	N/A

	surveillance in Uganda	Behavioral Surveys	Sex Workers, Men who have Sex with Men, Street Youth, Youth, Other		
N/A	Uganda AIDS Indicator Survey	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	Uganda Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	VCT-based surveillance of HIV acquisition	Recent HIV Infections	General Population	Implementation	N/A

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			10,748,912		**10,748,912**
HHS/CDC	6,264,675	8,040,000	146,530,468		**160,835,143**
HHS/NIH			250,000		**250,000**
PC			2,185,600		**2,185,600**
State			389,579		**389,579**
State/AF			2,901,000		**2,901,000**
State/PRM			242,707		**242,707**
USAID	0		120,835,431		**120,835,431**
Total	**6,264,675**	**8,040,000**	**284,083,697**	**0**	**298,388,372**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/NIH	PC	State/AF	USAID	AllOther	
CIRC		3,061,108	14,493,228				13,588,346		**31,142,682**
HBHC	26,042	1,244,838	19,896,582		4,926	175,000	13,497,604	5,751	**34,850,743**
HKID	104,169	1,086,956	3,886,413			226,000	20,089,257	52,191	**25,444,986**
HLAB		602,060	10,138,155			2,500,000	4,524,273		**17,764,488**
HMBL			2,009,189						**2,009,189**
HMIN		100,000	200,000						**300,000**
HTXD		11,633	35,464,638				20,857,798		**56,334,069**
HTXS	26,042	1,626,341	31,294,049		4,926		16,246,038	75,433	**49,272,829**
HVAB		197,581	368,238		811,601		2,077,051	29,949	**3,484,420**
HVCT		1,197,253	7,645,161				5,755,479	47,408	**14,645,301**
HVMS	181,242	370,173	9,811,181		381,640		0		**10,744,236**
HVOP		410,444	1,788,550		969,700		8,082,092	24,506	**11,275,292**

HVSI		304,425	5,102,841	250,000	2,955		5,287,951		**10,948,172**
HVTB		396,021	4,194,409				2,767,079	7,469	**7,364,978**
MTCT		5,475	4,702,231				463,517	0	**5,171,223**
OHSS			5,448,217				4,581,342		**10,029,559**
PDCS	26,042	46,867	753,107		4,926		364,080		**1,195,022**
PDTX	26,042	87,737	3,638,954		4,926		2,653,524		**6,411,183**
	389,579	**10,748,912**	**160,835,143**	**250,000**	**2,185,600**	**2,901,000**	**120,835,431**	**242,707**	**298,388,372**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	34,850,743	0
HKID	25,444,986	0
HVTB	7,364,978	0
PDCS	1,195,022	0
Total Technical Area Planned Funding:	**68,855,729**	**0**

Summary:
Care Technical Area Narrative

Uganda continues to be a heavy HIV burden country with an estimated 1,390,732 million individuals living with HIV (Uganda AIDS Indicator Survey (UAIS), 2011). By December 2011, 623,571 individuals, or 45% of the estimated number of PLHIV, were reported to be in chronic care nationally. The country's early success in containing the epidemic appears to have weakened over the past decade as shown by the HIV prevalence increasefrom 6.4% in 2005 to 7.3% (UAIS 2011). It is also estimated that about 145,000 new infections occur annually. The rising HIV prevalence, coupled with limited accessibility to treatment, underscores the importance of prioritizing care and support interventions.

The main challenges for adult and pediatric care and support services as reported in project reports include: weak linkages and referrals into and out of care services; less than 50% HIV positive children are enrolled into care; low CD4 access for adults (60%); inadequate routine nutrition assessment, counseling and support; low retention in care (<85%), especially for children; varying packages and quality of care and support services; and poor documentation of provided care and support services.

Major accomplishments to date include increased availability of care sites from less than 500 sites in 2010 to 932 sites by September 2012 . 80% of TB cases were screened for HIV nationally and 93% of the identified TB/HIV cases were enrolled on cotrimoxazole prophylaxis treatment (CPT). In addition, the TB Drug Resistance Survey was completed in 2011. The findings indicate the prevalence of multi-drug resistant TB (MDR-TB) at 1.4% and 12% among new and previously treated TB cases, respectively. MDR-TB and TB Infection Control Guidelines were finalized.

PEPFAR also supported MOH efforts to scale up pediatric HIV services and improve early infant diagnosis (EID) services. The number of ART sites providing pediatric ART increased from 62% (245) in 2010 to 84% (400) in 2011. The campaign for Know Your Child's Status to improve identification of children was scaled up. As a result, there was an increase in access to services with a higher proportion of children accessing care and ART services, from 61% in 2008 to more than 77% in 2011. Furthermore, PEPFAR supported MOH to standardize pediatric HIV training. A national, comprehensive pediatric HIV/AIDS care and treatment training curriculum was developed and adopted by MOH. Capacity was built

through intensive EID/PMTCT training and mentorship of all facilities providing pediatric and EID services. This led to improved testing coverage reaching 60% of exposed infants by the end of 2011, up from 27% in 2010. These efforts have contributed to the reduction of infection rates of exposed infants to below 4% in some centers such as Mulago Hospital postnatal clinic.

PEPFAR's OVC portfolio supported the GOU to develop an OVC National Strategic Program Plan to be implemented 2011/12 to 2015/16. The GOU, with support from PEPFAR, established an OVC management information system (MIS) and 60 out of 112 districts uploaded data on the Ministry of Gender, Labor and Social Development (MoGLSD) website. The data will be used for evidence-based planning and targeting at all levels. Over 35 districts were supported to develop district-specific OVC strategic plans which were subsequently incorporated into the respective district development plans. With improved information from the districts, an Issues Paper was developed in 2010 by key stakeholders and the ministry to guide national advocacy for additional resources to be allocated to OVC programs.

Key Priorities and Major Goals for Next Year

Over the next year, PEPFAR will focus on supporting the GOU to further expand access to HIV/AIDS care in pursuit of its goal of achieving universal access of 80% by 2015. To that end, PEPFAR plans to reach 812,989 (of which 74,555 or 9.2% are children) HIV-positive individuals with care and support services. PEPFAR will enhance a continuum of response (COR) through support of public and private structures to strengthen Uganda's HIV care model. Care and support targets were developed in response to the demand created through the COR. Burden of disease, carew needs tables, and an MOH facility master list were used to identify facilities providing care services and subsequently allocate targets to implementing partners. Target setting was also based on the demand created through the PEPFAR platform. Eighty percent of HIV-positive individuals identified through HTC, VMMC, EID, and PMTCT services will be linked to care and support services. This will be a marked improvement of our linkage rate from 45% as of April 2012. Linkage of HIV-positive children from EID program and other HTC services will be targeted at 100%.

In order to achieve the above, PEPFAR will:

- Strengthen linkages to and between HIV prevention, care, and treatment services and other health services using community structures (i.e., linkage facilitators);
- Enhance retention in care and treatment programs by establishing functional referral networks;
- Provide Continuous Quality Improvement (CQI) as a key element of the COR; and
- Build capacity of peripheral public facilities to decentralize care and support services.

Alignment with Government of Uganda Strategies and Priorities

PEPFAR is proactively engaged in the current review of Year 1 of the implementation of the National HIV/AIDS Strategic Plan for HIV/AIDS 20122/12 – 2014/15. PEPFAR supported the review of the National Strategic Program Plan of Intervention for OVC 2011/12 – 2015/16 and. the MOH to conduct the recently released results of Uganda AIDS Indicator Survey 2011 – 2012 which showed an increase in HIV prevalence in the country. Revision and implementation of recommendations will be supported in FY2012.

Collaboration with Other Development Partners

National TB program activities for FY 2012 will be supported with PEPFAR and USAID TB Child Survival and Health funds.

Policy Challenges. PEPFAR will engage MOH to review consolidate and harmonize national care and support guidelines, due for review, based on the OGAC recommendations for a standard package of

clinical services. The PEPFAR Care and Treatment TWG will support national TWGs to coordinate this process.

Implementation of Isoniazid Preventive Treatment (IPT) for HIV patients has been hindered by the lack of national level policy and guidelines. and implementation of

PEPFAR is also supporting the MoGLSD to translate the National OVC Policy into three major local languages for easy communication at the community level.

Efforts to Achieve Efficiencies
Rationalization of PEPFAR partner overlap was completed in 2012 to achieve one partner per facility. Subsequently, PEPFAR will undertake the rationalization of other program areas beyond care and treatment. In addition, the TWG will initiate joint annual work plan and performance review for TB and TB/HIV programs led by the National TB and Leprosy Program; all stakeholders will participate to minimize double funding of program activities while increasing coverage and outlining partner contributions. The OVC TWG is refocusing its interventions on the key drivers of vulnerability so that it maximizes OVC program impact.

. The AIDS Control Program (ACP) of the MoH has agreed to adapt the recommended standard package recommended by the OGAC inter-agency mission in December 2010 to be used as guidance for service providers and planners to ensure equitable HIV/AIDS care and treatment services across different levels of services and public and private providers. It will also help to strike a balance between services offered by PEPFAR IPs and public health workers and specialized HIV care centers and general clinics. This should ultimately eliminate unnecessary costs and enable wider application of costing information across different providers. PEPFAR will work with MOH to expedite its adoption, launch, roll out, and monitoring of its implementation.
To create efficiencies within the supply chain, PEPFAR will centralize procurement of HIV/AIDS commodities including cotrimoxazole and basic care kits . which implementing partners will access for distribution to clients through PACE and UHMG. Additionally, the partners will liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (e.g., cotrimoxazole and lab reagents).

Using the 2010 in-country expenditure analysis, For the first time, the PEPFAR team applied unit costs across all the program areas. . This process resulted in budget realignments whereby allocated targets were apportioned to realistic budgets. For instance, there is a significant decrease in the pediatric care and treatment services budgets because in the past, the pediatric budget codes were over budgeted compared to targets, which led to budget pipelines.

Adult Care and Support
Over the next 12 months, PEPFAR will emphasize early enrollment and retention of clients into HIV care. Linkages between HTC, PMTCT, and VMMC services will be prioritized to ensure that 80% individuals testing HIV-positive are immediately enrolled into care. ART eligibility assessments will be prioritized by increasing CD4 access from 60% to 100%. All clients in care will be provided with a 6-month CD4 screening to ensure timely ART enrolment.

The quality of counseling services and innovative service delivery models will also be emphasized to ensure adequate support for retention in care during the patient's asymptomatic phase. The use of linkage facilitators will be built on the current community/facility network and will be an integral component of IP's support to district HIV/AIDS programs to ensure a continuum from counseling and testing to care. Linkage facilitators will be persons recruited at the facility and community level to coordinate linkages and referrals. They will work with and complement the activities of existing volunteers (lay individuals, peer clients, VHTs, expert clients) and staff at the various service delivery points. Their

main role will be to identify and address barriers to linkages and referrals. The USG has worked with IPs to analyze barriers to linkages and referrals, and developed a concept and job description for linkage facilitators. This will be discussed with MoH for buy in and guidance on the planned roll out of this initiative. The implementation is expected to begin in the current budget period in a phased approach under MoH and district leadership.
Innovative approaches to follow up and retention include outreach activities to peripheral sites, use of mobile phones to remind clients of scheduled appointments, home visits within a limited radius from the static site. These interventions will be continuously monitored and scaled up if proven effective and sustainable. With the support of Hospice Africa Uganda, most PEPFAR care and support providers have been trained in assessment, diagnosis, and management of pain and symptoms, which have consequently been adopted and integrated as routine components of care and support services. These key components of care will continue to be emphasized as critical pieces of holistic care.

The Prevention TWG will support positive health, dignity, and prevention (PHDP) activities by working with MOH to standardize and integrate PHDP interventions across care and treatment programs as a routine service. Priorities include providing regular supplies of contrimoxazole, STI management, condoms, cervical cancer screenings, and referrals to other health services, where appropriate.

Pediatric Care and Support
Despite MOH efforts to improve pediatric care and support, more needs to be done to identify and link children early to care and treatment. PEPFAR will support MOH to improve access to and coverage of pediatric HIV services from the current 84% of ART sites to 100%. Increased focus will be placed on retention on pre-ART and ART as well as promotion of adherence.

PEPFAR will also work with the MOH to decentralize pediatric care and treatment through accreditation of lower level facilities up to HC III and activation of non-active accredited facilities. Additionally, there will be emphasis on capacity building including training and mentorship for health workers in pediatric care through the MOH pediatric mentorship framework. Mentorship will strengthen healthcare service provider skills for identifying and enrolling HIV-infected infants into ART programs as early as possible. All children born to HIV+ women will be provided with DBS at 6 weeks.

PEPFAR will support districts to implement an active search for HIV-exposed and HIV-infected infants, utilizing community structures (e.g., VHTs, PLWA networks, and peer support groups), schools and health facilities (particularly through immunization services) to identify, link and retain children in care and treatment. Active linkage to care will use triplicate referral forms and will track missing children through telephone follow up.

PEPFAR will support MOH pilot interventions to improve linkages, early initiation of ART, and client retention in treatment programs; if they prove to be effective, the interventions will be scaled up. MOH has proposed interventions such as the use of “Initiate ART Immediately” stickers on files of infants confirmed to be HIV-infected and a mobile phone SMS platform to improve linkages. These interventions are expected to improve retention in ART programs.

PEPFAR will support MOH to undertake an assessment of adolescent service delivery and pediatric care and treatment programs in the country to identify additional weaknesses as well as best practices for replication and scale up.

PEPFAR will continue to support the national campaign for Know Your Child’s Status. Other advocacy and community mobilization activities with targeted messages will be supported at the district level. National events that promote advocacy for children will also be supported such as the Pediatric National Conference, World AIDS Day, and the Day of African Child.

TB/HIV
In 2009, the WHO ranked Uganda 18th among the high TB burden countries. The TB treatment success rate is 67% (85% target) and the case detection rate is 53.9% (70% target). The current identification of TB in care and treatment settings using the Intensified TB Case Finding (ICF) tool remains low at 3.2%, suggesting poor application of the tool and the need for better diagnostics (especially for smear negative TB).

To date, the country does not have a policy on provision of IPT among HIV patients nor does it have an M&E framework and required data tools. PEPFAR TB/HIV IPs will support the GOU to adopt the new WHO IPT guidelines and to develop operational guidelines to plan for the scale up of interventions. PEPFAR will support the national scale up and coordination of IPT implementation in HIV care and treatment settings.

PEPFAR IPs will improve the quality of TB case finding at facility level through mentoring health workers on the application of QI approaches to facilitate early detection and prompt treatment initiation. In addition, PEPFAR support will ensure that the ICF tool is adapted for use at the community level during HTC activities and household contacts screening. IPs will establish focal persons at health facilities to enforce routine TB infection control practices.

In support of early initiation of ART for TB-HIV patients, PEPFAR will contribute to the printing and dissemination of the revised HIV treatment and TB/HIV policy guidelines. PEPFAR will also ensure the scale up the one-stop model at hospitals and HC IV levels through provision of ART within TB clinics. The MOH will be supported to prioritize accreditation of lower level TB diagnostic and treatment units that are not currently providing ART and, as a transient measure, support ART outreaches to lower TB treatment units that are not ART accredited sites.
In the area of laboratory strengthening, the National TB Reference Laboratory (NTRL) will lead the scale up, calibration, and external quality assurance for GeneXpert. PEPFAR support will include: technical assistance; procurement of GeneXpert machines and cartridges, according to the national rollout plan ; and conduct additional operations research on the impact, cost effectiveness of GeneXpert .
PEPFAR contributes to MDR-TB management through scaling up the existing sputum referral system for routine MDR surveillance as GeneXpert is rolled out

In order to strengthen DOTS, PEPFAR will provide technical assistance to finalize and disseminate the pediatric TB diagnostic algorithm. It will also be important to ensure the adoption of quality improvement approaches to TB care, monitoring, and supervision at all program levels, including commodity and drug quantification. The PEPFAR program is expected to improve the 2 and 5-month sputum follow up to 50% and scale up individual patient DOTS coverage to 50%. A pilot program implemented by small private sector clinics and CSOs in Kampala will be supported to address the high default rates on treatment and to provide a scalable model within other urban areas.

Food and Nutrition
The GOU has prioritized nutrition as a key factor in human development and economic productivity as reflected in the National Development Plan 2010 – 2014, the Health Sector Strategic and Investment Plan (HSSIP) 2010 – 2014, the National Plan of Action for Nutrition, the National HIV/AIDS Health Sector Strategic Plan 2010/11 – 2014/15, and the Nutrition and HIV Action Plan 2009 – 2014. These documents have been developed and to support and enable the mobilization of resources for implementation.
Nutrition care and support is a critical component of HIV/AIDS care and treatment. Data from the National Nutrition Rehabilitation Unit indicate that 40% of malnourished children are HIV-infected, 20% of

HIV-infected adults before initiation of ARVs are malnourished, and 50% of HIV-infected children before ARV initiation are malnourished (NuLife, 2009).

PEPFAR has provided therapeutic and supplemental feeding to malnourished PLWA in 54 health facilities across the country through the recently ended NuLife project that was largely health facility-based. Within the focus regions, a follow-on mechanism will build on the success and experiences of the NuLife project but will also expand focus beyond the hospital and HC IV levels to include a community component. In FY2012, PEPFAR will continue to support nutrition services in these health facilities through the Integrated Management of Acute Malnutrition (IMAM) model that was recently adopted by the GOU. The IMAM model will be scaled up to identify, treat, and wean children and adults who are severely malnourished using the ready-to-use therapeutic foods (RUTF) that are locally produced and distributed through the RECO GDA. These treatment services and the prevention of malnutrition interventions will be implemented within the GOU health system including PNFP facilities and at the community level. The community component will use community-based networks to identify malnourished individuals and follow up with them to ensure linkage to other community-based services. It is expect that these services will overlay with other USG programs in other parts of the country.

Additional funding through the PMTCT NACS and other possible sources will allow PEPFAR to strengthen the continuum of nutrition care by supporting NACS in HIV and antenatal clinics for adults, children, and pregnant women. Economic strengthening and livelihood activities vulnerable HIV-affected households in the community will mitigate food insecurity issues.

Central level support to MOH to coordinate implementing partners and ensure adherence to national protocols may be undertaken through a separate TBD mechanism.

Ultimately, PEPFAR's food and nutrition interventions complement other USG nutrition interventions such as prevention efforts (Essential Nutrition Actions, Basic Package of Health Services, community nutrition behavior change communication, screening, etc.) within the district-based comprehensive HIV/AIDS programs; the Community Connector and SCORE projects that aim to reduce poverty by enabling vulnerable households in Uganda to achieve sustainable food and livelihood security through community-level action; food fortification programs; nutrition advocacy, coordination, and technical assistance with various government, development, civil society, and private sector partners; and agriculture and sustainable livelihoods programs.

Orphans and Vulnerable Children
The National Strategic Programmed Plan of Interventions Evaluation Report (2010) indicates that the number of orphans in Uganda increased from 2.3 million in 2008 to 2.4 million in 2010, which is roughly 14% of the child and youth population. Additionally, the number of vulnerable children that need external support has also increased from 7.6 million to 8.1 million in the same period. The 2010 OVC Situational Analysis revealed only 11% of 8.6 million children in dire need had been reached with external support services. This is primarily attributed to limited funding from the public sector and inadequate numbers and limited capacities of social welfare human resources meant to provide care and protection services.

Each household represents a unique challenge in providing care and treatment for vulnerable children and youth and the large number of vulnerable children in the country signals a need for interventions that address drivers of vulnerability and support systems strengthening at all levels. PEPFAR has supported a number of partners to scale up OVC interventions within the HIV/AIDS national response. The OVC portfolio provides support at 3 distinct levels, national government, district, and community in order to ensure that policy, governance, and service delivery reach the greatest number of vulnerable households.

At the national level, USG interventions support the MoGLSD to assume leadership in coordinating the national OVC response. A primary focus is to generate and utilize data for national planning purposes.

For example, the data is used to build the capacity of districts and lower local governments so they can accurately and effectively plan, implement, and monitor OVC activities, with special focus on social welfare workforce strengthening. The data is also used to support direct service delivery to empower families as primary caregivers of children and to strengthen community systems and promote their ownership in response to challenges faced by OVC. At the national and district levels, PEPFAR plans to support MoGLSD to develop and institutionalize a Vulnerability Index which will be used by the districts to standardize the identification of vulnerable households and communities, monitor the progress of implementation and vulnerability, assess programmatic impact of targeted services, and track changes in levels of vulnerability in households and communities. In order to implement interventions with lasting impact, PEPFAR will strengthen and improve M&E, operational research, and program evaluations to inform evidence-based programming. MoGLSD and its partners will be empowered to operationalize the OVC MIS system to inform programming and to conduct secondary data analysis on available survey data to identify and target districts with high levels of vulnerability with OVC interventions.

At the community and household levels, PEPFAR will prioritize interventions based on household assessments, strengthen families as primary care givers, and strengthen capacity of communities to create enabling environments for OVC live to their full potential via a service delivery award that will work in 35 districts.

A cross-level strategic priority for PEPFAR is to address systems strengthening issues. Inadequate resource allocation for the social development workforce is one of the biggest challenges in this area. In addition, the public sector social development workforce and funding for both human and material resources have remained extremely low at both national and lower levels, thereby hindering adequate delivery of childcare and protection services. This is largely due to the GOU's stove piped, single sector funding stream for OVC programs. Through the SUNRISE project, districts will be supported to gather data highlighting the magnitude of OVC and the current status of funding and staffing to the Community Based Service Department (CBSD). The anticipated outcome is increased resource allocation and staffing levels for CBSDs in districts that have vacant posts at the local level.

Lastly, because of the multi-sectoral needs of OVC and their households, PEPFAR plans to promote integration of OVC in all other USG programs and initiatives, including Feed the Future. OVC needs can be addressed in early childhood development (i.e., education health, psychosocial support and nutrition); gender based violence (i.e., sexual violence, defilement and assaults); and MCH (i.e., family planning, PMTCT services and reproductive health education). USG will implement the COR by ensuring OVC programs link with a range of HIV prevention, care, and treatment services based on the changing needs and circumstances of the OVC families that are being served. Referrals, linkages, and networking will be strengthened among services providers, between community structures, and formal government structures for comprehensive services.

Cross Cutting Areas

Laboratory
Essential laboratory tests for the delivery of HIV care and treatment services include HIV testing, CD4, hemoglobin assessment, pregnancy, screening for HIV in exposed infants by polymerized chain reaction (DNA PCR) technology, and VL for suspected treatment failure amongst children and adults on treatment. As mentioned above, routine patient monitoring, especially CD4 testing, is a challenge. PEPFAR will support the MOH to increase access to CD4 testing; reduce equipment downtime; improve the quality of laboratory services; reduce stock out of reagents and commodities; improve data collection, transmission, analysis and utilization; and hire, retain, and task shift non-technical activities to appropriately trained lay health workers.

The MOH established a sample transportation network to support the EID program in 2010. To date, 19

hubs are fully functional supporting over 500 facilities. Building on the success in the EID sample referral network, in FY12, PEPFAR will support the MOH to establish an additional 53 EID hubs and expand their range of services to include CD4 testing, hemoglobin testing, TB testing, EID, and VL sample transportation. All 72 hubs will offer patient monitoring tests; however, chemistry and hematology testing will be offered at the Regional Referral Hospitals. EID testing and VL testing using dried blood spot technology will be carried out at the CPHL. Each of the 72 hubs will serve over 20 to 50 health facilities within a catchment area of 30km – 40 km radius. For the hard to reach areas not covered effectively by the hubs, MOH is in the process of re-distributing the point of care equipment to cater for these areas.

Gender
The principal objective of the PEPFAR Gender Strategy is to provide guidance on integration and implementation of gender equality into the existing care and treatment programs. PEPFAR IPs will ensure equitable access to care and treatment services by identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care. PEPFAR will also work with MoGLSD to design and provide training to service providers on gender issues related to young men and women's sexuality and sexual rights. Special care will be taken to provide youth-friendly, gender-sensitive services, including counseling, partner involvement and testing, and stigma reduction.

Strategic Information

PEPFAR will continue to support operationalization of the national health sector HIV/AIDS M&E framework to the lowest level and rollout of the web-based District Health Information Software (DHIS-2) to all districts in the country within and outside PEPFAR coverage areas. Anticipated support will include reproduction of revised HMIS tools (pre-ART and ART registers) and equipping, training, and providing hands-on support to district and health facility units responsible for collecting, collating, analyzing, and reporting data. To better understand the content and quality of HIV-positive individuals on care, PEPFAR will continue to support the USG/MOH joint supervisory site visits to observe if facilities are delivering care and treatment in line with national guidelines. A plan for collecting and analyzing data along COR will be developed by SI and HSS TWGs, utilizing technology to improve the quality and effectiveness of the care and treatment program. The absence of unique identifiers across the care and treatment program continues to be a challenge to scale up and improved quality of HIV services. Finger printing technology, for example, will establish unique identification of clients to improve referrals and patient tracking and retention, while mobile phone technology (SMS) will be used to improve adherence and retention.
Public Private Partnerships

PEPFAR will work to improve the credibility, cohesiveness, and competence of the Ugandan private sector (i.e., PNFP, PFP and faith-based). Capacity must be built within these institutions so they can implement cost-effective and sustainable HIV services. Establishing new and strengthening existing partnerships will build sustainability across the health sector. Social marketing will facilitate expanded and improved access to and availability of quality service delivery.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	17,764,488	0
HVSI	10,948,172	0
OHSS	10,029,559	0

Total Technical Area Planned Funding:	**38,742,219**	**0**

Summary:
Governance and Systems Technical Area Narrative

With support from PEPFAR and other stakeholders, the Government of Uganda (GOU) has recently developed several national policies to address its HIV/AIDS epidemic, notably the National Health Policy, National Health Sector Strategic Investment Plan II (HSSIP), National HIV/AIDS Strategic Plan and the Health Sector HIV/AIDS Strategic Plan. Despite this progress, there remain challenges that affect the administration and implementation of services within the health sector:

1. National health policies and guidelines do not effectively cascade due to limited capacity and resources for dissemination;
2. Difficulties in coordination between MOH divisions and key stakeholders;
3. Coordination challenges among public and private sector especially in planning and implementation;
4. Disproportionate decentralization with increased subdivision of the existing districts lead to coordination challenges and scarce resources;
5. Insufficient regulatory framework for private sector that impacts on quality.

While over 72% of the population resides within a 5 KM radius of a health facility, effective utilization of services is yet to be fully realized. This is due in part to challenges of integration and coordination of service delivery between the different levels of the health system; limited capacity to plan; certification, and accreditation of public and private providers; and bottlenecks in referral systems. Additionally, shortages of health workers across cadres hamper service provision. Despite the significant increase over the last five years in the production of health workers only 57% of staffing positions are filled in public sector. Absorption of the already trained health workers like doctors, nurses and clinical officers in the system has been slow in recent years and this is partly attributed to the limited wage bill. Although the HR situation is complex, there are indications that the GOU is in the process of developing solutions to support HRH. Working with the GOU, PEPFAR will support recruitment of 1,200 contract health workers to be absorbed into the national system after three years.

Availability and utilization of information to support evidence-based health programming continues to remain a challenge across the health sector. Although efforts are underway to utilize a single unified national reporting system, gaps still remain in quality, timeliness and reliability of data. Uganda's inadequate health workforce is still burdened by multiple reporting systems which arise due to poorly coordinated and overlapping vertical programs. Integration of HIV/AIDS surveillance and case reporting into the national integrated disease surveillance and HMIS is critical for rationalization of the sometimes parallel HIV/AIDS reporting systems.
Efforts to improve district data collection and utilization need to pay greater attention to decision-making opportunities afforded to local healthcare managers.

Using the 2011 projected mid-year population census data, Uganda AIS 2011 HIV regional prevalence and circumcision data, and other HIV/AIDS population estimate sources (UNAIDS, WHO/Spectrum) an epidemiologic profile was established to derive both PEPFAR and national (where available) need in key PEPFAR program areas. MOH/ACP national reports and S/APR 2011 and MEEPP data were used to estimate coverage of services in the key program areas to derive program level unmet need. It is anticipated that availability of program data at district level will improve with the roll-out of the DHIS II, but in absence of this information, a combination of data sources was used to get a sense of what was happening at the district level. District level burden estimates were derived using regional prevalence,

district demographic data and relative “weighting” using PEPFAR PMTCT program data.
Inadequate supplies of HIV test kits and other basic laboratory commodities have been a major hindrance to ART and PMTCT services, especially at sub-national levels. In the FY12 budget, sufficient funding has been allocated to procure lab commodities to complement GF procurement to close the commodity gap in the country. However, the limited laboratory capacity adversely affects PMTCT and ART interventions. In FY11, PEPFAR supported improvements to the Central Public Health Laboratory and MOH laboratory national systems, District Health Offices, laboratory commodity procurement, and the Uganda Virus Research Institute's quality assurance activities. PEPFAR also supported GIS mapping to rationalize the provision of laboratory services. A challenge that remains is the coordination of various implementing partners’ laboratory systems strengthening activities, including harmonization of the laboratory infrastructure design and equipment specification.

With PEPFAR support, many improvements are currently underway to address the issues affecting the health system: technical capacity is being built at the AIDS Control Program (ACP) and MOH Pharmacy Division to forecast and coordinate supply planning; a central web-based system for ARV logistics data will cover all 700 ART sites; the supply chains for HIV/AIDS commodities have been rationalized for greater efficiency and transparency; and a district-level supervision and performance assessment strategy to strengthen health worker skills in commodity management is being expanded from 59 districts to all 112 districts.

Global Health Initiative

Uganda’s GHI strategy seeks to utilize agencies’ existing activities and platforms to create efficient and functional interagency synergies. Central to this strategy is the HSSIP, a MOH-led guideline that outlines the national vision, goals, and metrics for the health sector. To operationalize the GHI strategy, the USG health team will prioritize close harmonization and coordinated communication across its agencies and with GOU line ministries, local and international partners and stakeholders. All seven GHI principles are reflected in the USG health programming and GHI strategy implemented through comprehensive USG regional or district projects . Systematic and structural weaknesses in the health care system continue to be addressed both by the district-based programs and by targeted national level programs. Uganda’s PEPFAR and PMI programs are integrated by several jointly-funded implementing partners and projects. For example, projects integrate malaria treatment during pregnancy and bed net distribution into PMTCT activities; while the PMTCT Acceleration Plan integrates PMTCT within MCH programs by leveraging MCH platforms to scale up PMTCT interventions.

Leadership and Governance and Capacity Building

To promote and ensure the sustainability of PEPFAR-supported programs in Uganda, PEPFAR engages all national stakeholders under the leadership of the GOU to undertake overall responsibility for HIV/AIDS interventions throughout the country. This entails working together to strengthen program management capacities at central and district levels: setting priorities and district-specific targets; designing appropriate evidence-based responses; managing the implementation process; and monitoring and evaluation. During FY12, more efforts will be focused on district-level governments and communities. PEPFAR implementing partners will work with districts during their annual work planning process to ensure that they use information such as service coverage to determine where resources can be effectively channeled.

PEPFAR will continue to engage and fully participate in national and sub-national processes that determine health sector policies and programs. Through proactive participation in fora such as the joint review missions of the health sector, technical reviews of the national AIDS response, national TWGs, and health policy advisory committee, PEPFAR will ensure that its investments and programs are aligned with and integrated into the overall national health strategy. In FY12, USG will support the MOH to

continue spearheading the process to strengthen country ownership and improve coordination among key partners including GF, UN and other development partners. This will reduce duplication and improve transparency, accountability, and information sharing. USG-IPs engages districts, civil society, and communities to meaningfully contribute to the development and implementation of programs aligned and responsive to the diverse local needs.

Strategic Information

Although Uganda has made great strides in developing SI systems and structures, there continue to be many challenges in performance monitoring and information systems across all implementation levels. These include: lack of one national health sector M&E framework; multiple, duplicative and uncoordinated data collection systems and tools; inadequate use of data for evidence-based planning and decision-making at all levels; lack of personal unique identifiers; poor quality of vital statistics and demographic information; weak disease surveillance and notification systems; lack of data on health care utilization; limited skills for analyzing data at service delivery and supervisory levels; limited capacity for research and; and too much focus on routine M&E activities.

To address these challenges, four strategic pivots have been identified to guide USG resource allocation: align USG-supported systems with the national information system; support robust M&E systems at service delivery points and districts; increase use of data for evidence-based planning and decision making at all levels; and promote technological innovations to track referrals, linkages and retention of clients. To achieve the development of a coordinated, national information system, the USG SI flagship program, Monitoring and Evaluation of the Emergency Plan Progress (MEEPP), assists the MOH's AIDS Control Program (ACP) and Resource Center (RC) to finalize and operationalize a national health sector HIV/AIDS M&E framework and a comprehensive and easily accessible national information hub, respectively. By the end of FY13, PEPFAR funded IPs will also report on a quarterly basis using national tools and systems. At the end of FY14, a comparative analysis of data from the two systems (the national system and the MEEPP PEPPMIS) will be completed and a decision made on the appropriate timing and/or criteria for full transition to the national system. By FY15, the national system will be the main source of PEPFAR performance data reported to OGAC.

The USG will continue to support the rollout of the web-based District Health Information Software (DHIS-2) to all 112 districts. Anticipated support will include reproduction of revised HMIS tools, equipping, training, and providing hands-on support to district and health facility units responsible for data management. In addition, the SI TWG will develop and harmonize tools and guidance for data analysis, presentation, interpretation and use, and build the capacity of health facility and district staff to implement these through the IPs. Additional support to the districts will include staff recruitment and retention based on GOU compensation scales and channeled through the IPs, as well as long- and short-term training in M&E, informatics, epidemiology, and SMDP. Additional SI activities planned to promote evidence-based programming include: surveillance/surveys (key populations, hotspot mapping, estimating incidence, AIS secondary analysis); comprehensive M&E; and planning (district-level burden estimation and unit-cost). USG will work with the GOU to take full advantage of technological innovations by piloting fingerprinting technology to establish unique identifiers and support the scale-up of proven m-health technologies, such as mobile phone text messaging (SMS).

Service Delivery

PEPFAR will enhance a continuum of response (COR) through support of public and private structures to strengthen the HIV COR model, ensuring that programs meet the needs of those infected and affected by HIV/AIDS in an accessible and targeted manner. Comprehensive district and regional-based programming will continue linking HIV prevention services like VMMC, HTC, PMTCT, and sexual

prevention to care and treatment services. In order to ensure the COR, PEPFAR will engage linkage facilitators to play an active role in referring and linking clients in the community and health facilities to prevention, care, and treatment services. PEPFAR implementing partners will also continue to engage various existing community structures such as Village Health Teams (VHT), community-based organizations, PLWA groups, mentor mothers, treatment buddies, etc. to foster conducive environments for service uptake, linkages, adherence, and retention. In areas where these linkage facilitators do not exist, IPs will work with districts to establish and facilitate them. Quality improvement will play an integral part in the COR and shall be interwoven in all service delivery points using quality improvement teams. Further linkages between HIV services and other health services such as family planning, reproductive health, nutrition, maternal and child health services will be examined in the context of GHI principles in FY12/13 to leverage programmatic and management efficiencies.

Human Resources for Health (HRH)

All PEPFAR and other USG-supported interventions are aligned with and envisaged in the HSSIP and national HRH Strategic Plan and have contributed to the achievement of the national targets in HRH. At the national level, PEPFAR will support improvements in workforce policy and planning (e.g., task shifting, schemes of service) and pre-service training to fill gaps in crucial cadres. At district level, HRH interventions are integral parts of all service delivery programs which work to coordinate and align training activities with district needs and assist districts to improve work environments and their performance management. Future PEPFAR support will focus on targeted pre-service training to substantially increase the production of laboratory cadres, pharmacy technicians, and midwives as current levels of these cadres are insufficient. PEPFAR has also maintained support for apprenticeship training in public health leadership and management at Makerere University and alumni of this training program are employed in senior leadership and management positions in the health sector. In collaboration with MOH, PEPFAR developed the Human Resources for Health Information System (HRHIS), which is currently being rolled out in 64 districts. Moreover, the HRHIS system has leveraged additional resources from development partners (World Bank HSSP, Global Fund and WHO) for national scale up. With this support, districts are able to produce HRH bi-annual reports to promote evidence-based decision-making for HRH planning and implementation.

PEPFAR IPs support a wide range of in-service training programs, which are coordinated by Continuing Professional Development (CPD) Centers. Specifically, PEPFAR supported the development of the in-service training policy, a review of training materials, service provider training, and refurbishment of the Mbale health manpower development center and two other regional CPD centers. A key outcome of the HRH advocacy efforts by all stakeholders in the health sector is the recent approval of 49.5 billion shillings by the GOU to support the recruitment of 6,172 health workers for HC III and HC IV by December 2012. This is in part due to the evidence-based HRH plans supported by PEPFAR that demonstrated gaps.

In order to attract and retain Medical Officers in HC IIIs and HC IV, salaries will be substantially increased and other cadres will follow in subsequent budgeting periods. Although the planned HRH recruitment is expected to fill most vacant positions in HC IVs and HCIIIs, staffing levels in HC IIs, districts health offices, and district hospitals remains below standards. PEPFAR will therefore support an additional 1,322 positions for critical cadres (medical officers, clinical officers, midwives, nurses, pharmacists, laboratory, and strategic information officers) in 87 districts. The criteria for selecting 87 districts took into consideration existing HRH commitments from SMGL, GF and GAVI grants and staffing gaps/district Four districts will be supported by SMGL and 22 districts will be supported by GF. The Kampala district's staffing levels exceed the approved staffing norm. To promote country ownership and sustainability, grants for HRH support will be channeled through the district-based IPs to the District Service Commissions that are responsible for recruitment, deployment and support supervision. Priority health workers for districts will be hired on 2 to 3-year contracts with plans to ultimately transfer them to the

public service payroll at the earliest possible opportunity. PEPFAR will continue to collaborate with other development partners to engage GOU to continue to prioritize HRH recruitment and retention through the partnership framework.

Laboratory Strengthening

Essential laboratory tests for the delivery of HIV prevention, care, and treatment services include testing for HIV, CD4, hemoglobin assessment, pregnancy, screening for HIV in exposed infants by polymerized chain reaction (DNA PCR) technology, and viral load estimation for suspected treatment failure among PHAs. Current estimates show that only 60% of individuals in pre-ART care are able to access CD4 testing, mainly due to inadequate equipment, equipment breakdown, supply chain failures, inadequate laboratory-based human resources, and provider failure to request tests. PEPFAR will address these challenges by supporting the MOH to increase access to CD4 testing; reduce equipment downtime; improve the quality of laboratory services; reduce stock out of reagents and commodities; improve data collection, transmission, analysis, and utilization; and hire, retain and task shift non-technical activities to appropriately trained lay health workers. The MOH established a sample transportation network to support the Early Infant Diagnosis (EID) program in 2010. To date, 19 hubs are fully functional and support over 500 facilities. Building on the success in the EID sample referral network, in FY12, PEPFAR will support the MOH to establish an additional 53 hubs and expand their range of services to include CD4 testing, hemoglobin testing, TB testing, EID, and viral load sample transportation. PEPFAR will support the 72 hubs to offer CD4 testing and other tests for monitoring patients on care and treatment. In the coming year, all 72 hubs will be expected to have adequate staff, supplies and commodities, equipment, specimen transportation, and result transmission capacity to support the prevention, care and treatment programs. CD4 tests will be available at all 72 hubs while chemistry and hematology testing will be consolidated at the Regional Referral Hospitals. EID samples are currently transported to the Central Public Health Laboratory (CPHL) with an impressive reduction in turnaround time from specimen collection to result receipt to 2 weeks from an average of two months.

Viral Load Testing using dried blood spot technology (DBS) will be also consolidated at the Central Public Health Laboratory (CPHL). By establishing these hubs and using the existing capacity at 367 health facilities, all those eligible for CD4 testing will have access to it and therefore timely initiation of ART and efficient care and treatment monitoring. The existing capacity ranges from HC IV to the national referral hospitals but is not equitably distributed hence a large proportion of the population do not access CD4 testing. The criteria for hub selection was based on geographical location that enables each hub to serve over 20 – 50 health facilities within a catchment area of 30km – 40 km radius. It is estimated that each hub facility will work 22 days per month handling at least 40 CD4 tests per day. They will be equipped with GSM printers to enable result transmission prior to the hard copy delivery. The MOH is in the process of redistributing the point of care equipment to cater for hard to reach areas with low throughput. . In order to improve district transport, an additional 55 motorbikes and protective riding gear will be procured and 53 riders recruited. The total cost of maintaining hub operations is estimated at $10,000 per year, which includes communication, fuel and motorbike maintenance. Laboratory infrastructure will be improved to support service delivery. Of the 72 hubs, 23 need renovations (>$25,000) while 25 hubs need minor renovations (< $25,000).

PEPFAR will support 8 regional equipment workshops and through recruitment of biomedical engineering technicians and the provision of emergency maintenance kits, equipment specific training and mobile workshops to facilitate coverage within the districts. The USG will support recruitment of 72 technicians and 140 technologists to meet service delivery requirements at the hubs. USG will also support the WHO's strengthening of laboratory management towards accreditation approach (SLMTA) and service delivery training. This support will add 50 laboratories to the existing 22 already enrolled in SLMTA to ensure all 72 laboratories attain a 3-star level by the end of FY2013. In FY12, PEPFAR will support the implementation of the NHLSP, which focuses on improving the management, coordination, and quality of

laboratory services. This includes support for quantification, harmonization of equipment, and laboratory supply chain management, with a focus on centralization of procurement. The USG will continue collaborating with key stakeholders such as the World Health Organization, the World Bank, The Clinton Health Access Initiative, and The Global Fund to Fight Aids TB and Malaria.

Health Efficiency and Financing

PEPFAR programs have not utilized in-depth cost analysis to inform programming consistently within budget development. This resulted in a wide variation of cost per similar activities among implementing partners. Until recently, cost effective analyses have been limited to studies that have been implemented through different partners. Recently, PEPFAR carried out a rapid expenditure analysis for selected programs. The main objective was to account for all actual expenditures over the period and sort these expenditures into categories that are useful for characterizing a program's cost structure.
A priority for FY12 is to implement a subsequent expenditure analysis to generate average unit costs that will form the basis for programming and comparison for efficiencies in resource use and allocation. The goal is to establish the routine collection and reporting of selected priority unit cost data from all relevant implementing partners.

PEPFAR will provide technical assistance to the GOU to improve the utilization of its GF grants to leverage other investments. There was a good multi-sectoral effort in drafting Uganda's Round 10 proposal and continuing in the draft of Round 11. Continued cooperation among PEPFAR, MOH, UAC, and other donors is ensuring complementarity of USG and GF funding, especially for ARV procurement.

Health Commodity Supply Chain Management

Procurement and distribution of HIV/AIDS commodities for the public sector is the responsibility of National Medical Stores (NMS), and for the private sector, Joint Medical Store (JMS) and Medical Access Uganda Limited (MAUL). The MOH Pharmacy Division is responsible for forecasting national health commodity requirements and coordinating procurement planning between the MOH and donors. The GOU is heavily reliant on PEPFAR and the Global Fund (GF) to procure the majority of HIV/AIDS commodities including ARVs, cotrimoxazole, HIV test kits and laboratory reagents. However, poor performance and absorption of GF HIV grants by the MOH – along with inefficiencies and other weaknesses in the national supply chain – has, over the past few years, resulted in frequent product shortages across Uganda. Parallel MOH and PEPFAR supply chains, fragmented logistics management information systems, and low skill levels of health workers in commodity management also hampered efforts to properly plan procurement and delivery of adequate and accurate quantities to health facilities. With USG support, the GOU HIV/AIDS supply chain has been rationalized by centralizing PEPFAR commodity procurement through 3 procurement agents (MAUL, SCMS, JMS) and the practice of direct "buffering" of sites with supplies procured by IPs has been stopped. The graphs below show the previous system with multiple ARV supply chains and the current rationalized system. The two warehouses serving PEPFAR (JMS, MAUL) will now distribute commodities only to private sector sites, while NMS will only deliver to government sites. PEPFAR will continue to procure HIV commodities for public sector sites but NMS will manage the distribution. Stock transfers will be carried out between the three warehouses there are product shortages at one of them.

USG IPs are also supporting the national roll-out of the MOH's new web-based ARV bimonthly reporting and ordering system that will provide stock and consumption data from all ART sites every two months to be inputted into a single database in the MOH. This system will enable stakeholders to track the status of ARV supplies in all 700 plus ART sites and provide early warning for stock outs to central level. A

dedicated transition support team with IPs will follow-up directly with facilities and warehouses on any issues. The MOH plans to build upon this web-based platform to expand it to all key HIV/AIDS commodities.

PEPFAR is strengthening the national health supply chain in other areas through the Securing Ugandans' Right to Essential Medicines (SURE) mechanism which provides technical assistance to central institutions and 45 district health offices and health facilities in those districts. At the central level, SURE supports information system improvements and research activities to produce evidence-based MOH policies on financing and delivery of essential health commodities. The MOH Pharmacy Division and other technical programs receive technical support through the newly established Quantification and Procurement Planning Unit to improve their capacity to forecast, plan, and monitor availability of HIV/AIDS and other commodities. The national storage and distribution system is being strengthened through technical assistance to JMS and MAUL to upgrade and expand their procurement, inventory management, and distribution operations. Priority areas for FY12 are to support the rationalization of the HIV/AIDS supply chain along with implementation of the web-based ARV logistics information system to ensure national coverage through PEPFAR IPs and other donor partners, of the district-based capacity building supervision, performance assessment and recognition system (SPARS). Other focus areas include working with the National TB and Leprosy Program (NTLP) and Central Public Health Laboratory (CPHL) to streamline their supply chain management and to strengthen the supply chain management skills and performance of PNFPs that serve 30 to 40 percent of the population.

Gender

PEPFAR encourages systematic and coherent integration of the gender perspective into all implementation activities. This process should assess the implications of any planned action for women and men in all political and societal spheres, taking into account their different life situations, concerns, and potentials to identify gender-specific discrimination and impacts. Addressing gender discrimination and violence simultaneously will be a priority in the health sector as well as other public sectors. PEPFAR will profile existing policies and laws that address gender violence and discrimination at the work place; review the nature and magnitude of gender-based violence and discrimination in the health sector; help formulate or amend policies to address gender-based violence and discrimination; and integrate and enforce measures against workplace violence and gender-based discrimination in MOH HR policies. At the service delivery level, PEPFAR programs will assess and respond to addressing barriers that men and women may face to access services. In the health workforce, PEPFAR programs will integrate gender sensitivity training into staff management by training both male and female staff. Programs will orient human resources responsible for planning, allocation of resources and monitoring of gender-responsive approaches. Additionally, PEPFAR programs will collect data disaggregated by gender and age. Currently, an on-going gender analysis of the PMTCT/RH portfolio at the district and sub-district health levels will inform future gender assessments and scale-up of PEPFAR programs to improve HIS. The GOU has instituted various formal national mechanisms for promoting gender equality and these include, among others, the Ministry of Gender, Labor and Social Development (MoGLSD), the National Women's Council, and Uganda Parliamentary Women's Association (UWOPA).

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	10,744,236	
Total Technical Area Planned Funding:	**10,744,236**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	31,142,682	0
HMBL	2,009,189	0
HMIN	300,000	0
HVAB	3,484,420	0
HVCT	14,645,301	0
HVOP	11,275,292	0
MTCT	5,171,223	0
Total Technical Area Planned Funding:	**68,028,107**	**0**

Summary:

Prevention Technical Area Narrative

Uganda's generalized HIV prevalence has increased from 6.4% in 2004/05 to 7.3% (Uganda AIDS Indicator Survey, 2011). The overall prevalence of 7.3% shows a wide variance in sex, region and age. HIV prevalence is higher in urban areas and among widowed, divorced, or separated adults, and among uncircumcised men. The number of adults living with HIV has risen to 1.38 million, 55% of whom are women

Uganda's HIV epidemic is predominantly heterosexually transmitted (75-80% of infections). Vertical transmission accounts for 18%. Blood borne and other modes of transmission account for less than 1%. Although predominantly heterosexually transmitted, the population subgroups most affected and the drivers of HIV infections have evolved. Currently, the majority of new infections are in the context of stable long term partnerships, driven in part by multiple (especially concurrent) partnerships, extra-marital relations, and transactional, early and cross-generational sex. HIV transmission involving sex worker networks bridging to the general population accounts for approximately 10% of new HIV infections. This has resulted in the peak of the epidemic shifting from unmarried younger individuals to older individuals (30 to 39-years-old), who are more likely to be married or in long-term relationships (AIS, 2011).

Despite GOU's implementation of multiple HIV prevention approaches, new HIV infections remain high. Based on the AIS 2011 report, there were 145,000 new infections in 2011, up from 124,000 in 2009. The increase in prevalence can be attributed to: previous interventions not being scaled up enough to make a significant impact; HIV prevention interventions not aligned to sources of new infections: widespread risky sexual behavior with low levels of HIV prevention knowledge and risk perception in the population.

FY12 reflects a new agenda, PEPFAR is restructuring the behavioral prevention portfolio to better target key populations, prioritizing proven biomedical and structural interventions and better aligning resources to support them. To better respond to Uganda's evolving epidemic, PEPFAR will prioritize scaling up

VMMC and related communication interventions; ensuring a balanced portfolio that addresses prevention needs across generational subgroups; eliminating bottlenecks that impede condom access and use; and targeting key populations with tailored programs.

Specific activities will include prioritizing and scaling up provider-initiated testing and counseling (PITC) in all healthcare settings, specifically targeting key populations through community structures. This will require concerted efforts to ensure that linkages from HTC to VMMC, PMTCT, care, and treatment are effective and functional. Across the PEPFAR platform, significant efforts will be undertaken to ensure roll-out of Option B+ to prevent MTCT and address mothers' own health needs.

AB

Funding for AB in FY 12 has been reduced by 80%. Although not all partners will receive AB funding, they are all expected to implement a comprehensive package of prevention activities. Partners will offer age appropriate risk reduction messages to young people.

PMTCT

Uganda is among the five highest burden countries, contributing to 7% of the global unmet need for PMTCT. MTCT contributes to approximately 18% of all new infections in Uganda. PMTCT coverage remains a challenge, with 52% of HIV positive pregnant and lactating women receiving ARVs in FY11 (of which only 18% received HAART for their own health). The major bottlenecks in the provision of PMTCT services were lack of CD4+ to support Option A; lack of ART services at HC III where the majority of HIV+ pregnant women attend ANC (48%); weak facility-community linkages; inadequate human resources; and poor health-seeking behaviors (late first ANC attendance, low 4th ANC attendance and low institutional deliveries).

In FY12, PEPFAR's revised PMTCT Acceleration Plan will implement the national policy shift from Option A to Option B+. To ensure successful implementation, programmatic pivots will include decentralizing treatment and Option B+ through the accreditation of all PMTCT sites at hospitals and HC IV and III; strengthening M&E to inform Option B+ rollout through cohort tracking of mother-baby pairs and electronic data reporting; quarterly support supervision and mentorships at all PMTCT/ART sites involving MOH, districts, USG and other development partners, and IP staff to enhance quality of services; and integration of voluntary and informed family planning services within PMTCT, care, and treatment service outlets to address the reproductive health needs of women living with HIV. Public private partnerships will also play a role to increase access to PMTCT services.

The national rollout of Option B+ will be implemented in several phases. The regions with the highest HIV prevalence (Kampala, Central 1 and Central 2, north-central, south western, western, east central, eastern, northeastern, and West Nile) will be targeted September 2012 to December 2013. PEPFAR will support MOH to evaluate phase one districts to determine the most effective model of service delivery that results in positive health outcomes for HIV-positive pregnant and lactating women and their infants.

The PMTCT COR is reliant upon strong retention and adherence through community support systems (family support groups, peer mothers, and VHTs). Linkage facilitators within the PMTCT program will focus on tracking and following mother-baby pairs at facility and community level until final EID results. Community structures to deliver community-based services will be strengthened by empowering VHTs to increase demand for services, support infant and young child feeding, and improve linkages to health facilities. At the facility level, retention will be increased through the implementation of the family-focused service delivery model within PMTCT/MNCH settings. This model will also create opportunities to engage male partners. Services to male partners will include couple HTC and disclosure support, condom use

promotion, STI screening and management, and sero-discordant couple targeted messaging. Eligible male partners will be enrolled in treatment, and negative male partners referred to VMMC. Mobile phone technology will be used to remind mothers and their partners of appointments, EID results, and ARV adherence. Home visits will be conducted to trace those lost to follow-up.

The district burden tables, health facility capacity, and weighted HIV prevalence guided the PMTCT target setting methodology. A total of 1,393,354 pregnant women will be counseled and tested within PMTCT settings, accounting for 90% of all pregnant women attending the first ANC. Repeat testing for HIV-negative pregnant mothers will be done according to national guidelines. A total of 115,648 HIV-infected pregnant women will be identified (AIS 2011 prevalence in women of 8.3%) of which 80% (92,500) will receive PMTCT ARVs (including 78,625 receiving HAART for life and 13,875 receiving ARV prophylaxis). In addition to the above, PEPFAR will support the recruitment of an additional 286 midwives for HC IIIs, expansion of 72 laboratory hubs to increase access to EID and CD4+, and procurement of test kits and ARVs for all positive pregnant women for the first year.

HTC
The HTC programs play a critical role as the entry point for prevention, care, and treatment services in the continuum of response. PEPFAR's HTC programs will adapt approaches and strategies based on the MOH HTC policy guidelines.

The targets for HTC take into consideration the role of PMTCT and VMMC partners in increasing access to HTC. The program will work with PMTCT partners to ensure that pregnant women are referred for appropriate testing and other health services as needed. As part of counseling, all uncircumcised men will be offered information on risk-reduction and the benefits of VMMC. HTC will be provided in all 112 districts in Uganda through existing mechanisms.

The HTC program will identify HIV positive individuals, discordant couples, and family members. It will also address issues related to access and use of HTC services and linkages to care, treatment and other appropriate services. The HTC program will focus on key populations who according to the National Prevention Strategy and 2011 prevalence data, vary by region but overall include fishing communities, uniformed personnel, sex workers and their partners, men having sex with men (MSMs) and long distance truckers.

The PEPFAR HTC program will focus in districts with high HIV prevalence and low HTC coverage. Provider-initiated Testing and Counseling (PITC) will be offered in healthcare settings to identify the HIV positive individuals and to actively link them into HIV care and treatment. Outreach initiatives in the community will bring services directly to the people and allow access to the hard-to-reach communities. Additionally, the program will support couple counseling and testing to identify discordant couples, increase partner disclosure, and increase social support for adherence to treatment. The HTC program will scale-down general population testing to focus on targeted HTC so as to compliment the care and treatment program.

In order to ensure that clients receive the necessary services, the HTC program will use linkage facilitators (both in the facilities and community) to guide clients to appropriate service points; create awareness of available services; and to actively follow up clients in the community to prevent loss-to-follow-up.

The HTC TWG will work with the partners and the SI TWG to improve documentation, monitoring and evaluation of referrals and linkages across the COR using the standard MOH referral forms. A tracking system will be incorporated in existing and planned HTC reporting tools to monitor progress towards HTC goals. Surveillance data will allow the PEPFAR program to assess for gender disparities to improve the overall HTC program. The HTC program will address recurrent stock outs of rapid HIV test kits through a

centralized procurement system to improve efficiency.

Condoms

PEPFAR coordinates with the MOH's Condom Coordinating Unit (COCU), Pharmacy Division, and other condom donors (UNFPA and GF) through the national RH/FP Working Group and Medicines Technical Working Group to plan male and female condom procurement and monitor availability in the public and private sector. Currently, MOH policy requires 100% of all batches of male condoms undergo post-shipment testing, resulting in serious delays in condom distribution. Two recent UNFPA and USG-supported workshops in the region produced a position paper recommending that Uganda, as part of a harmonized approach in East and Southern Africa, participate in all pre-qualification and pre-shipment testing processes, strive to achieve international accreditation of its laboratory, and ensure an effective post-shipment program that reduces lead time while ensuring quality. MOH senior management is reviewing the position paper. Meanwhile, the USG is working with ACP, COCU, UNFPA and NDA to develop and implement a road map for the national quality laboratory to implement the recommendations. Technical assistance to NDA will be provided by FHI360 as well as UNFPA.

The UAIS (2011) reports a reduction in condom use in those engaged in high-risk sex: 47% to 29% for women and 53% to 38% for men. Interventions will support condom distribution and promotion to increase availability and accessibility among the general and key populations. Key activities will include increasing distribution outlets at facilities, community level, fishing landing sites, and hard to reach areas (primarily rural); strengthening national coordination through the MOH; undertaking diplomacy and advocacy activities to de-stigmatize condoms; social marketing in the private sector and tertiary institutions; engagement with the hospitality industry, bars, hotels, landing sites; and support advocacy efforts among religious and political leaders. Efforts will be focused on promoting condom use among key populations, sero-discordant couples, and multiple partnerships in rural and urban populations.

The supply of free male condoms for public sector health facilities was disrupted mid-year when a planned GF procurement of 98 million condoms did not materialize due to tendering issues. UNFPA made an emergency procurement to maintain a minimum of stock. The MOH has not requested USAID to buy male condoms because of our policy that mandatory post-shipment quality testing costs be waived or paid for by the GOU. Male condoms are widely available in the private sector at subsidized prices through three social marketing programs (one of which is supported by PEPFAR). A limited number of female condoms (196,000) were made available in 2011 with UNFPA funds through a small network of NGO partners. Based upon the results of this trial program, COCU plans to scale up their distribution in FY12 with 2 million female condoms procured through UNFPA and GF. To ensure greater availability of free male and female condoms, COCU will continue to use distribution channels other than the national public sector supply chain, including USG implementing partners.

Voluntary Medical Male Circumcision (VMMC)

PEPFAR’s overall goal for VMMC is to support the National Strategic Plan for Prevention objective of reducing new infections by 30%. In FY12, through existing IPs, PEPFAR intends to scale up VMMC to 750,000 eligible men and adolescents. In addition, PEPFAR IPs will train more than 1,500 healthcare workers to perform circumcision according to the Uganda Safe Male Circumcision Policy (March 2010) and the WHO Clinical Guidelines/Manual for Male Circumcision under local anesthesia. To achieve this goal, key strategies to be utilized will include use of dedicated/roving teams; utilization of various models to maximize volume and efficiency (MOVE, facility-based, outreaches and camps); and non-surgical devices (PrePex) (once approved for use in Uganda). Uganda is working closely with WHO and the PEPFAR MC TWG to prioritize access to non-surgical devices (PrePex). Because of the anticipated increase in service delivery, the MOH and PEPFAR will support quality assurance teams to monitor and enhance VMMC quality standards as outlined by WHO. A SMC operational center will be transitioned to

MOH) (from IDI) where IPs will report daily the numbers circumcised as well as any adverse events. Furthermore, MOH and the USG will conduct routine DQAs and EQAs. To improve coordination, PEPFAR partners will be meeting quarterly to share learning experiences. In order to ensure adequate availability of commodities and consumables, the supply chain management system for VMMC commodities was streamlined to two mechanisms, Joint Medical Store and Medical Access Uganda Limited. Due to the expected number of health workers that need to be trained, additional regional training centers will be established.

In addition to creating demand for circumcision, efforts will be made to ensure that clear and accurate information about the service (risks and benefits of the procedure, HIV prevention messages, and partial protection in the context of the comprehensive package for HIV prevention) is given. In addition, men and adolescents that seek VMMC will also be offered other reproductive health and HIV services (STI screening, treatment, and referral for care services).

Positive Health, Dignity, and Prevention (PHDP)

PEPFAR-supported PHDP interventions will ensure that every clinical encounter with HIV-positive individuals includes a comprehensive standardized package aimed at minimizing onward transmission of HIV. Initially, this program will target PEPFAR-supported health units. To ensure promotion of facility-initiated positive prevention, healthcare workers (doctors, nurses, clinical officers, HIV counselors, and lay persons who provide care for HIV-infected patients) will be trained to discuss sexual relationships and the implications of HIV-infection on the sexual lives and behavior of their patients. Their capacity will be built to assess behavioral and contextual risk (risk assessment) and to provide risk reduction messages tailored to the patient's risk behavior and prevention needs.

Positive prevention messages must also be reinforced by and linked to the community. Every health facility that offers ARV services will implement a strong linkage and referral system to community-based and local psychosocial support groups. Clinical personnel will coordinate referrals to community-based services to ensure effective linkages from their respective facilities. They will also be responsible for data collection and monitoring and evaluation, thus creating a natural feedback loop for providers.

In FY12, PEPFAR will design and implement an M&E plan to evaluate the effectiveness of current and planned positive prevention interventions.

Key Populations

Since FY11, key populations have been identified by PEPFAR and the National HIV Prevention Strategy for Uganda (2011 – 2015) as one of the priority subgroups that bear a disproportionate burden of HIV and subsequently play a role in bridging infections to the general population. In Uganda, key populations are defined as commercial sex workers and their clients, long distance truckers, uniformed (military, police, and prison) personnel, fishermen, and men who have sex with men. It is estimated that there are 112,000 fishermen and over 7,000 commercial sex workers (MEEPP estimates, 2011).

Targeted interventions in high-burden districts and hot spots will ensure access to core elements of combination prevention services, increase perception of HIV risk associated with sex work, strengthen PHDP among infected key populations at facility and community levels, and scale up evidence-based behavioral interventions. Critical to the success and impact of these interventions is ensuring the scale up of high-quality, user-friendly services for key populations irrespective of HIV status, particularly HTC, VMMC, PMTCT and STI services. Functional referral systems and new partnerships with key population-friendly clinics will identify and train MSM and CSW peers to serve as linkage facilitators to reduce loss to follow-up and better serve this subgroup. PEPFAR will set up 3 Wellness Friendly Clinics in Kampala to provide care and treatment for sex workers and MSM, with an initial focus on comprehensive

continuum of response.

General Population

Adult

The "Know Your Epidemic/Know Your Response" approach is driving prevention programming interventions. The UAIS shows decreased condom use in those who engage in high-risk sex and low comprehensive HIV knowledge (39% of men and women). Condom distribution and promotion among the general population – with emphasis on those in multiple concurrent partnerships – is therefore a critical intervention in PEPFAR's prevention portfolio. Condom promotion will aim to de-stigmatize condom use as well as promote use in high-risk sex. Couple counseling and testing campaigns will be undertaken with the aim of identifying discordant couples. Emphasis will be placed on increasing linkages of HIV-positive clients from HTC, VMMC and PMTCT to care and treatment services as part of the continuum of response. A mix of interventions and approaches will include use of a peer-to-peer strategy to enhance interpersonal communication, linkage facilitators, community mobilization, and varied channels of communication including mass, print, and electronic media.

Youth

Previous PEPFAR-supported youth programing has included support to the Ministry of Education to develop materials and curricula for teachers and pupils. Approximately 75% of public schools in the country have had at least one teacher trained to use the developed HIV materials and some schools have established HIV/AIDS clubs.

The UAIS survey shows an increase in HIV prevalence among young people 15 to 24-years of age from 0.3% (2005) to 1.7% (2011). The rise in prevalence must be adequately understood in order to design and implement effective interventions. A performance and impact evaluation activity has been designed as part of the in-school program and will contribute to this purpose. The evaluation activity will measure the effectiveness of curriculum, materials, and teacher training on child life skills. As part of the routine community activities the partners will offer a comprehensive prevention package that will include appropriate risk reduction messages to young people including a focus on abstinence and being faithful. Other planned interventions will target in-school youth to help them delay sexual activity and reduce risky behaviors and focus on development of life skills in unmarried individuals. Imparting life skills (e.g., decision-making, resisting peer pressure, negotiation skills, etc.) will be a major component of youth programming.

HRH

In order to meet FY13 targets, issues related to the management and effectiveness of the healthcare workforce must be addressed. Only 55% of approved positions in the Uganda health system are filled, and the distribution of professional staff varies significantly within different levels of health facilities. Reports indicate that regional and general hospitals are by and large better staffed. Lower level facilities in districts – those that provide a greater opportunities for communities to more easily access HIV prevention services – are not.

There is no MOH policy on task-shifting; however, there are on-going discussions on task-sharing for HIV service delivery at both the facility and community levels. Given the high human resource challenges within the system, PEPFAR, through its IPs, will continue to work and support the various non-professional cadres including counselors, VHTs, and workers from other community-based organizations to improve service delivery and increase demand. Linkage facilitators will be essential to referring clients between the various services to ensure the COR.

In order to build the capacity of non-professional cadres, PEPFAR will support districts' professional workforce to conduct trainings and provide mentorship and supervision. Quality standards of care have been developed and these will be provided to non-professional cadres to serve as a guideline during service delivery. Local capacity building initiatives will be provided for CBOs especially those working with subgrantees.

An expanded and better-trained workforce will need to be developed to also support the rapid scale up of a number of national policies that have been recently developed or revised including VMMC, PMTCT, and HTC. Although the policies provide an enabling environment for provision of prevention services, it also presents a number of implementation challenges, particularly human resource gaps. In anticipation of scaling up PMTCT (Option B+), VMMC, and ARV treatment, PEPFAR will make significant investments in recruiting midwives, laboratory personnel, clinical officers, nurses, and doctors.

Medical Transmission

PEPFAR will continue to support the MOH and IPs to integrate and institutionalize injection safety and healthcare waste management principles in their programs and to ensure they are applied consistently, effectively, and safely. MOH has developed a national injection safety and healthcare waste management policy and guidelines to ensure safe and necessary injections, standard infection prevention and control practices, and appropriate waste management. Injection safety will be integrated into care and treatment, PMTCT, VMMC, HTC, laboratory services, and blood safety. In addition, Post Exposure Prophylaxis (PEP) has been incorporated into all HIV/AIDS services. The principle of the polluter pays will continue to be applied to all programs that generate waste. IPs will be encouraged to coordinate and share healthcare waste management resources across health programs.

The blood safety program will ensure quality through a comprehensive "vein to vein" quality assurance system for recruitment of voluntary non-remunerated repeat blood donors, internal and external quality controls during processing of blood, maintenance of the cold chain during distribution, and hemovigilance at utilization. Robust monitoring and evaluation systems will be developed to gauge progress and inform programming.

To ensure sustainability of medical transmission programs, PEPFAR will support MOH's leadership role in procurement of injection safety and blood transfusion commodities, training, supervision, monitoring and evaluation, and financing. In addition, IPs will be supported to build capacity in districts to manage injection safety and healthcare waste management.

Gender

Uganda's National HIV Strategic Plan acknowledges gender inequality and other socio-economic factors as key drivers of the epidemic. Gender inequality manifests in form of domestic and sexual violence, inability of women to negotiate safe sex due to lower status, and economic dependence. In 2006, Uganda's DHS found HIV prevalence to be higher among women than men (7.5% versus 5%) and of those surveyed, 86% of women reported problems accessing healthcare and 68% of married women and 48% of all women reported experiencing physical violence.

In July 2010, Uganda was awarded $400,000 through the PEPFAR Gender Challenge Fund to strengthen gender-related programming across all five areas of the PEPFAR gender strategy:

1) Increasing gender equity in HIV/AIDS activities and services that include strengthening linkages with reproductive health;
2) Addressing male norms and behaviors;

3) Reducing violence and coercion among women that may increase the likelihood of HIV infection and reduce optimal HIV care and treatment;
4) Increasing women's access to education, income and productive resources; and
5) Increasing women's legal rights and protections.

IPs are required to mainstream gender in their work and to report against the Next Generation gender indicators. They will also undertake gender assessments in order to identify gender programming gaps and recalibrate their services as necessary.

Strategic Information

In Uganda, there is a dearth of data to adequately inform prevention interventions. Sexual practices among key populations are unknown and mapping of these key populations is virtually nonexistent. Activities such as the Crane Survey and other small-scale studies that have been done by IPs have sought to fill the information gap.

The key SI pivot in FY12 is to increase the use of data for evidence-based planning and decision-making at all levels in all program areas. Key activities in this area will include:

1) Monitoring of combination prevention interventions, with particular focus on key population and bio-behavioral surveillance, hotspot mapping through the PLACE methodology, development of the National VMMC and PMTCT rapid monitoring system, monitoring of PMTCT Option B+ roll out, and an impact evaluation of combination prevention;
2) Secondary analysis of AIS data to provide in-depth knowledge on various issues related to HIV prevalence increase including why condom use is decreasing among various subpopulations;
3) Development of robust yet manageable M&E systems at service delivery points and districts and localized reviews of service coverage (e.g., use of LQAS) at district and sub-district levels; and
4) Harmonization of tools for data analysis, presentation, interpretation and use.

Capacity Building

The major objectives of capacity building in prevention interventions are to ensure quality of service delivery and develop health worker HIV prevention skills in line with national policies. Key areas for capacity building include VMMC, PHDP, couple HTC, PMTCT, and behavior change communication.

National-level capacity building efforts will ensure that GOU can provide oversight and leadership for the implementation of the National Prevention Strategy, the National Prevention Action Plan (2012 – 2015) and the revised National Strategic Plan 2007/8 – 2011/12. At the district level, capacity building efforts will ensure improved stakeholder coordination, improved management information systems to support joint planning, evidence-based programming, and improved service delivery.

At the individual level, health workers will be trained on the MOVE model to maximize efficiencies, the provision of comprehensive and integrated health information, and how to prioritize ART for all HIV-positive pregnant women (Option B+).

In support of evidence-based programming, technical assistance will be provided to assess the size of key populations and the appropriate implementation of services that should be supported. Additionally, capacity building activities will aim at supporting skills development in proposal and report writing, monitoring and evaluation, policy awareness, and implementation.

Lastly, in order to ensure adherence to quality standards at all levels, the Prevention TWG supports joint monitoring visits by the MOH, USG, and IPs and promotes the uptake of new or updated national policies

and guidelines.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	56,334,069	0
HTXS	49,272,829	0
PDTX	6,411,183	0
Total Technical Area Planned Funding:	**112,018,081**	**0**

Summary:
Treatment Technical Area Narrative
Uganda had enrolled 57% (329,060) of the estimated ART eligible clients as of December 2011, well below the universal access treatment target of 80% by 2015 (National Strategic Plan (NSP) 2010/11 – 2015/16). The treatment program had 475 functional ART accredited sites (i.e., all hospitals, HC IVs, and 7% of HC IIIs, including specialized HIV clinics, PFP and PNFP facilities). Following the decision to implement PMTCT Option B+ – and with plans underway for its phased implementation – MOH ACP is accelerating the accreditation of all HC IIIs and selected HC IIs by the end of 2013. This will markedly increase access to treatment. In 2011, MOH finalized the revision of the National Treatment Guidelines (NTG) based on the new WHO recommendations. All HIV positive individuals with CD4 =350 cells/mm3, TB/HIV patients irrespective of their CD4 count, HIV positive children below two years, and HIV-positive pregnant women (Option B+) (as recommended by the national PMTCT program) are eligible for treatment. National level discussions to include HIV-positive individuals in discordant relationships in the eligibility criteria have been initiated. Increasing treatment access to meet the aforementioned goals has service delivery and resource implications. Of the 329,060 clients on treatment by the end of 2011, 80,266 were newly enrolled. For FY12, PEPFAR and other donors will support MOH to enroll 190,804 new naïve clients on ART, which translates to a net increase of 142,339 clients on treatment over the next 12 months. This includes about 78,626 pregnant women and 38,161 children. Specific attention will also be given to key populations such as truck drivers, fishermen, commercial sex workers (CSW) and men who have sex with men (MSM).

An extensive review of the entire PEPFAR portfolio was conducted by all the technical working groups (TWGs). Burden tables with HIV prevalence and service coverage were developed and utilized to plan and set targets using the district as the unit of planning. Additionally, a continuum of response (COR) framework was applied to strengthen referrals and linkages across all program areas. Joint planning of targets, budgets, and roll out for all program areas was completed by the PEPFAR TWGs. Planning and targeting was also done in consultation with MOH and other key stakeholders. Treatment targets were developed going beyond the district as the unit of planning to the facility level, and also in response to the demand created throughout the PEPFAR platform (HTC, EID, PMTCT, and VMMC). Using the national treatment program health facility master list to determine capacity, IP targets were allocated based on their proportion contributions to district treatment numbers from APR FY11. This resulted in a redistribution of targets, with higher scale up for district based programs compared to stand-alone/direct service delivery programs with limited coverage. This shift supports the expansion of district-based programming and strengthens partnerships with districts and the national treatment program.

PEPFAR currently supports two main programming approaches for treatment services, regional/district-based programming (technical assistance and capacity building) and stand-alone/ direct service delivery in PNFP and PFP facilities. In FY12, PEPFAR will continue to support both types of programming.

An evidence-based budgeting process was conducted using unmet need, capacity, available resources, and unit costs. For ARV services, a unit cost of $149 was applied based on the 2010 expenditure analysis findings. Appropriate adjustments were made to overhead costs based on partner implementation model, allocating higher overhead costs for direct service delivery partners and lower costs for technical assistance partners. This year another expenditure analysis is underway which will inform and improve budgeting and resource allocation in future years.

Key priorities identified to achieve the targets include: scale up of treatment coverage for pregnant women from 20% to 85% through Option B+; scale up of pediatric treatment; increase CD4 coverage to achieve 100% access for clients; and implement a COR approach to ensure adequate access to a wide range of services for HIV-positive clients based on their needs.

As a result of the programmatic pivots, there is a shift in the treatment demographic profile with a higher proportion of new naïve clients being pregnant women. The TWG will work with MOH to monitor implications and any unintended consequences resulting from Option B+ scale up. Regardless of targets, IPs are encouraged to allow for enrollment of treatment for any eligible clients. Treatment targets may be exceeded as program efficiencies are found, resulting in a greater number of people enrolling in treatment. PEPFAR will also support the National Priority Action Plan (NPAP) that sets out to actively increase the number of men on treatment by developing and implementing IEC/BCC programs targeting men; ensuring care and treatment interventions are responsive to the needs of men to increase enrolment and retention; targeting men through workplace policies and interventions in both formal and informal sectors; and documenting best practices for replication.

CD4 access in the national program has resulted in only 60% coverage – a bottleneck for treatment scale up. This implies about 40% of clients estimated to become eligible annually are not identified nor initiated on ART. PEPFAR will support MOH Central Public Health Laboratories (CPHL) to increase the number of laboratory hubs with CD4 testing capacity to 72. District-based partners will support the sample referral and result transmission network. CD4 for Option B+ initiation is not required, allowing for increased enrollment of pregnant women while concurrently scaling up CD4 access. For the first time this year, the planned net new enrollment (142,339) is almost equal to the estimated annual number of new infections (145,294, Uganda AIDS Indicator Survey (UAIS) 2011). In FY13, higher targets are expected, working towards reversing the epidemic.

Access and Integration
PEPFAR will support the national accelerated accreditation plan which aims to increase access to treatment at lower level facilities in districts. Since these lower level facilities already provide maternal and neonatal and child health (MNCH) services, this will promote effective integration of HIV services, including Option B+ and ART. Increased ART sites at lower levels with the capacity to provide pediatric treatment and adequate support supervision will also allow for increased pediatric enrolment.

Aside from low CD4 access, as mentioned above, limited human resources is also a major challenge, with only 55% of positions filled at the district level. PEPFAR will support MOH to recruit various critical health worker cadres in 87 districts, for both public and private facilities; the remaining districts will be supported by the GF and Government of Uganda. MoH and some districts support staff position in FBO and NGO health facilities especially hospital and large health centers.

There are weak linkages from HTC to care and treatment and poor retention in pre-ART care with loss to

follow up rates of up to 12%. At SAPR FY12, the linkage from HTC to care was estimated to be 45%. In FY12, with PEPFAR support and using linkage facilitators the aim is to improve linkage to 80%. Likewise, the plan is for other linkages to improve as follows: PMTCT to ART from 18% to 85% using peer/ mentor mothers and VHT and pre-ART care to ART from 60% to 80% using counselors and PHA networks.

Additional key priorities to expand access to treatment include streamlining and harmonizing the ARV supply chain and improving documentation and mapping of ART needs.

Quality and Oversight
PEPFAR will support MOH and district health leadership to provide effective oversight of HIV services through mentorship and support supervision to health facilities. Guided by the National QI Strategic Plan and Framework, the MOH Quality Assurance Department (QAD) is mandated to coordinate, plan, implement, and monitor all quality improvement (QI) interventions in the country. In addition to supporting QAD, PEPFAR, through district-based IPs, will provide technical assistance and logistics facilitation for existing QI structures at regional, district, and facility level. In FY12, two PEPFAR IPs, Health Care Improvement (HCI) and HealthQual, supported the ACP and QAD to revise the national HIV indicators and standards. This support will continue in FY13, particularly to disseminate and monitor progress against the indicators.
PEPFAR has integrated QI interventions in all district-based comprehensive HIV prevention, care and treatment programs. The ART framework will be the cornerstone of all facility based QI interventions. This framework focuses on increasing enrollment of identified HIV positive adults and children in care, early initiation of all eligible patients on treatment, increasing retention and adherence to treatment; and improving health outcomes of HIV positive individuals. This will promote effective linkages across the COR, as well as within and between facilities and communities. QI interventions will also be extended to other health areas (e.g., MNCH to strengthen linkages for COR and PMTCT Option B+).

Focus will also be placed on adult adherence to and retention on treatment through strengthened facility-community linkages using linkage facilitators, support for improved documentation, and regular support supervision visits by MOH, USG and IPs. At facilities, effective monitoring of clients on long-term treatment is a growing concern. Access to viral load (VL) testing is low. Currently, it is estimated that about 3% of patients are on second line ART. However, it is difficult to ascertain the exact proportion of clients failing therapy due to the limited VL testing access. PEPFAR will engage and support the MOH on provision of limited VL testing services for clients suspected to be failing treatment. As Option B+ rolls out, HIVDR is a potential risk if adherence and retention is poor. PEPFAR will actively monitor these two critical areas and implement QI approaches to address any performance issues.

Sustainability and Efficiency
Since 2009, USG support to care and treatment services in Uganda has been transitioning from direct service provision to providing technical assistance to districts and health facilities. Working with the MOH, IPs are building capacity of facilities and health staff at the district level to plan, implement, and monitor comprehensive HIV programs . All US-based Track 1.0 HIV care and treatment IPs that provided direct services in Uganda transitioned to local, indigenous IPs. A considerable amount of PEPFAR support is channeled through local organizations. Where support is through international organizations, the in-country leadership and senior staff are largely Ugandan professionals.
Over the last two years, the GOU has increased its financial contributions of procurement of locally manufactured ARV drugs, from about $15 million in 2010/11 to about $21 million in 2011/12. Utilization of GF resources needs to be improved. Only $28.5 million (41%) was utilized of the over $70 million from Round 7/Phase 1 HIV resources available to the country. GOU has negotiated a Round 7/Phase 2 grant from GF for $130 million for procurement of commodities and supplies for HIV prevention, care, and treatment which will be channeled to both the public sector (through MOH) and the private sector (through the AIDS Support Organization, a non-governmental organization). To ensure optimal utilization of commodity funding (which includes prioritizing expenditure of GF resources) the USG is supporting the

MOH Quantification and Procurement Planning Unit to produce national HIV commodity procurement and supply plans to coordinate all GoU and donor contributions. With the combined resources of approximately $180 million from GF, GOU and USG, there should be no commodity gaps in the coming year. A HIV commodity security committee, with members from MOH, GF, UNITAID and other key stakeholders, will monitor implementation of the supply plan and identify and take action to avert potential product shortages. USG IPs are also supporting the national roll-out of a new web-based ARV bimonthly reporting and ordering system that will provide stock and consumption data from all ART sites every two months, fed into a single database in the MOH. This system will enable stakeholders to track the status of ARV supplies in all 700 plus ART sites and provide early warning of stock outs to central level. A dedicated transition support team with IPs will follow-up directly with facilities and warehouses on any issues. The MOH plans to build upon this web-based platform to expand it to all key HIV/AIDS commodities.
PEPFAR is strengthening the Country Coordinating Mechanism (CCM) and providing technical support to MOH and TASO on quantification and supply planning of HIV commodities to ensure optimal alignment with GOU and USG resources. With the combined resources of GF, GOU and USG, there should be no commodity gaps in the coming year.
In the coming year, it will be critical to budget for the maintenance of pregnant women initiated on treatment under Option B+, while continuing to grow the treatment program to absorb the new demand generated by HTC, EID, pre-ART care, and VMMC. It is estimated that up to $25m will be required to maintain these 78,625 women on treatment in FY13. In support of long-term sustainability for the national HIV program, the USG is working with the GOU on a Partnership Framework that will define roles and responsibilities as well as level of contributions towards the national treatment program.

Pediatric HIV
According to the national ART report (October – December 2011), there are about 26,699 children on treatment, reflecting a slight increase from 21,763 in December 2010. Pediatric coverage remains disproportionately low with only 27% (26,699 of 98,885 eligible children under age 15) on treatment. Children represent 8% of all individuals on ART.

Capacity for pediatric treatment has improved with 84% (401 of the 476) of accredited ART sites providing pediatric ART; however, the number of accredited sites remains inadequate. To date, there have been two primary accomplishments in pediatric treatment: pediatric ART services scaled up from 364 to 401 of the accredited facilities and an improved national EID program. Currently over 1,500 healthcare facilities are able to provide the service and the average turn-around time (TAT) for sample processing was reduced from 25 to 3 days. The consolidation of EID testing services from 7 decentralized laboratories to 1 laboratory at the CPHL and the establishment of EID sample transport hubs has not only reduced TAT, but also overhead costs from $22 to below $6. A more significant accomplishment was the decrease in HIV positivity rate registered by the EID program from 19% in 2007 to 6% in 2010. There have been efforts to align all pediatric ARV regimens to those recommended in the NTG, which are effective and less costly. With regards to fixed drug combination (FDC) usage, over the last year Uganda phased out the use of remaining syrups and single tablets. Currently FDCs are used for 10% of pediatric patients. Uganda is one of the first countries in Africa to reach this achievement.

Despite significant progress, gaps and challenges remain, as highlighted in findings of a joint MOH/Clinton Foundation HIV/AIDS Initiative (CHAI) review of the national pediatric ART program in 2011(using selected facilities). The majority of linkages from HTC to pre-ART care and ART within the same facility were not successful; two-thirds of those testing HIV-positive did not reach the ART site. For EID, 92% of positives did not reach the ART clinic. The key drivers for loss along the continuum included decentralization of HIV care, poor patient tracking and follow up, and possible delays in lab result TAT.

Additional findings included only 66% of those identified as ART eligible ever initiated treatment and, if initiated on treatment, delays of up to 10 months were noted. Several children were on regimens not

suitable for their age and yet the facilities had alternative regimens recommended in the NTG. Additionally, there is delayed enrollment despite national guidance to initiate treatment early and for all HIV positive children below 2 years; mean age at enrollment was 6 years. CD4 monitoring for children in care was poor: 23% never had a CD4 test and 67% received a second CD4 test that was often delayed by months. Only 60% of children are retained in care, 80% of those on ART and 45% for pre-ART. TB/HIV integration needed improvement, as only 18% of children with suggestive symptoms were investigated for TB and only 53% of TB/HIV co-infected children were started on an appropriate ART regimen. Additionally, ARV prophylaxis and HAART coverage for PMTCT has been low nationally, 53% and 20% respectively, further impacting the pediatric treatment program.

Currently, MOH, with support from UNICEF and WHO, is participating in a joint review of the national pediatric HIV care and treatment program. This review is being conducted in four African countries (Uganda, Tanzania, Swaziland, and Zimbabwe) with the primary objective of identifying major health systems and structural bottlenecks to pediatric HIV care and treatment and document lessons learned for south-to-south collaboration. PEPFAR will also work with the MOH to evaluate aspects of the pediatric treatment program to identify best practices for replication and scale up. Technical assistance will also be requested from PEPFAR HQ Pediatric Treatment TWG to strengthen PEPFAR support to the national pediatric care and treatment program.

- Key Priorities and Major Goals

Key priorities include supporting the MOH to implement recommendations from the aforementioned reviews of the national pediatric treatment program and review of Year 1 of the NSP 2010/11 – 2015/16; implementing the phased roll out of Option B+ for virtual elimination of Mother to Child HIV transmission (eMTCT) and joint planning of the PMTCT and care and treatment TWGs; and national scaling up of pediatric treatment by enrolling approximately 38,161 new naïve children by APR13.
Strengthening of the EID program will continue to be a key activity. PEPFAR will provide continued support to CPHL as well as strengthen the national sample and results transport network system from the current 77 hubs to 120 hubs. Additionally, PEPFAR support will expand to include accreditation of new sites and their inclusion to the sample testing and transportation hub networks. PEPFAR and IPs will work with MOH at the national and facility levels to decentralize pediatric care and treatment through accreditation of lower level facilities up to selected HC IIs and activation of nonfunctional accredited facilities. Child survival will be supported through integration and provision of basic child health intervention, including nutrition and immunization in care and treatment services. There will also be emphasis on capacity building including training and mentorship for health workers in pediatric care. Mentorship will strengthen healthcare service provider skills to identify and enroll HIV-infected infants into ART programs as early as possible. Support for ‘active search’ of HIV-exposed and HIV-infected infants is to be scaled up by working with MOH and districts to mobilize community structures (e.g., VHTs, PLWA networks, and peer support groups), schools, and health facilities (particularly through immunization services) to identify, link, and retain children in care and treatment. The plan is to link 100% of all ART eligible children in pre-ART care. Interventions to be implemented to improve referrals and linkages, early initiation of ART, and follow-up and retention in treatment programs include: active linkage to care and treatment services using linkage facilitators and triplicate referral forms; use of “Initiate ART Immediately” stickers on files of infants confirmed to be HIV-infected; and mobile phone technology to follow up with clients.

- Alignment with Government Strategies and Priorities

The National Pediatric ART Committee continues to implement a 10-point Pediatric HIV Management Plan that has guided pediatric care and treatment programs since 2006. The Health Sector HIV/AIDS Strategic Plan 2010/11 – 2014/15 (HSSIP) and NSP 2010/11 – 2015/16 recognize children as an underserved population and recommend increased focus. The aim is to increase access to pediatric services through increasing the number of facilities providing these services and strengthening adolescent sexual and reproductive health services by integrating services in school health programs.

Following the aforementioned reviews of the national pediatric treatment program and review of Year 1 of the NSP 2010/11 – 2015/16, PEPFAR is committed to supporting MOH implementing of such forthcoming recommendations.

- Policy Advances or Challenges

The revised National Treatment Guidelines – which include pediatric care and treatment – have been printed but need to be widely disseminated in order to increase enrollment of eligible children. There are insufficient staffs at the national level focusing on pediatric care and treatment resulting in inadequate training, mentorship, coordination, QI improvement, and support supervision of pediatric HIV services. PEPFAR will work with IPs to support MOH with effective dissemination of the NTG to health workers at facilities through continuing medical education and mentorships. PEPFAR will support MOH to develop guidance and standardize the package of HIV services provided in the national program. With support from OGAC care and treatment TWG, a standard package of HIV clinical services has been drafted and presented to MOH/ACP for adoption. The MOH has agreed to work with PEPFAR and other stakeholders to adapt the recommended standard package as national guidance for service providers and planners to ensure equitable, quality HIV care and treatment services in the country.
Efforts to Achieve Efficiencies
Rationalization of PEPFAR partner overlap was completed in 20132 to achieve one partner per facility. Subsequently, PEPFAR will undertake the rationalization of other program areas beyond care and treatment. In addition, the TWG will initiate joint annual work plan and performance reviews for TB and TB/HIV programs led by the National TB and Leprosy Program; all stakeholders will participate to minimize double funding of program activities while increasing coverage and outlining partner contributions. The OVC TWG is refocusing its interventions on the key drivers of vulnerability so as to maximize OVC program impact.

An OGAC inter-agency mission in December 2010 recommended the adoption of a standard package of HIV clinical services for USG partner support to the national program. MOH/ACP has agreed to adapt the recommended standard package as guidance for service providers and planners to ensure equitable HIV care and treatment services across different levels of service delivery by public and private providers. It will also standardize services offered by PEPFAR IPs and public health workers and specialized HIV centers and general clinics. This will eliminate unnecessary costs and enable wider application of costing information across different providers. PEPFAR will work with MOH to expedite the adoption, launch, roll out, and monitoring of its implementation.

PEPFAR has centralized procurement of HIV commodities to realize efficiencies within the program. Commodities include ARV drugs, cotrimoxazole, basic care kits, laboratory equipment and reagents. IPs will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, the partners will liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities.

For the first time, the PEPFAR team applied unit costs across all the program areas. These costs were informed by the 2010 in-country Expenditure Analysis. This process resulted in budget realignments whereby allocated targets were apportioned to realistic budgets. For instance, there is a significant decrease in the pediatric care and treatment services budgets because in the past, the pediatric budget codes were over budgeted compared to targets, resulting in budget pipelines.

To rationalize the national HIV commodity supply chain, PEPFAR supports ACP, Pharmacy Division, Resource Center, National TB and Leprosy Program (NTLP), and CPHL through its IPs and contributes to capacity building and strengthening of the national supply chain management systems. PEPFAR has two principle procurement partners, Supply Management System (SCMS) and Medical Access Uganda Limited (MAUL). To improve the availability of key supply chain data for decision-making, the USG

supports the production of regular national stock status reports on commodities; national roll-out of a web-based ARV ordering and reporting system (which could also serve as platform for all HIV/AIDS commodities); an information system to track financing for commodity procurement from the GOU and donors; and deployment of trained Medicines Management Supervisors from district health offices to do routine monitoring and reporting of tracer commodity availability in more than 1,500 facilities, including first line ARV and TB regimens, CD4, and cotrimoxazole.

National level quantification of ARV drugs and other HIV commodities is updated annually by MOH/ACP with technical support from the newly established Quantification and Procurement Planning Unit (QPPU). For the PEPFAR program, SCMS and MAUL work with the care and treatment TWG to forecast annual PEPFAR ARV and other HIV commodity quantifications and budgets. This quantification is based on the drugs and commodities needed to maintain current ART patients and treat a pre-established number of new patients. Three-month safety stock (buffer) and handling fees are included in the USG procurement plan. Supply plans are monitored and revised during the year to ensure appropriate stock balances.

From October 2012, the HIV commodity supply chain will be rationalized by MOH to eliminate the previous overlap in distribution to sites. The NMS will distribute supplies only to government ART sites and PEPFAR will distribute only to private sector (PNFP and PFP) sites. USG commodities for government sites – roughly one third of the total commodity budget – will be sent to NMS for distribution. PEPFAR IPs will no longer provide 'buffer' stocks to any facility as they did in the past. Any buffer support is to be centralized across the central warehouses. In line with this policy change, PEPFAR has centralized its procurement system to support the rationalization of supply chain. PEPFAR will procure all ARV drugs, cotrimoxazole, and laboratory commodities for assessment and monitoring (CD4, hematology, and chemistry) through SCMS and MAUL. It will also monitor in-country stocks, place orders, clear shipments, and manage payments to National Drug Authority, Joint Medical Store (JMS), and National Medical Stores. Collaboration will continue with the CHAI, which manages UNITAID donations of pediatric ARVs and early infant diagnostic reagents for the country, although the latter donation ends mid-2013.

PEPFAR will work to strengthen the supply chain management system by focusing on the reduction of fragmented logistics management information systems, improving the number and skill levels of health workers in commodity management, and the delivery of appropriate commodities in the right quantities to facilitate service delivery for prevention care and treatment. PEPFAR will also strengthen linkages and activities with the GOU and GF to leverage resources and create frameworks for sustainability.

ARV Drugs (Pediatric)

CHAI will continue to manage the UNITAID donations of all pediatric ARV drugs to the country until mid-2013, after which PEPFAR and GF resources will be used to procure pediatric ARV commodities. Many pediatric ARV formulations have been overstocked, which, combined with several regimen changes in the past year, may result in wastage through expiry. Changing pediatric regimens presents challenges for health workers, program managers, and the three central warehouses. With USG-provided logistics specialist support at the MOH, the forecasting and quantification of pediatric ARV requirements is expected to improve in the coming year.

Laboratory

Essential laboratory tests for the delivery of HIV care and treatment services include HIV testing, CD4, hemoglobin assessment, pregnancy, screening for HIV in exposed infants by polymerized chain reaction (DNA PCR) technology, and VL for suspected treatment failure amongst children and adults on treatment. As mentioned above, routine patient monitoring, especially CD4 testing, is a challenge. PEPFAR will address this by supporting MOH to increase access to CD4 testing; reduce equipment downtime; improve the quality of laboratory services; reduce stock out of reagents and commodities; improve data collection, transmission, analysis and utilization; and hire, retain and task shift non-technical activities to

appropriately trained lay health workers.

The MOH established a sample transportation network to support the EID program in 2010. To date, 19 hubs are fully functional supporting over 500 facilities. Building on the success in the EID sample referral network, in FY13, PEPFAR will support the MOH to establish an additional 53 EID hubs and expand their range of services to include CD4 testing, hemoglobin testing, TB testing, EID, and VL sample transportation. All 72 hubs will offer patient monitoring tests; however, chemistry and hematology testing will be offered at the Regional Referral Hospitals. EID testing and VL testing using dried blood spot technology will be carried out at the CPHL.

Each of the 72 hubs will serve over 20 to 50 health facilities within a catchment area of 30km – 40 km radius. These were strategically located to fill in the service provision gaps. Data entry and utilization will be improved by strengthening data capture and transmission from the facilities and central level by deploying adequately trained data entry clerks and analysts working closely with MOH. In order to improve on the transportation of samples and results, an additional 55 motorbikes will be procured and 53 riders recruited. PEPFAR will also support recruitment of 72 technicians and 140 technologists. In addition, the utilization of appropriately trained staff to take over non-technical activities at the laboratories in order to free up technical staff to work on specialized testing activities will be supported. For the hard to reach areas not covered effectively by the hubs, MOH is in the process of re-distributing the point of care equipment to cater for these areas.

PEPFAR will support the WHO's strengthening of laboratory management towards accreditation approach and additional service delivery training. This support will add on 50 laboratories to the existing 22 already enrolled in SLMTA to ensure all the 72 laboratories attain a 3-star level by the end of FY2013. These efforts build on initial activities undertaken in 2007 – 2009 in which Uganda piloted the SLMTA approach. PEPFAR provided financial technical support to the development and launching of the National Health Laboratory Policy in 2009 and the National Health Laboratory Strategic Plan (NHLSP 2010 – 2015). In FY2012, PEPFAR will support the implementation of the NHLSP which focuses on improving the management, coordination, and quality of laboratory services.

Gender
The principal objective of the PEPFAR Gender Strategy is to provide guidance on integration and implementation of gender equality into the existing care and treatment programs. PEPFAR IPs will ensure equitable access to care and treatment services by identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care. PEPFAR will also work with MoGLSD to design and provide training to service providers on gender issues related to young men and women's sexuality and sexual rights. Special care will be taken to provide youth-friendly, gender-sensitive services, including counseling, partner involvement and testing, and stigma reduction.

PEPFAR, working with MoGLSD, will support IPs to address the linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of sexually transmitted infections, and reproductive health (RH) counseling and services. Additional support will include gender equity training for program managers, counselors, and M&E officers who will at a minimum receive training on gender-equity indicators and systematic auditing of gender equity performance. Through PEPFAR's Gender Challenge Fund, Uganda is working with several stakeholders through the PMTCT and RH platform to strengthen gender-related programming across all five areas of the PEPFAR gender strategy. Lessons from the project will be scaled up to PEPFAR IPs.

Strategic Information
As MOH and PEPFAR scale up access to treatment, care, and support for PHAs and their families, the need for strategic information (SI) increases. To this end, PEPFAR will continue to support

operationalization of the national health sector HIV/AIDS M&E framework to the lowest level and rollout of the web-based District Health Information Software (DHIS-2) to all districts in the country within and outside PEPFAR coverage areas. Anticipated support will include reproduction of revised HMIS tools (pre-ART and ART registers) and equipping, training, and providing hands-on support to district and health facility units responsible for collecting, collating, analyzing, and reporting data. The USG SI flagship program, MEEPP, has engaged the MOH ACP and Resource Center (RC) to finalize and operationalize one national health sector HIV/AIDS M&E framework and a comprehensive and easily accessible national information hub, respectively.

PEPFAR will work to improve the credibility, cohesiveness, and competence of the Ugandan private sector (i.e., PNFP, PFP and faith-based organisations [FBO]). To better understand the content and quality of treatment for people living with HIV/AIDs, USG will continue to support the USG/MOH joint supervisory site visits to observe if facilities are delivering treatment according to national guidelines. A plan for collecting and analyzing data along COR will be developed by SI and HSS TWGs, utilizing technology to improve the quality and effectiveness of the treatment program.

The absence of unique identifiers across the treatment program continues to be a challenge in scaling up and improving the quality of HIV services. Finger printing technology, for example, will establish unique identification of clients to improve referrals and patient tracking and retention, while mobile phone technology (SMS) will be used to improve adherence. Treatment progress aggregated across sites and time will be compiled in the national ART program report, highlighting strategies that may need to be strengthened or modified to reach specific national and USG goals and targets. Annual reports will be disseminated widely to the relevant stakeholders.

Public Private Partnerships
In countries such as Uganda where the public sector is hard-pressed to provide health care to a growing population (including underserved communities) there are multiple opportunities for the private sector to supplement the public sector in both urban and rural settings. Unfortunately, in Uganda, the diversity of private sector providers and uncoordinated efforts results in overall contributions not being well-documented or understood, even by the providers themselves. As a result, the opportunities to expand or improve the contributions of the private sector tend to be overlooked or tapped in a limited fashion. Capacity must be built within these institutions so they can implement cost-effective and sustainable HIV services. Establishing new and strengthening existing partnerships will build sustainability across the health sector. Social marketing will facilitate expanded and improved access to and availability of quality service delivery.

Key Populations
PEPFAR aims to increase access to HIV care, support, and treatment services across Uganda and specifically for key populations (truck drivers, fishermen, commercial sex workers and MSMs). PEPFAR supports few treatment programs specifically targeted at key populations, majority of services are provided as part of routine HIV treatment services to the general population. The proportion of key populations receiving clinical services is not fully known, particularly for MSMs and commercial sex workers.

In FY13, key activities include working with MOH to develop a strategy for engaging key populations. At least four IPs will deliver care and treatment services to rural key populations. They will pilot and scale up HIV services using innovative approaches such as moonlight services and services tailored to each key population subgroup. Functional linkages and referrals between key populations community groups and client-friendly health care facilities will ensure utilization of services. Sensitization and training of healthcare providers at selected IPs to provide key population-friendly services is also planned. Lastly, there are also plans to pilot a community-facility referral network system model for LGBTIs with the objective to increase access to HIV/AIDS prevention, care and treatment services for LGBTIs in Kampala

and surrounding suburbs. This will be supported through the Community Small Grants program and USAID. CDC will expand support to MARPI clinic, affiliated to the national STI clinic in Mulago Hospital, to be accredited as an ART clinic to provide HIV testing, care and treatment services for key population groups.

Human Resources for Health
While the Task Shifting Policy has not been explicitly underscored by MOH, most PEPFAR partners have used this approach to shoulder the challenges of service delivery in the context of acute human resource shortages in rural areas and lower-level health facilities which constitute the majority of the service delivery points. Most of the clinical teams that triage, manage, and monitor clients in rural areas consist of nurses, nursing assistants, and clinical officers, whose skills have been upgraded to perform the roles that would have otherwise been done by a higher cadre (e.g., medical doctors). Through continuous in-service training, coaching, mentoring, and supervision, IPs have improved significantly the aptitude of these teams to independently provide services.

The apprenticeship training in leadership and management of health programs, supported by PEPFAR at the Makerere School of Public Health, greatly enhances the capacity of the non-clinical public health workforce to contribute to the management of the entire HIV/AIDS response program within the country. In addition, the PEPFAR program has made considerable investment in pre-service training of critical cadres of health workers with a particular focus on training laboratory personnel and midwives who are among the critical staff for treatment scale up. These training initiatives are managed under Baylor College of Medicine and The Uganda Capacity Program.

To foster the COR, community health workers (linkage facilitators) who include, but are not limited to, Village Health Teams (VHTs), PHAs, and peers, will deliver health promotion and prevention messages and ensure provision of psychosocial support and adherence in their communities. Linkage facilitators are linked to the health facilities within their catchment which are part of the national network of service delivery points. IPs support a range of in-service training programs that are aligned to and will be coordinated by Regional Continuing Professional Development Centers (CPDs) of MOH, some which are supported by PEPFAR.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	1,305,361	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	80 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	67,783	
	Number of HIV-positive pregnant women identified in	84,729	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	29,571	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	38,212	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	0	
	Single-dose nevirapine (with or without tail)	0	
P1.5.D	Number of HIV-positive pregnant women newly enrolled into HIV care and support services	69,750	Redacted

P1.6.D	P1.6.D Percentage of Infants by feeding type	n/a	Redacted
	Number of Infants by feeding type	0	
	Number of infants	0	
	By Type of Feeding: Exclusive Breastfeeding	0	
	By Type of Feeding: Exclusive Formula Feeding	0	
	By Type of Feeding: Mixed Feeding	0	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	474,189	Redacted
	By Age: <1	0	
	By Age: 1-9	0	
	By Age: 10-14	0	
	By Age: 15-19	0	
	By Age: 20-24	0	
	By Age: 25-49	0	
	By Age: 50+	0	
P6.1.D	Number of persons provided with	1,200	Redacted

	post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.		
	By Exposure Type: Occupational	450	
	By Exposure Type: Other non-occupational	550	
	By Exposure Type: Rape/sexual assault victims	200	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	610,000	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention	n/a	Redacted

	interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	1,830,000	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on	1,270,000	

	abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	270,200	
	By MARP Type: CSW	20,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	200	
	Other Vulnerable Populations	250,000	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	5,489,442	Redacted

	By Age/Sex: <15 Female	0	
	By Age/Sex: <15 Male	0	
	By Age: <15	622,748	
	By Age/Sex: 15+ Female	0	
	By Age: 15+	4,866,694	
	By Age/Sex: 15+ Male	0	
	By Sex: Female	3,674,362	
	By Sex: Male	1,815,080	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
P12.1.D	Number of adults and children reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	78,548	Redacted
	By Age: <15	710	
	By Age: 15-24	15,204	
	By Age: 25+	62,634	
	By Sex: Female	48,296	
	By Sex: Male	30,252	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level	866,950	Redacted

	intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS		
	By Age: <15	20,437	
	By Age: 15-24	219,099	
	By Age: 25+	647,414	
	By Sex: Female	545,350	
	By Sex: Male	341,600	
P12.3.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses the legal rights and protections of women and girls impacted by HIV/AIDS	24,109	Redacted
	By Age: <15	2,180	
	By Age: 15-24	3,345	
	By Age: 25+	18,584	
	By Sex: Female	14,824	
	By Sex: Male	9,285	
P12.4.D	Number of adults and children who are reached by an individual, small-group, or community-level intervention or service	64,295	Redacted

	that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS		
	By Age: <15	5,718	
	By Age: 15-24	6,161	
	By Age: 25+	52,416	
	By Sex: Female	39,533	
	By Sex: Male	24,762	
C1.1.D	Number of adults and children provided with a minimum of one care service	888,906	Redacted
	By Age/Sex: <18 Female	0	
	By Age/Sex: <18 Male	0	
	By Age: <18	310,972	
	By Age/Sex: 18+ Female	0	
	By Age: 18+	577,934	
	By Age/Sex: 18+ Male	0	
	By Sex: Female	527,353	
	By Sex: Male	361,553	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	657,027	Redacted
	By Age/Sex: <15 Female	0	
	By Age/Sex: <15 Male	0	

	By Age: <15	85,114	
	By Age/Sex: 15+ Female	0	
	By Age: 15+	571,913	
	By Age/Sex: 15+ Male	0	
	By Sex: Female	408,529	
	By Sex: Male	248,498	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	98 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	643,886	
	Number of HIV-positive individuals receiving a minimum of one clinical service	657,027	
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	3,663	

	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	2,442	
	By Age: 18+	1,221	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	92 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	606,251	
	Number of HIV-positive individuals receiving a minimum of one clinical service	657,027	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	3 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	17,244	
	Number of	657,027	

	HIV-positive individuals receiving a minimum of one clinical service		
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	75 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	63,758	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	84,729	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	63,758	
	By timing and type of test: virological testing in the first 2 months	0	
C5.1.D	By Age: <18	65,076	Redacted
	By Age: 18+	11,741	
	Number of adults and children who received food and/or nutrition services during the	76,817	

	reporting period		
	By: Pregnant Women or Lactating Women	265	
T1.1.D	By Age/Sex: <15 Female	6,587	Redacted
	By Age/Sex: <15 Male	5,668	
	By Age/Sex: 15+ Female	67,162	
	By Age/Sex: 15+ Male	38,398	
	By Age: <1	1,446	
	By: Pregnant Women	23,157	
	Number of adults and children with advanced HIV infection newly enrolled on ART	117,815	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	347,689	Redacted
	By Age/Sex: <15 Female	15,956	
	By Age/Sex: <15 Male	14,653	
	By Age/Sex: 15+ Female	202,830	
	By Age/Sex: 15+ Male	114,250	
	By Age: <1	0	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral	85 %	Redacted

	therapy		
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	54,507	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	64,125	
	By Age: <15	0	
	By Age: 15+	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	813	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	6	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	2,940	Redacted
	By Cadre: Doctors	0	

	By Cadre: Midwives	1,358	
	By Cadre: Nurses	1,582	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	2,240	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,379	Redacted
	By Type of Training: Male Circumcision	912	
	By Type of Training: Pediatric Treatment	683	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7176	Chemonics International	Private Contractor	U.S. Agency for International Development	GHP-State	185,199
7181	Inter-Religious Council of Uganda	FBO	U.S. Agency for International Development	GHP-State	3,722,491
7185	Deloitte & Touche, Uganda	Implementing Agency	U.S. Agency for International Development	GHP-State	0
7188	Cardno Emerging Markets	Private Contractor	U.S. Agency for International Development	GHP-State	0
7199	Chemonics International	Private Contractor	U.S. Agency for International Development	GHP-State	0
7308	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	36,544,904
7331	TBD	TBD	Redacted	Redacted	Redacted
9043	Henry Jackson Foundation	Private Contractor	U.S. Department of Defense	GHP-State	5,851,858
9046	Baylor College of Medicine Children's Foundation	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
9183	The AIDS Support	NGO	U.S. Department	GHP-State	5,000,000

	Organization		of Health and Human Services/Centers for Disease Control and Prevention		
9236	Integrated Community Based Initiatives	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	357,332
9238	Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	695,116
9240	Uganda Prisons Services	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	491,739
9246	Makerere University School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
9300	Mulago-Mbarara Teaching	Implementing Agency	U.S. Agency for International	GHP-State	558,718

	Hospitals' Joint AIDS Program (MJAP)		Development		
9301	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	5,845,669
9303	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	4,291,188
9325	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State	1,376,477
9335	HOSPICE AFRICA, Uganda	NGO	U.S. Agency for International Development	GHP-State	1,386,000
9338	The AIDS Support Organization	NGO	U.S. Agency for International Development	GHP-State	1,597,525
9347	World Vision International	FBO	U.S. Agency for International Development	GHP-State	2,548,490
9483	Infectious Disease Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,665,879
9541	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Agency for International Development	GHP-State	6,738,476
9879	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	2,933,588
10280	Integrated	NGO	U.S. Department	GHP-State	300,000

	Community Based Initiatives		of Health and Human Services/Centers for Disease Control and Prevention		
10281	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,463,217
10326	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	6,486,519
11479	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	401,000
11480	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	177,800
12476	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	3,204,865
12477	Baylor College of Medicine Children's Foundation	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,414,261
12486	Associazione Volontari per il Servizio Internazionale, Italy	NGO	U.S. Agency for International Development	GHP-State	6,400,000

12496	Social and Scientific Systems	Private Contractor	U.S. Agency for International Development	GHP-State	2,927,752
12801	Cardno Emerging Markets	Private Contractor	U.S. Agency for International Development	GHP-State	3,062,753
12835	International HIV/AIDS Alliance	NGO	U.S. Agency for International Development	GHP-State	4,000,000
12935	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	3,888,764
12981	Uganda Virus Research Institute	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,500,000
13002	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHP-State	242,707
13026	National Medical Stores	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,225,943
13029	Regional Procurement Support Office/Frankfurt	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	2,500,000

13047	Makerere University School of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,066,780
13093	PACE	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,082,536
13102	Uganda Blood Transfusion Services	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,000,000
13104	Baylor College of Medicine Children's Foundation	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	8,987,842
13135	THE JOHN E. FOGARTY INTERNATIONAL CENTER	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	250,000
13136	Infectious Disease Institute	NGO	U.S. Department of Health and	GHP-State	3,972,006

			Human Services/Centers for Disease Control and Prevention		
13138	Public Health Informatics Institute	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
13161	Uganda Virus Research Institute	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	736,050
13170	Makerere University School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	667,010
13226	Medical Access Uganda Limited (MAUL)	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	45,178,403
13311	Reproductive Health Uganda (RHU)	Implementing Agency	U.S. Agency for International Development	GHP-State	523,274

13317	Joint Clinical Research Center, Uganda	NGO	U.S. Agency for International Development	GHP-State	2,808,580
13325	Reach Out Mbuya	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,479,070
13383	African Medical and Research Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,421,134
13416	Mildmay International	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	9,691,429
13466	Uganda Protestant Medical Board	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,787,291
13486	Protecting Families from AIDS, Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	733,379

			Control and Prevention		
13717	Registered Trustees for the Uganda Episcopal Conference	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHP-State	6,264,675
13833	TBD	TBD	Redacted	Redacted	Redacted
13835	Baylor College of Medicine Children's Foundation	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,282,982
13836	The AIDS Support Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	10,442,417
13837	TBD	TBD	Redacted	Redacted	Redacted
13841	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	280,000
13864	Uganda Ministry of Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GHP-State	3,632,141

			for Disease Control and Prevention		
13872	Kalangala District Local Government	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,196,198
13874	TBD	TBD	Redacted	Redacted	Redacted
13877	Children's AIDS Fund	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,981,785
13880	Makerere University School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,813,658
13885	John Snow Inc (JSI)	Implementing Agency	U.S. Agency for International Development	GHP-State	1,000,000
13892	Research Triangle International	Private Contractor	U.S. Agency for International Development	GHP-State	1,795,000
13897	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	350,000

			Control and Prevention		
13898	TBD	TBD	Redacted	Redacted	Redacted
13900	PLAN International	NGO	U.S. Agency for International Development	GHP-State	2,888,091
13901	TBD	TBD	Redacted	Redacted	Redacted
13924	RECO Industries	Implementing Agency	U.S. Agency for International Development	GHP-State	3,037,416
13944	Uganda Health Marketing Group	NGO	U.S. Agency for International Development	GHP-State	884,019
14297	Emory University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	80,000
16594	Measure Evaluation	NGO	U.S. Agency for International Development	GHP-State	0
16595	Project Search	NGO	U.S. Agency for International Development	GHP-State	0
16603	Joint Medical Stores	FBO	U.S. Agency for International Development	GHP-State	2,567,899
16604	TBD	TBD	Redacted	Redacted	Redacted
16606	TBD	TBD	Redacted	Redacted	Redacted
16626	TBD	TBD	Redacted	Redacted	Redacted
16650	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7176	**Mechanism Name: CSF MEA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 185,199	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	185,199

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Civil Society Fund is a multi-donor granting mechanism that ensures civil society provision of prevention, care, and treatment is harmonized, streamlined, effective, & aligned to national plans & policies. USAID, DANIDA, DFID, SIDA & Irish Aid currently support CSF. Oversight rests with the Uganda AIDS Commission while day-to-day operations are managed by 3 agents:-the Technical Management Agent, the M&E Agent, & the Financial Management Agent. MEA supports monitoring grantees &evaluating activities related to scaling up effective & comprehensive responses to HIV. MEA's specific objective is to support the effective functioning of the CSF through partnerships, collaboration, coordination, management & implementation of M&E activities resulting in sustainable systems.

MEA is responsible for establishing a comprehensive performance, monitoring & reporting program for the CSF & its grantees that is aligned with the HIV/AIDS National Strategic Plan & other relevant M&E frameworks. MEA manages the collection, reporting & validation of data, & measures the impact of the CSF by monitoring the performance of the grantees. MEA provides capacity building to the grantees to improve the quality of data being analyzed & reported. MEA also improves grant recipient capacity to use & institutionalize M&E data for program decision making.

MEA supports 2 FY 2012 SI Pivots: 1) strong/robust M&E systems at service delivery points & districts; and 2) increased use of data for evidence-based planning & decision making at all levels in all HIV/AIDS program areas. MEAalso supports GHI principles 5 & 6 to “Increase impact through strategic coordination & integration” & to “Promote learning & accountability through M&E”. An M&E plan will inform implementation. No vehicles will be purchased.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	185,199

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Mobile Population
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	7176		
Mechanism Name:	CSF MEA		
Prime Partner Name:	Chemonics International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	185,199	0

Narrative:

The CSF/MEA project has a national scope, supporting M&E functions of the national program and of 42 sub-grantees delivering HIV/AIDS and OVC services.
In FY 2012, CSF/MEA activities support two SI Pivots: SI Pivot 2 – “Increased use of data for evidence-based planning and decision making at all levels in all HIV/AIDS program areas” and SI Pivot 3 – “Strong/robust M&E systems at service delivery points and districts”.

In the remaining months of the project , activities funded under these two pivots aim at documenting achievements over the last four years and identifying remaining gaps in M&E systems for the 142 sub-grantees delivering HIV/AIDS and OVC services. Funds will be used for an end of project evaluation that answers the following research questions:

1. What are the major high level (unintended and intended outcomes and impact level) achievements of the CSF and to what extent have they contributed to the Health Sector HIV response?
2. How has the CSF as a mechanism been effective in promoting coordination and harmonization of support to CSOs? Was the design and structure of the CSF appropriate? What has worked well and what has not?
3. Have CSOs developed a comparative advantage in particular aspects of service delivery, policy development, systems strengthening or meeting specific needs of certain constituents e.g. most at risk populations as part of Uganda’s response to HIV/AIDS?
4. To what extent has the technical, financial and monitoring capacity building to sub grantees improved service delivery and resulted in stronger CSOs?
5. What are the lessons learned from the CSF’s broader implementation experience(including, best practice/innovations and program management experiences) working with multiple donors?

Information from this evaluation will be used to inform designs of future program work by USG, other development partners and Government of Uganda. Funds may also be used to develop a database of fund sub-grantees and their various strengths and weaknesses.

Implementing Mechanism Details

Mechanism ID: 7181	**Mechanism Name: Expanding Access to HIV/AIDS Prevention, Care and Treatment through Faith Based Organizations**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Inter-Religious Council of Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,722,491	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,722,491

Sub Partner Name(s)

Catholic Church Network	Church of Uganda	Infectious Disease Institute
Orthodox Church	Seventh Day Adventist Church	Uganda Muslim Supreme Council

Overview Narrative

IRCU aims to enhance access and utilization of HIV/AIDS prevention, care and treatment services. Its objectives are to strengthen the faith based response to HIV/ AIDS building upon the network of faith-based health and social structures. IRCU HIV/AIDS services integrate other health priorities including malaria, tuberculosis, sexually transmitted infections and fertility that impact HIV/AIDS outcomes. IRCU emphasizes partnerships and linkages with other providers to optimize resources and access.

The program covers forty districts including Arua, Nebbi, Amolatar, Gulu, Kitgum, Lira, Nwoya, Kotido, Abim, Kapchorwa, Kumi, Bugiri, Buikwe, Iganga, Jinja, Kamuli, Mbale, Mayuge, Namutumba, Tororo, Kampala, Luwero, Masaka, Mityana, Mpigi, Mubende, Mukono, Nakaseke, Wakiso, Fortportal, Kasese, Hoima, Kyenjojo, Kabarole, Bushenyi, Kiruhura, Ntungamo, Mbarara, Rakai and Rukungiri. It targets communities with HIV prevention messages and provides care and treatment to individuals affected by HIV, including orphans and other vulnerable children.

IRCU will leverage resources from its faith based structures through service integration and also strengthen linkages with government and other relevant donor funded programs to maximize complementarity.

FBOs contribute 47% of health care in Uganda and government provides modest complementary resources to support services. IRCU will continue to advocate for increased government support in tandem with the growth in volume of services.

IRCU data collection and reporting is harmonized with national system. IRCU Secretariat will ensure regular data quality assessments at FBOs to increase data integrity and reliability.

IRCU procured vehicles with FY 2011 funds. No more vehicles will be required.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	286,000
Economic Strengthening	417,301
Education	160,000
Human Resources for Health	233,658

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing women's access to income and productive resources

Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**7181**
Mechanism Name:	**Expanding Access to HIV/AIDS Prevention, Care and Treatment through Faith Based Organizations**
Prime Partner Name:	**Inter-Religious Council of Uganda**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	593,706	0

Narrative:

In 2013, IRCU care and support interventions will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. IRCU program will provide care and support services to 25,841 individuals. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. IRCU will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

IRCU will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention (PHDP); strengthening linkages and referrals using linkage facilitators; implementing quality improvement for adherence and retention; pain and symptom management; and provision of services in targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with Ministry of Health (MoH) guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. IRCU will support the sample referral network in line with this national CD4 expansion plan and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will keep track of and periodically report on client waiting lists.

Preventive care will be prioritized as a critical component of the program. IRCU will liaise with the CDC supported Program for Accessible Health, Communication and Education (PACE) and the USAID supported Uganda Health Marketing Group (UHMG) for provision and distribution of basic care kits to clients. USAID has centralized procurement of cotrimoxazole and other HIV/AIDS commodities and like other private not for profit partners, IRCU will access these commodities through the Joint Medical Stores under this centralized arrangement. IRCU will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. IRCU will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	600,000	0

Narrative:

IRCU will provide care and support to 15,000 orphans and other vulnerable children (OVC) in 20 districts. IRCU approach to care and support for OVC focuses on strengthening the capacity of the family and equipping OVC with practical skills to sustain themselves. Economic strengthening of families will entail training of caretakers in micro-enterprise development and provision of seed capital for income generation. In doing this, IRCU will build on experiences of some organizations such as Meeting Point Kampala and Comboni Samaritans in management of revolving fund schemes for caregiver groups. IRCU will also strive to leverage resources from government organizations such as National Agricultural Advisory Services as well as other private institutions such as the Bantwana Initiatives, Uganda Cooperative Alliance, Send A Cow and Heifer International. Skills building for OVC aims to equip them with skills in trades that make them economically active in their respective communities. This will be done through vocational training using apprenticeship approaches and trainees will also be facilitated with soft skills like problem solving, teamwork, customer service which are frequently more important to employers. Post training support in form of toolkits and start up grants and training in business management skills will be given to OVC to enable them start business projects. 1,249 OVC will be trained with FY 2012 funds. IRCU also supports formal education as a mechanism of guaranteeing safety and cognitive growth of OVC. Using FY 2012 resources, IRCU will support 10,104 children with formal education focusing on providing support to address barriers to education for orphans, such as lack of scholastic materials, uniforms and levies usually faced by critically vulnerable households. In a phased approach, IRCU is strategically supporting these critically vulnerable households with economic strengthening interventions to eventually enable them meet these basic needs. Psychosocial support will be offered to all OVC to preserve their emotional stability, positive behaviors and self-esteem. Linkages

with families and communities will be strengthened to promote child protection. Child monitors will be trained in communities to monitor the welfare of OVC, identify those in abusive situations and link them to appropriate assistance. All HIV+ children accessing services at IRCU health facilities will be identified using linkage facilitators and will be linked to IRCU OVC community component for comprehensive services. IRCU through their community component will mobilize OVC households to access outreach services like immunizations and HCT.
Children identified as HIV positive or in need of other health services will be facilitated to access medical care. Other health services will include HIV/AIDS and reproductive health education and referral for HCT as well as preventive health care such as provision of mosquito nets. OVC care will be a comprehensive package and will address health education, hygiene and basic health care and routine immunization. Special focus will be strengthening family and community systems to ensure sustainability and ownership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	193,007	0

Narrative:

IRCU will focus on supporting the GOU to scale up TB/HIV integration and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. IRCU will contribute to this target by screening 23,257 HIV positive clients for TB and staring 775 individuals on TB treatment.
IRCU will improve Intensified Case Finding (ICF) and the use of the national ICF tools to improve case detection. IRCU will also improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- GeneXpert and fluorescent microscopy. IRCU will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.
In 2013, IRCU will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. IRCU will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensuring adequate natural ventilation.
The Ministry of Health AIDS Control Program (MoH/ACP) and the National TB and Leprosy Program (NTLP) will be supported to roll out provision of Isoniazid Preventive Therapy (IPT) in line with the WHO recommendations.

In addition, IRCU will work with USG partners such as Products for Improved Nutrition (PIN), Strengthening Partnerships, Results and Innovations for Nutrition Globally (SPRING), HEALTHQual, Applying Science to Strengthen and Improve Systems (ASIST), Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning will also occur.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. IRCU will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in training, TB/HIV mentorship and support supervision. Additionally, IRCU will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	22,986	0

Narrative:

In 2013, IRCU will focus on supporting the GOU to further expand pediatric HIV care and OVC to achieve universal access to care by 2015. IRCU program will target 2,326 children (under age 15) as a contribution to the overall PEPFAR target of 74,555 HIV+ children receiving at minimum one clinical care service. IRCU will provide comprehensive child friendly care and support services in line with national guidelines, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention. Early Infant Diagnosis (EID) services will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. Focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. IRCU will implement community mobilization and targeted activities such as “Know your child status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

IRCU will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PHDP services including, sexual and reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities. A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. IRCU will also support the integration of HIV services in routine

pediatric health services, including the national Child Health Days.

Preventive care will be prioritized as a critical component of the program. IRCU will liaise with the CDC supported Program for Accessible Health, Communication and Education (PACE) and the USAID supported Uganda Health Marketing Group (UHMG) for provision and distribution of basic care kits. PEPFAR has centralized procurement of cotrimoxazole and other HIV/AIDS commodities and like other private not for profit partners, IRCU will access these commodities through the Joint Medical Stores under this centralized arrangement. IRCU will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. IRCU will liaise with other USG partners such as Products for Improved Nutrition (PIN), Strengthening Partnerships, Results and Innovations for Nutrition Globally (SPRING), Strengthening Community OVC Response (SCORE), HEALTHQual, Applying Science to Strengthen and Improve Systems (ASIST), Hospice Africa Uganda in their related technical areas to support integration with other health, nutritional and OVC services. IRCU will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12–2014/15), will support the national M&E systems and work within district health plans. IRCU will work under the guidance of MoH in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

During 2013 IRCU will continue to provide CD4, chemistry and hematology tests in four faith-based facilities with existing capacity to conduct these critical laboratory tests and will build CD4, hematology and chemistry capacity at two additional sites of Buluba hospital and St Francis Njeru health center. During this period IRCU will use the capacity in the six labs and network with regional lab hubs with capacity to ensure that all the 25,841 patients receiving clinical care service at IRCU supported care and treatment sites receive at least two CD4 tests during the course of the year. IRCU will work with the program for Strengthening Ugandan Systems for Treating AIDS Nationally (SUSTIAN) and the Program for Supply Chain Management Systems (SCMS) to ensure that CD4 machines have regular preventive maintenance to reduce equipment down time. In addition IRCU will also ensure that all the six labs receive the necessary cartridges, reagents and supplies through the Joint Medical Stores by assisting the facilities to quantify need and project gaps in a timely manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	CIRC	768,526	0

Narrative:

IRCU will scale up voluntary medical male circumcision (VMMC) to reach 15,462 HIV negative sexually productive males aged 17 years and above in 11 districts of Kampala, Wakiso, Bushenyi, Buikwe, Mayuge, Rukungiri, Nakaseke, Lyantode, Mukono, Arua, Iganga and Zombo.
In 2013 IRCU supported health facilities will continue providing VMMC in line with the national guidelines. Specifically, IRCU facilities will carry out a facility based mobilization and health education on health benefits of VMMC; provision of HIV testing and counseling for all consenting male adults with their partners; provision of VMMC surgical procedures under local anesthesia; provision of post-operative monitoring and care prioritizing infection control and education on hygiene; provision of continued counseling and education on HIV prevention including post-operative abstinence and correct consistent use of condoms. IRCU will continue to liaise with other PEPFAR partners with specialized competence in VMMC to source training and on-going capacity building for its partner sites. IRCU will work with the USAID Health Communications Project and Ministry of Health to further educate religious leaders on the benefits of VMMC, address their misconceptions and shore up their commitment and support for VMMC.

IRCU will use existing HTC services both at facility and community level as entry point to SMC for HIV negative men. Other service points for education and counseling on SMC will be in the out and in patient services specifically to males presenting with STI symptoms. As part of the broader SMC package, individuals will be educated on the importance of other preventive behaviors such as partner reduction, abstinence and safe sex. IRCU activities are in line with the national VMMC scale-up campaign which emphasizes circumcision as part of a comprehensive HIV prevention strategy. IRCU will provide VMMC within the MOH approved guidelines and will ensure its supported facilities provide VMMC as “part of the AB approach and not an alternative to it”. IRCU will mobilize communities to increase demand and uptake of VMMC. IRCU will work with Makerere University Walter Reed Project (MUWRP) to assess VMMC service provision needs at all facilities and train staff in service delivery. IRCU will refurbish health facilities to provide conducive VMMC surgery and counseling space. Regular monitoring will be done to ensure that services meet the minimum quality standards set by MoH and WHO.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	282,051	0

Narrative:

COP12 is a transitional year for IRCU’s HIV prevention portfolio as it moves from implementation of stand-alone Abstinence and Being faithful (AB) to comprehensive HIV communication programming. While AB interventions will be maintained, services will be delivered in a manner that promotes

community knowledge and utilization of other biomedical interventions such as VMMC, HIV counseling and testing, PMTCT and ART. An estimated 305,388 individuals will be reached in 28 districts of Kampala, Wakiso, Mpigi, Luweero, Mityana, Mubende, Masaka, Rakai, Mbarara, Kiruhura, Kabarole, Kasese, Rukingiri, Hoima, Arua, Gulu, Nwoya, kitgum, Lira, Amolatar, Kotido, Mbale, Iganga, Tororo, Bugiri, Jinja, Kapchorwa and Kween.

The IRCU prevention program will continue to focus on promotion of abstinence and faithfulness as integral components of a holistic behavior change communication program. While capitalizing on established religious structures, IRCU will ensure delivery of comprehensive HIV prevention messaging that addresses not only AB but also provides accurate information on the efficacy and sources of services for biomedical interventions, including HTC, PMTCT, VMMC and ART. IRCU will undertake extensive training of religious leaders to ensure that they pass on correct and consistent HIV prevention messages, as well as integrate holistic HIV prevention messaging in their routine pastoral work. HIV prevention messages will be tailored to specific populations with messages for young people promoting behaviors that discourage early sex, cross-generational sex and transactional sex. Older youth will be empowered with life skills to adopt assertiveness, make appropriate decisions and self-control and also receive information on VMMC focusing on its proven efficacy in limiting HIV transmission and the possible sources of services. Messages for older audiences shall focus on promotion of mutual fidelity but also integrate information on biomedical interventions especially VMMC, PMTCT and ART. IRCU will continue to engage religious leaders and married couples to emphasize religious and family values that promote self-protection, self-control, discipline as well as mutual care and support.

IRCU prevention approach is in line with the national strategy which aims to reduce transmission of HIV by 40% by 2012. IRCU activities address the driving factors identified in the Road Map for HIV Prevention and the National Prevention Strategy. Activities will also be undertaken in line with the National Policy on Voluntary Medical Male Circumcision. IRCU will train 600 religious leaders in basic HIV/AIDS information thereby creating sustainable community resources for HIV prevention. IRCU will develop data tools to capture progress on key HIV prevention indicators at community level. IRCU will also train and provide mentorship to its partner FBOs in technical program and finance management as well as governance and leadership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	101,506	0

Narrative:

The IRCU HIV Testing and Counseling (HTC) program will contribute to the PEPFAR goal of increasing access to and utilization of HTC services through its faith-based facilities and community structures. IRCU will provide HTC to 22,000 individuals in 14 districts including Kampala, Luweero, Buikwe, Nakaseke, Wakiso, Mukono, Jinja, Iganga, Mayuge, Lyantonde, Bushenyi, Rukungiri, Arua, Nebbi and

Kumi. HTC will target all patients receiving health services at IRCU supported faith-based facilities as well as high-risk populations including highway truckers, fishing communities, people engaged in commercial sex and uniformed persons. The program activities in Kampala will also allow for greater support and testing of other at-risk-populations such as single women in peri-urban areas as well as other individuals working in high risk informal sector settings such as bartenders, taxi- drivers and touts. IRCU will provide facility and community-based HTC with the aim of identifying HIV-positive individuals and linking them to prevention, care, treatment and other support services. At facilities, provider initiated counseling and testing (PITC) will be offered in maternal and child health clinics, TB and STI clinics, in-patient wards and outpatient service areas for adults and children. Community HTC interventions will involve home-based HTC for families of index clients. Voluntary HTC will also be undertaken at outreaches targeted at high-risk populations. IRCU HTC activities will also be strongly linked to PMTCT and VMMC and religious leaders will continue to mobilize and refer people for all these preventive services. Couple counseling and testing will be strongly emphasized and IRCU will intensify mobilization, provision of information on the need for disclosure, and refer and link individuals to HTC service providers. Couples found to be discordant will be counseled and linked to support services in facilities and the community. The health facility staff and religious leaders will mobilize people tested to form discordant groups in facilities and communities to allow continuous dialogue and enhance disclosure, peer support and acceptance, and adherence.

PITC will be the primary approach to service delivery and will be provided as a component of general health care for all individuals in inpatient and outpatient units. Internal linkages and referral of patients amongst service units will be mandatory at facility sites hosting high-risk and other exposed patients, such as antenatal care, maternity wards, medical wards, STI, TB, and general outpatient departments. HIV-negative individuals will be referred to appropriate behavioral and biomedical interventions such as VMMC and PMTCT. Other health concerns that impact HIV/AIDS prevention care and treatment outcomes such as TB, other STIs, family planning and nutrition will be addressed as integral components of the comprehensive HTC program.
IRCU HTC program contributes to the national goal of increasing access and utilization of HTC. Services will be delivered in conformity with the national policy and protocols.
IRCU will strengthen logistics management for HTC commodities at FBOs to ensure adequate supplies of testing kits and other laboratory consumables, mentor personnel in test kit logistics management, provide regular updates on new testing algorithms as recommended by MOH and carry out regular laboratory quality control.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The Inter-Religious Council of Uganda (IRCU) will implement the four eMTCT prongs in support of virtual elimination of MTCT and keeping mothers alive in 13 districts of Kampala, Luweero, Wakiso, Mukono, Jinja, Iganga, Mayuge, Lyantonde, Bushenyi, Rukungiri, Arua, Nebbi and Kumi. IRCU will provide HIV and testing and counseling to 25,000 pregnant women, hence identifying 2,075 HIV positive pregnant women, of whom 1,763 will be initiated on HAART for life and 312 provided with ARV prophylaxis. Infant ARV prophylaxis and EID will be provided to 2,075 exposed babies. These targets will be achieved using PMTCT acceleration funds.

COP12 strategic pivots include (i)improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible; (ii) roll-out of Option B+ through the accreditation of all supported sites; (iii) intensive M&E at facility and community levels through cohort tracking of mother-baby pairs and electronic data reporting; and (iv) ensuring quality of eMTCT services.

Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing of monitoring and evaluation tools, job aides, and Option B+ guidelines; training of 133 service providers; and sample referrals for CD4+ and Early Infant Diagnosis (EID). Retention will be enhanced through the family-focused service delivery model coupled with the formation of Family support groups (FSGs) at all 15 eMTCT sites. The FSGs will meet monthly to receive adherence counseling, supported disclosure, infant and young child feeding counseling, EID, family planning counseling, couple counseling and testing, repeat-testing and ARV refills. Village health teams will be utilized to enhance follow-up on facility referrals and adherence support. Mobile phone technology will be used to remind mothers and their partners of appointments, EID results, and ARV adherence. Home visits will be conducted to trace those who are lost to follow-up. IRCU will enhance the quality of eMTCT services through quarterly joint support supervision and mentorships at all eMTCT sites. Site level support will entail cohort reviews, monitoring adherence and retention rates, data management, availability of supplies (commodities, HIV test kits, tools, job aides and ARVs) as well as addressing existing knowledge gaps on Option B+. Voluntary and informed family planning (FP) services will be integrated into IRCU programs based on respect for women's choices and fulfillment of their reproductive health rights. Service providers will be trained on the provision of FP counseling, education, and information to all women during antenatal care, labor, delivery and postnatal periods, and in care and treatment settings. Dual protection will be promoted among women living with HIV and their partners to help them avoid unintended pregnancies, HIV transmission and/or re-infection. IRCU will collaborate with existing FP partners (Marie Stopes Uganda, STRIDES and UHMG) to increase awareness of the benefits of safe sex, birth spacing, active linkage of adolescents, women and men to various reproductive health services as well as cervical cancer screening.
Services will be aligned to the national policy that supports Option B+ of the newly released WHO guidelines for eMTCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,153,718	0

Narrative:

IRCU will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. IRCU program will enroll at least 6,086 new clients and support 13,298 currently enrolled adults on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. IRCU will support the MoH roll out of Option B+ for eMTCT through: accreditation of health facilities in line with MoH accreditation scale-up plan, training, mentorship and joint PMTCT/ART support supervision. IRCU will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. The Continuum of Response (COR) linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. IRCU will support reproductive health integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.

IRCU will implement quality improvement initiatives focusing on early initiation of ART eligible clients; improving adherence and retention; and monitoring treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers and ‘alert’ stickers will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+. Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. IRCU will support the sample referral network in line with this national CD4 expansion plan and will monitor and report clients’ access to CD4 on quarterly basis.

Preventive care will be prioritized as a critical component of the program. IRCU will liaise with the CDC supported Program for Accessible Health, Communication and Education (PACE) and the USAID supported Uganda Health Marketing Group (UHMG) for provision and distribution of basic care kits to clients. USAID has centralized procurement of drugs and other HIV/AIDS commodities and like other private not for profit partners, IRCU will access these commodities through the Joint Medical Stores under this centralized arrangement. IRCU will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. In addition, IRCU will work with USG partners and other key stakeholders for provision of required wrap around services.

IRCU will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12–2014/15), support the national M&E systems and work within district health plans. IRCU will work under the guidance of MOH in training, ART/PMTCT mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	6,991	0

Narrative:

IRCU will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. IRCU program will enroll at least 1,271 new naïve HIV positive children and continue to support 1,987 children currently on ART by end of September 2013. This will contribute to overall national and PEPFAR target of 39,799 new and 64,072 children current on treatment. In 2013, IRCU will support the national program to scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive children under 2 years in line with the national treatment guidelines. IRCU will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PHDP services including: sexual and reproductive health services, psychosocial support and life skills training. A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. IRCU will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

Preventive care will be prioritized as a critical component of the program. IRCU will liaise with the CDC supported Program for Accessible Health, Communication and Education (PACE) and the USAID supported Uganda Health Marketing Group (UHMG) for provision and distribution of basic care kits to clients. PEPFAR has centralized procurement of drugs and other HIV/AIDS commodities and like other private not for profit partners, IRCU will access these commodities through the Joint Medical Stores under this centralized arrangement. IRCU will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. IRCU will liaise with other USG partners such as Products for Improved Nutrition (PIN), Strengthening Partnerships, Results and Innovations for Nutrition Globally (SPRING), Strenthening Community Community OVC Response (SCORE), HEALTHQual, Applying Science to Strengthen and Improve Systems (ASIST), Hospice Africa Uganda in their related technical areas to support integration with other health, nutritional and OVC services. IRCU will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. IRCU will work under the guidance of MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 7185	**Mechanism Name: Financial Management Agent / Civil Society Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Deloitte & Touche, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism ended June 2012. A new program is to be designed. Referred to as OVC TBD CSF direct service delivery .

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Mobile Population
TB
Family Planning

Budget Code Information

Mechanism ID:	**7185**		
Mechanism Name:	**Financial Management Agent / Civil Society Fund**		
Prime Partner Name:	**Deloitte & Touche, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
This mechanism ended June 2012. A new program is to be designed. Referred to as OVC TBD CSF direct service delivery.			

Implementing Mechanism Details

Mechanism ID: 7188	**Mechanism Name: Health Initiative for the Private Sector (HIPS)**
Funding Agency: U.S. Agency for International	Procurement Type: Contract

Development	
Prime Partner Name: Cardno Emerging Markets	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Johns Hopkins University Bloomberg School of Public Health	Mildmay International	O'BRIEN AND ASSOCIATES INTERNATIONAL

Overview Narrative

The Health Initiatives for the Private Sector (HIPS) Project aims to increase access to and use of HIV/AIDS, tuberculosis (TB), reproductive health/family planning (RH/FP) and malaria services through mid- and large-size employers and private clinics. The HIPS Project has four main tasks:
1) Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector; 2) expand the number of Global Development Alliance (GDA) partnerships; 3) Capacity Building – support initiatives to strengthen private sector worker/employer associations; 4) Develop innovative and proven approaches to support orphans and other vulnerable children (OVC).
Working with over 100 companies and 100 private MOH-accredited clinics in 57 districts, HIPS has demonstrated that the private sector can play a vital role in increasing access to and utilization of health services in Uganda.
During the last 12 months of the project, the HIPS team will focus on three key elements to maximize impact:
1) Quality of Services: HIPS facilitates regular and comprehensive support supervision to our partners to ensure that staffs are adequately trained and clinics have appropriate supplies, equipment and referral networks for proper diagnosis and treatment; 2) Integration of Services: HIPS aims to have 90% of our partner clinics providing HIV, TB, malaria, and RH/FP services by the end of the project; 3) Sustainability of Services and Exit Strategy: HIPS has built capacity within the Federation of Uganda Employers (FUE), Uganda Manufacturers Association (UMA), MOH and DHTs and our company partners and private clinics

to carry forward health workplace and community programs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**7188**

Mechanism Name:	Health Initiative for the Private Sector (HIPS)		
Prime Partner Name:	Cardno Emerging Markets		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

Among the challenges facing health service delivery is the increasing number of patients with HIV/AIDS and the increasing burden that the pandemic is placing on hospitals and healthcare systems, making it difficult for the systems to function effectively. The home-based community response of caring for HIV individuals is also stretched. The HIPS Project is implementing the HIV clinical and community care and support program model which in 2011 has so far enabled the project to reach 26,884 HIV positive clients through partnerships with 100 private partner company facilities and clinics, located in 36 districts. The program strategy is to ensure access to quality comprehensive and integrated HIV/AIDS care package through the available community resources. The companies provide larger contribution in form of infrastructure, human resource and drugs to all clients, majority of which are community members.
In 2011, HIPS in collaboration with Mild-May Uganda and districts, has supported training of 107 health workers and home based care givers (HBCG) that have been equipped with kits to support the HIV patients under their care and linked to health facilities within their communities for easy referral and follow up. Services offered at the private partner facilities include cotrimoxazole prophylaxis, treatment of opportunistic infections including TB, pain relief, home based care, laboratory investigations such as complete blood count (CBC), CD4 cell count and diagnostics for opportunistic infections. HIPS also supports private partner companies to sensitize and mobilize communities (this also addresses issues of HIV stigma/disclosure), organize PHAs into social support groups to address their household psycho-socio and economic need through such activities as, formation of income generation groups in farming activities which also contribute towards food security and nutrition.
In 2012, HIPS will focus its intervention on offering improved and sustainable quality of care that is integrated within the community, District and National health services delivery package with the objective of reaching 35,000 HIV positive adults and children within the catchment area of 100 private partner company facilities and clinics. The project will continue to support training and mentoring of health workers and community care givers in order for them to continue providing their clients with quality services. The companies and PHAs will be assisted to get linked into existing referral facilities, NGOs and community based organizations to ensure integration and sustainability of the community based HIV/AIDS care programs and where necessary clinical care programs.

Key activities for FY 2012:

1. Onsite mentoring and training of private health providers in HIV care and support.

2. Support selected facilities and community care givers with kits and basic supplies for care and support.
3. Support integrated follow up of patients in community for HIV/TB care, RH and Malaria among the selected HIPS partner companies.
4. Support selected facilities and community care givers with kits and basic supplies for palliative care
5. Establish collaboration mechanisms with local CBOs and NGOs providing palliative care services to facilitate linkages and referral.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

HIPS Project engages the Ugandan private sector to find cost effective and sustainable approaches to support OVC. HIPS has designed corporate engagement models to encourage companies to fund OVC care and support services. In 2011 through 12 matching grants, HIPS and corporate partners reached 3,035 OVC, spanning 25 districts. All OVC received at minimum 4 services, including psychosocial support, education, healthcare services and household strengthening economic activities. HIPS also built the capacity of 315 caregivers in child protection, psychosocial support, OVC care and support and socio-economic security.

Using a 1:1 matching grant, HIPS has strengthened the capacity of OVC implementing partners in the delivery of care, building capacity of families in socio-economic activities and supported education interventions for OVC. Child protection interventions focused on building the capacity of local community and religious leaders to identify and refer cases of child abuse, in partnership with the Police, the Probation and Community development district offices. Health care interventions focused on establishment of functional referral for OVC in need of health care services, identification and referral of HIV positive children. HIPS partners have provided psychosocial support at three levels; the caregivers (trained to support children), the teachers (trained in behavioral change communication with formation and mentoring of peer support groups) and children (trained in cognitive and life planning skills) levels. HIPS' socio-economic security strengthening activities focused on capacity building in entrepreneurships skills, apprenticeship skills training for OVC and engagement in group income generating activities as well as Village Saving and Loan schemes for OVC households, realizing savings worth Ug.shs.15,226,800 and loans to group members of Ug.shs. 53,925,250.

IN 2012, HIPS will continue to build capacity and provide technical support to the 12 OVC implementing

partners in the delivery of OVC care and support, and also scale up access to health care services, education, psychosocial support, child protection, socio-economic security, food and nutritional support at school & household level, monitoring and support supervision visits, and foster partnerships with other service providers. HIPS' Quality improvement approaches will focus on safety of services provided, accessibility, effectiveness and efficiency, community participation and sustainability. Child protection interventions with local community and religious leaders as well as socio-economic security interventions for households using entrepreneurship skills development and scaling up of the Village Scheme Loan Association (VSLA) approach to ensure sustainability of services will also be supported.

Planned activities for FY 2012:

1. Strengthen income of OVC households using the VSLA approach by conducting monitoring, mentoring and support visits for VSLA groups
2. Build the capacity of community, local and religious leaders in child protection.
3. Support partners to identify OVC that are HIV positive and refer them for palliative care services and specialized care.
4. Build the capacity of partners in the delivery of care, psychosocial support and child protection.
5. Support development of functional collaboration, networking and referral mechanisms with stakeholders in the districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

The HIPS Project works with Private partner companies and health facilities through established partnerships to design and implement comprehensive workplace health programs to enhance to quality HIV/AIDS, TB, Malaria and Reproductive Health/Family Planning services. To foster sustainability, the Project has built the technical and programmatic capacity of private sector employer organizations, the Federation of Uganda Employers (FUE) and the Uganda Manufacturers Association (UMA) to assume leadership and steer the prevention with community heath activities forward.
In 2011, the HIPS project closely worked with the Mild-May Centre, the AIDS Information Centre, MOH, Central Public Health Laboratory, JHU/CCP, Rakai Health Services Project and other national institutions to conduct training of multidisciplinary teams of health workers who are active in HIV/AIDS, TB, FP and RH Programs and community care givers at partner sites. The HIPS project in partnership with, local district officials and MOH provided on job-training, mentorship and regular support supervision to all its 100 private partner sites using a comprehensive support supervision tool based on the national

supervision guidelines. The HIPS project also supported consensus building and dialogue between the Public and Private sectors, PPPH policy orientation for 20 pilot districts, facilitated inception of the PPPH Policy roll-out in 2 regions (Western & South Western), and kick-started Public-Private joint planning exercises in 5 out of the 20 pilot districts.
In 2012, HIPS in collaboration with Mild-may will design and extensively market a costed training package that is tailored for private practitioners. HIPS will work closely with the MOH, line ministries, Development partners and the Private health sector to further support roll out of the PPPH policy implementation in 8 districts. Due to lack of formal access to high quality affordable specialized HIV laboratory services, HIPS in collaboration with the MOH and SIMS Medical Centre is to support strengthening of laboratory systems, the design and establishment of an accredited national reference laboratory for ART services in the private sector. HIPS in collaboration with all its key partners (including FUE & UMA) is focused on full integration of quality services and strengthening of established partnerships to sustain functionality and implementation of workplace health programmes at all respective private partner company sites.

Key activities in FY 2012.
1. Training and refresher training for 1,500 peer educators and strengthen community health programmes
2. Training of 36 health workers in safe male circumcision.
3. Provide training to 100 private partner clinicians in HIV/AIDS Palliative care and delivery of ART services
4. Build capacity of private health professionals in provision of comprehensive quality health care services (in RH/FP, PMTCT, Pediatric Care, safe motherhood, TB/HIV management, IPT/Malaria control).
5. Provide training to 50 private health workers in HIV testing and counseling.
6. Set up a Public-Private Partnership ART reference laboratory.
7. On-job training of private facilities on the recently revised HMIS tools
8. Support Public Private Partnerships in Health through provision of technical support and further roll out implementation of the PPPH Policy country-wide and support functional institutionalization of PPPH structures (at National & district levels).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

In 2010, the Ministry of Health approved and started to advocate for safe medical circumcision as a key intervention for HIV prevention package (Health Sector Strategic Plan 2010-2015). In order to scale up

this HIV prevention, the HIPS Project started to support implementation of Safe Male Circumcision among 10 partner private sector companies and clinics as part of the HIV prevention package offered to employees, dependents and the community. Through leveraging of resources at partner companies and clinics, HIPS has employed the BCC model to advocate for services uptake using men only seminars and outreaches to mobilize men at partner companies as a mechanism to create demand for the services while the companies take on to offer the service free of charge to both the employees and community.
In 2011, the HIPS Project has facilitated training of 36 health care workers through the Rakai Health Sciences Program and Walter Reed Project on provision of safe male circumcision. HIPS has adapted and developed IEC materials on Safe Male Circumcision (SMC), procured and distributed equipment to 24 partner private sector facilities. Participating partner companies and clinics have extended in kind contribution, which includes: provision and renovation of infrastructure to match the recommended standards, staff, drugs such as analgesics, supplies and materials for post operative care, community mobilization and follow up.
In 2011 the Project introduced surgical outreaches as a way to scale up the service for those private sector companies and clinics that expressed the need. Some of the companies that have so far participated in the surgical camps include KCCL, MacLeod Russell's Tea Estate, Kinyara Sugar Works and Family Health Medical Center. A total of 1755 males have been circumcised by the 3rd quarter, as part of the minimum package of MC for HIV prevention among the 24 private facilities. HIPS targeted to circumcise 2000 males in 2011.
During 2012, HIPS will continue to promote health outreaches with key focus on surgical camps amongst participating companies in order to minimize missed opportunities and increase vital health service uptake. HIPS is also targeting to circumcise 25,000 males upon informed consent and HIV testing. The project will also support training of more health workers on MMC at the Rakai Project and Walter Reed Trainings. HIPS will in addition extend support through training, equipment/medical supplies and support supervision of partner facilities so as to ensure quality and integration of services.

Key Activities in 2012:

1. Support MMC camps and integrated men only seminars at 15 private partner sites
2. Equip 5 additional partner clinics sites with supplies including, MMC kits, HIV Test Kits
3. Conduct training of 36 health workers in safe male circumcision

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

The HIPS project works with private partner companies that support schools to implement a school HIV

prevention program commonly known as the Good Life At School (GLAS). This initiative is geared towards expanding the life skills program to benefit young people in schools to prevent transmission of HIV, particularly in the 12-19 yr age group. The key approach school based peer education using the cascade approach and entertainment approach that's coupled with provision of life skills and health information for adoption of abstinence and other related healthy practices like early treatment of Sexually Transmitted Infections and HIV Counseling and testing.

In 2011, 87 teachers have been trained as trainers for student peer educators. 1,333 student peer educators were trained from 29 schools located in 4 districts with a targeted population of 30,812 young people. Out of these 28,439 students were reached with information and skills for adoption of abstinence and 20 schools have incorporated the activities into their main school program and agenda for extra curriculum activities. Efforts have been made to actively involve district leadership and other implementing partners within the districts. In Kasese district, which hosts 15 of the supported schools, meetings were conducted with implementers resulting in some of them extensively supporting the program. HIPS' private partners extend contributions in areas such as; training of student peer educators, IEC materials distribution, Drama activities, HIV associated stigma reduction and counselor visits. Sexual prevention activities have also been incorporated in HIPS' support supervision activities targeting partner companies implementing school health HIV programmes. The Ministry of education has recommended the replication of this model program for use by other district implementers.

In FY 2012, HIPS is targeting to reach 15,000 students with preventive interventions primarily focused on abstinence and/or being faithful. Further support is focused on strengthening collaboration and advocacy with district implementers for possible integration of supported school HIV prevention interventions into their plans. HIPS will extend support supervision to partner companies and integration of health communication messages into existing school health programs and activities. Key risk reduction behaviors to be promoted in schools include: adoption of abstinence, promoting the benefits from delaying sexual debut, early treatment of STIS, information sharing focusing on HIV counseling and testing, life skills within peer pressure environment and dealing with myths about sex and sexuality. A rapid assessment exercise will be conducted to establish the extent to which the supported HIV prevention program has addressed key health knowledge and skills among students.

Key Activities for FY2012:

1. Support schools to conduct peer education sessions to reach 15,000 students and the implementation of small group based student peer education sessions.
2. Adapt, reproduce and disseminate communication materials on HIV prevention and related health practices.
3. Support and conduct district advocacy meetings for the integration of school based HIV

prevention program.

4. Support integrated support supervision visits with district implementers
5. Support partner schools to integrate HIV prevention messages in existing activities.
6. Support rapid assessment exercise for the school HIV prevention pro

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The HIPS Project works with Private partner companies and health facilities through established partnerships to design and implement comprehensive workplace health programs to enhance to quality HIV/AIDS, TB, Malaria and Reproductive Health/Family Planning services. To foster sustainability, the Project has built the technical and programmatic capacity of private sector employer organizations, the Federation of Uganda Employers (FUE) and the Uganda Manufacturers Association (UMA) to assume leadership and steer these partnerships forward.

In 2011, the HIPS project, in collaboration with FUE and UMA, has provided support to 143 private partner company facilities and clinics in HIV Voluntary Counseling and Testing services located in 43 districts. HIPS has trained over 48 counselors in VCT, provided 49,170 people with VCT services through outreaches and on site clinics. The Project in partnership with JHU/Couples Counseling Project supported training of 23 counselors in couple counseling and testing, selected from private partners conducting HCT services. In addition, the HIPS project partnered with Nile Breweries on a cost share partnership basis to pilot home based VCT services for employees and communities particularly farmers in Katakwi District-Usuk Parish. Up to 4,400 people were counseled and tested for HIV in their homes of which 175 were found HIV positive, started on Septrin prophylaxis and referred to Katakwi Health Center IV for further diagnostic screening and management.

In 2012, HIPS in collaboration with the Ministry of Health (MOH), AIDS Information Center and Mulago Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) will direct efforts towards integration and sustainability of quality services at the static health facilities, special health fair events that promote VCT and regular community outreaches to ensure delivery of a comprehensive health package to employees, dependants and surrounding communities. Special focus in 2012 is to embark on mobilizing more couples for counseling and testing. During support supervision visits, health workers will be supported on effective data entry, analysis and reporting. HIPS will also focus on expanding the HCT services; strengthen IEC/BCC community health activities and integration of services (TB, Malaria, Reproductive Health, nutritional support, Safe Male Circumcision).

Key activities for 2012:

1. Cost share with private companies the bills of printing and distributing VCT forms, client cards, job

aids, clinical guidelines, clinic registers and client forms to respective partner health facility sites.
2. Strengthen existing and establish new functional linkages of its private sector partners with organizations/resource agencies such as AIC, MJAP, JMS, UHMG, the STAR Projects, MSIU to streamline distribution, and access of quality health products and supplies including free HIV test kits.
3. Train 50 private health workers from partner sites in HCT.
4. Provide VCT services to 1,250 truckers, 2,000 bar workers and 3,250 smallholder farmers as well as to their partners.

5. Train 50 counselors in couple counseling and testing to strengthen HCT services, Men-only seminar activities, follow up of HIV positive couples and discordant couples, and enhance referral mechanisms between private partner facilities and the communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The HIPS project supports private sector companies to implement communication activities for promoting HIV prevention practices among employees and surrounding communities. In this strategy, HIPS' main goal is reducing HIV risk among sexually active men and women addressing high risk transmission among vulnerable population groups (fishermen, bar maids and long distant truck drivers). Focused activities include; Consistent condom use, Medical Male Circumcision (MMC), reduction of multiple concurrent sexual relationships and unfaithfulness in sexual relationships, and early treatment of sexually transmitted infections. HIPS works with over 100 private partner companies located in 57 districts with a total employee population of up to 50,000. 70% of the targeted populations are from community members. The peer education strategy (small group based of not more than 25 peers) is the major approach utilized in reaching out to the target audience with prevention communication messages. The peer educator conducts interactive discussions using a developed guide for a period of 12 months. This approach strengthens relations, builds confidence and reinforces message sharing for prevention action among peers.

In 2011, HIPS targeted 1,500 and has so far trained up to 1,320 peer educators, of which 850 were oriented on the small group approach. Other key prevention communication approaches deployed include; men only seminars, pre-recorded radio discussions, sexual network games and post test drama shows. 45,000 people were reached through health education information and skills through small group discussions.

In FY 2012 HIPS support will be focused on strengthening mechanisms and approaches for ensuring

sustainability, quality and integration of HIV prevention communication activities. HIPS' support involves enhancing technical capacities of the Uganda Manufacturers Association _UMA and Federation of Uganda Employers _ FUE to design and implement HIV prevention communication programs with partner companies. HIPS will support the integration of health communication messages into partner routine programs and activities with a key focus on vulnerable groups (Long distant truck drivers, hospitality workers and fishermen) with implementation of small group based peer education activities (include informal discussions, radio discussions, sexual network games, conduct community health fairs and men only seminars).

Key Activities for FY2012:

1. Re-orient and train 1,500 peer educators on small group based approach for peer education.
2. Support small group based peer education activities to reach 45,000 people with HIV prevention information and skills.
3. Conduct partner meetings to advocate for integration of HIV prevention activities into occupation health and safety budgets.
4. Support companies to integrate BCC messages and disseminate quality assurance guidelines
5. Adapt, reproduce and disseminate communication materials on HIV prevention and other promoted health practices
6. Facilitate through FUE/UMA community health fairs and men only seminars
7. Support 8 partners to reach out to vulnerable groups (Fishermen, hospitality workers and Long distant truck drivers).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

HIPS works in partnership with small, medium and large size business companies and clinics in Uganda's private sector to increase access to free anti retroviral treatment (ART). HIPS in collaboration with the Ministry of Health AIDS Control Program have to date accredited 100 private partner facilities as ART Centres in the country. These facilities are distributed in 31 districts of the country.
In 2011, HIPS in partnership with the Ministry of Health and its private partner facilities has been able to provide free AIDS treatment to 4837 clients with the majority (70%) from catchment communities while the rest are company employees and dependants. However, the ARV shortage previously experienced in the country made it difficult for some of the private sector companies and clinics to access ARVs from the National Medical Store hence by the end of June 2011, only about 50% of the accredited facilities were able to provide ART. As a result, there have been drop outs and transfers of ART clients from some

of the private partner sites to other ART sites including public facilities until recently when the ARV situation in the country improved.
HIPS in partnership with Mild-May Uganda, has supported training of 191 health care workers in the use of ARVs in resource limited areas and other HIV/AIDS related courses in order to improve their skills.
HIPS in partnership with the MOH, facilitated partner private sector laboratory and clinic staff to undertake ART logistics management training .Through cost sharing, the Project has equipped private partner facilities with basic medical and laboratory equipment and supplies required for client monitoring during treatment. Equipment provided includes: machines for chemistry analysis, microscopes, weighing scales, heamoglobinometers and reagents for diagnosis of opportunistic infections such as tuberculosis. The Project, in collaboration with the MOH, has ensured reporting, adherence and carried out regular support supervision of accredited private facilities.
In 2012, the main focus of the HIPS project will be to ensure improved access to ARVs from the Ministry of Health by the accredited facilities for sustainability. In addition, HIPS is to support training of 100 private health workers in the delivery of ART services. The Project will also target to enroll 500 HIV clients on ARVs, support improvement of quality of services through provision of medical equipment and supplies, mentoring of staffs and joint support supervision. The Project will ensure integration of ART with PMTCT, TB diagnosis and treatment for the private partner facilities.

Key Activities for FY 2012:
1. Support on job training for 60 health workers in PMTCT and Pediatric Care
2. Conduct on job training to 90 health workers on TB/HIV Management.
3. Conduct training and follow up of 100 health workers to strengthen ART service delivery and cohort analysis
4. Conduct support supervision and follow up of all accredited clinics in partnership with the Districts.

Implementing Mechanism Details

Mechanism ID: 7199	**Mechanism Name: Technical Management Agent / Civil Society Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The mechanism will be ending in February 2013 and therefore is not eligible for FY12 funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Mobile Population

TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**7199**
Mechanism Name:	**Technical Management Agent / Civil Society Fund**
Prime Partner Name:	**Chemonics International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The mechanism will be ending in February 2013 and therefore is not eligible for FY12 funding.

Implementing Mechanism Details

Mechanism ID: 7308	**Mechanism Name: Partnership for Supply Chain Management Systems (SCMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 36,544,904	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	36,544,904

Sub Partner Name(s)

Euro Health Group	Fuel PHD	Makerere University/IDI

Overview Narrative

The Partnership for Supply Chain Management Systems (SCMS) was established to strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment of PLHAs or those affected by HIV/AIDS. In Uganda, SCMS provides procurement services to serve sites supported by USAID IPs, Walter Reed and DoD. Working in close coordination with MOH and Global Fund Principal Recipients, USG aims to ensure that all private and public sector sites providing HIV/AIDS services have sufficient HIV commodities. SCMS contributes to GHI principles 3 and 4: “Build sustainability through health systems strengthening” and “Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement”. With FY13 budget of $36.5m, SCMS will procure ARVs, lab commodities for CD4, hematology and chemistry testing, HIV test kits, & cotrimoxazole for 109 USAID-designated private-not-for-profit, private-for-profit & public sector sites. SCMS products, quantities and delivery schedules will be based on supply plans developed for the private and public sectors with MOH. USG is supporting the new national HIV Commodity Security group for information sharing and supply monitoring. Joint Medical Store will warehouse and distribute the commodities to USAID-designated private sector sites and National Medical Stores will warehouse and distribute directly to public sector sites. In FY13 a lab procurement specialist will be hired to for SCMS field office to provide the specialized technical skills in lab procurement and build capacity in the interagency PEPFAR program & MOH. Cost efficiency measures already in place include procurement of generics, transport by sea and land wherever possible. No vehicle will be purchased.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	7308		
Mechanism Name:	Partnership for Supply Chain Management Systems (SCMS)		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,881,404	0

Narrative:

$2,881,404 has been allocated for the procurement of cotrimoxazole and reagents for CD4, hematology and chemistry testing for HIV care and support services of 118,469 current and new adult patients. The commodities will supply sites supported by the GoU, Walter Reed, DoD and USAID. SCMS procurement and in-country distribution will be based on MOH-developed supply plans for public and private sectors with agreed inputs from GoU, GF, USG and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for JMS and NMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,439,817	0

Narrative:

$1,439,817 has been allocated to SCMS for procurement of laboratory equipment in order to sufficiently equip 42 laboratory hubs that are supported through USAID implementing partners including SUSTIAN, STAR EC, STAR SW, STAR E, and NUHITES. The equipment planned for procurement includes FACS count machines, hematology, and chemistry, as well as refrigerators for storage of heat sensitive lab reagents and samples. SCMS will seek approval from the national laboratory technical working group and coordinate with implementing partners supporting the hubs to ensure that equipment procured is compatible with MoH requirement for the level of service delivery point.

SCMS will also ensure that procured equipment package include starter kits for at least six months at optimal capacity, equipment installation, end user training, and annual service contract.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	666,785	0

Narrative:

$666,786 has been allocated for the procurement of HIV test kits and accessories for HCT of 358,487 men presenting at VMMC sites. The commodities will be managed by USAID IPs who are implementing VMMC services through static sites, outreaches and camps. These funds will cover commodity procurement, handling and in-country costs including warehousing and distribution fees for JMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,610,726	0

Narrative:

$1,610,726 has been allocated for the procurement of HIV test kits (Determine, Unigold, Statpak) and accessories for routine HCT testing of 2,480,000 persons. The commodities will supply sites supported by the GoU Walter Reed, DoD and USAID. SCMS procurement and in-country distribution will be based on MOH-developed supply plans for public and private sectors which indicate agreed inputs from GF and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for JMS and NMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,000,000	0

Narrative:

$2,000,000 has been allocated for the procurement of male condoms that will be distributed through public and private sector outlets. A proportion of the condoms will be distributed by USG IPs through their condom promotion and distribution programs in high burden areas and hot spots. All of the condoms will be available for free to consumers. SCMS procurement will be based on MOH-developed supply plans for public and private sectors which indicate agreed inputs from GF and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for UHMG and NMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

$1,289,125 from PMTCT acceleration funds has been allocated for the procurement of HIV test kits (Determine, Unigold, Statpak) and accessories to test 1,393,354 persons who enter HIV/AIDS services

through PMTCT. The commodities will supply sites supported by the GoU, Walter Reed, DoD and USAID. SCMS procurement, and in-country distribution, will be based on MOH-developed supply plans for public and private sectors which indicate agreed inputs from GoU, GF, USG and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for JMS and NMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	20,857,798	0

Narrative:

The COP12 budget for ARV drugs is $20,857,798. SCMS will procure ARV drugs to supply sites supported by the GoU, USAID, Walter Reed and DoD. In FY2013, SCMS will procure first and second line ARV drugs for an estimated 135,731 current and new adult ART patients and 25 percent of the ARV requirements for 23,351 pediatric patients (UNITAID donations will cover the remaining 75 percent). SCMS will procure all ARV requirements for implementation of Option B+ in this first year of national roll out of the eMTCT program. The $10.9 million allocated for Option B+ ARV regimens will serve 78,625 women and baby pairs expected to be enrolled. SCMS ARV procurement and in-country distribution will be based on MOH-developed supply plans for public and private sectors with inputs from GF and other donors. SCMS funds will cover commodity procurement and handling, warehousing and distribution fees for USAID products managed by JMS and NMS, and for UNITAID pediatric ARV drugs that go to USAID designated private sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	6,036,020	0

Narrative:

$6,036,020 has been allocated for the procurement of cotrimoxazole and reagents for CD4, hematology and chemistry testing for HIV treatment services of 135,731 current and new adult patients. The commodities will supply sites supported by the GoU, Walter Reed, DoD and USAID. SCMS procurement, and in-country distribution, will be based on MOH-developed supply plans for public and private sectors with agreed inputs from GoU, GF, USG and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for JMS and NMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,052,354	0

Narrative:

$6,036,020 has been allocated for the procurement of cotrimoxazole and reagents for CD4, hematology and chemistry testing for HIV treatment services of 135,731 current and new adult patients. The commodities will supply sites supported by the GoU, Walter Reed, DoD and USAID. SCMS procurement, and in-country distribution, will be based on MOH-developed supply plans for public and private sectors with agreed inputs from GoU, GF, USG and other donors. These funds will cover commodity procurement and handling and in-country costs including warehousing and distribution fees for JMS and NMS.

Implementing Mechanism Details

Mechanism ID: 7331	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 9043	**Mechanism Name: Makerere University Walter Reed Project (MUWRP)**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Henry Jackson Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,851,858	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	5,851,858

Sub Partner Name(s)

Makerere University Walter Reed Project		

Overview Narrative

Since 2005, The Henry M. Jackson Foundation has officially received funds and transferred them to The

Makerere University Walter Reed Project (MUWRP) in Uganda to implement HIV care, treatment and prevention activities. The MUWRP goals are to build the capacity and systems of local public and private partners in Uganda to ensure sustainable, quality HIV services. Since 2005, MUWRP has supported HIV programs including: expansion of HIV clinical sites, provision of laboratory capacity, district-level data system strengthening, supply-chain management strengthening, human capacity development, youth-focused programs, short-term technical staffing, comprehensive home-based OVC services, and a variety of counseling and testing and prevention programs, including medical male circumcision and house-to-house testing. MUWRP manages only data-driven programs from ongoing program monitoring and evaluation. MUWRP's strong emphasis on efficiency has achieved improved economies in procurement, highly coordinated service delivery, and expanded coverage of programs with low marginal costs. In 2011, a USG-Uganda rationalization effort resulted in the directive of MUWRP greatly expanding its service area coverage. Therefore, beginning October 1, 2011, MUWRP became the only PEPFAR implementer for all PEPFAR Program Areas for the three Uganda districts of Kayunga, Mukono and Buvuma. Cooperative agreements will be entered into with each district to transition many activities to local governments. The demographics of these districts include large MARP populations with a total target population > 1.2 million persons. Since 2005, MUWRP has purchased five vehicles and plans to purchase one vehicle (approximate cost $40,000) in 2013 to transport its mobile circumcision camp.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	409,000
Economic Strengthening	152,000
Education	83,000
Food and Nutrition: Commodities	98,000
Food and Nutrition: Policy, Tools, and Service Delivery	24,000
Gender: Reducing Violence and Coercion	88,000
Human Resources for Health	581,000
Water	33,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9043**
Mechanism Name:	**Makerere University Walter Reed Project (MUWRP)**
Prime Partner Name:	**Henry Jackson Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	725,595	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. Makerere University Walter Reed Project (MUWRP) will support the provision of care services to 19495 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. MUWRP will implement approaches to promote an effective CoR model and monitor key indicators along

the continuum. MUWRP will work in three districts in Uganda: Kayunga, Mukono and Buvuma (an island in lake victoria)
MUWRP will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP); strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. MUWRP will support one laboratory Hub in Kayunga and the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, it will regularly keep track and report on client waiting lists if any.
Also, MUWRP will support one viral load test per ART patient per year.

MUWRP will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). MUWRP will build the capacity of facility staff to accurately and timely reports, forecast, quantify and order commodities.
In addition, MUWRP will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning, etc. will occur.
The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. MUWRP will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.
Funding has been provided to support the recruitment of 09 additional staff in the districts to meet the achievement of the targets. This will be done working with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	600,000	0

Narrative:

Through FY 2011, MUWRP has supported an OVC home-based counseling and follow-up program that provides community-based outreach, counseling, and education for OVCs residing in Kayunga district, and utilizes three HIV clinics in Mukono district. In FY 2012, MUWRP's coverage area will significantly expand to include all of Kayunga, Mukono and Buvuma districts. MUWRP's support for these OVCs will continue as described below through CBO partnerships and district-based programming. Home-based visits and school fees for 200 OVCs will be supported by MUWRP. The program's target population is children up to age 18 who have lost a parent to HIV/AIDS; who are otherwise directly affected by the disease; or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects. As a result of the expansion described above, the numbers of OVCs within the MUWRP catchment area in FY 2012 will more than double, and will incorporate many isolated fishing villages along the River Nile and islands on Lake Victoria. MUWRP's OVC program is part of a comprehensive HIV/AIDS program and has strong links to other program areas, especially Pediatric Care & Treatment, PMTCT, Lab, HTC, Prevention, and Strategic Information. Specifically, the OVC program's priorities lie in improving families/households, service delivery, community support and coordination, and provision of education to MARP OVCs. For the OVCs themselves, the program activities include home visits for monitoring treatment adherence and well-being, and ensuring that they are provided with the minimum package for OVCs as defined by PEPFAR, including play rooms at HIV clinics. For the families of OVCs, the program activities include home-based services which incorporate HIV education, counseling, psychosocial/emotional support, and nutritional evaluation/counseling; and for the most needy, scholastic materials, clothes, blankets, mattresses, and supplemental food. Specifically for the OVC caregivers, MUWRP will continue to provide technical assistance on caring for pediatric ART/HIV+ patients, symptom control, and linkages to other caregivers of OVCs for group/peer counseling and psychosocial support. These meetings are held once per month at each MUWRP-supported HIV clinic. The OVC program is data-driven by means of routine monitoring and evaluation (M&E). For example, MUWRP allows caregivers of OVCs to participate in MUWRP-supported patient farms, a large scale income generating program. M&E data show that all caregivers of OVCs who have participated in the farms have benefited (on average) by earning $47 per harvest. Further, M&E data reveal that > 80% of MUWRP-supported OVCs were deemed adherent as per Uganda MOH standards. In FY 2012, MUWRP will continue to support the Kayunga District Youth Recreational Center, which was founded in 2006 by the Kayunga District Government and MUWRP. The goals of this facility are to build district capacity in identifying and providing HIV services to youth and especially OVC. The Center currently provides counseling, care, and recreational space specifically geared toward youth between the ages of 12 and 18 who are HIV+ or defined as OVCs. HIV+ youth are strongly referred for evaluation for ART. To date, 26 OVCs volunteering at the Center have been awarded contracts with MUWRP to work in areas such as VMMC, SI or HIV Care, and others were given scholarships to start a business or attend university.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	177,422	0

Narrative:

MUWRP will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.
MUWRP will contribute to this target by screening 17546 HIV positive clients for TB; and 858 will be started on TB treatment. MUWRP will support three districts: Kayunga, Mukono and Buvuma (an island in lake victoria)
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MUWRP will improve ICF and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- GeneXpert at Kayunga Hospital Laboratory hub. MUWRP will support MDR-TB surveillance through sputum sample transportation to the Gene Xpert hub and receipt of results at facilities.
In FY13, MUWRP will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. MUWRP will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene; cough sheds and corners; fast tracking triage by cough monitors; ensure adequate natural ventilation; etc.

The MOH/ACP and NTLP will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, MUWRP will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. MUWRP will collaborate with other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. MUWRP will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, MUWRP will support facilities to participate in national external quality assurance for TB

laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	35,199	0

Narrative:

MUWRP will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. MUWRP will contribute 19,495 to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children. MUWRP will support three districts: Kayunga, Mukono and Buvuma (an island in lake victoria)

MUWRP will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. MUWRP will implement community mobilization and targeted activities such as “Know your child status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

MUWRP will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including, sexual and RH services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. MUWRP will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

MUWRP will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). MUWRP will build the capacity of facility staff to accurately and timely report, forecast, quantify

and order commodities.

MUWRP will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MUWRP will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. MUWRP will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	585,635	0

Narrative:

MUWRP supports Kayunga district, Mukono district and Buvuma Islands. The only hub for MUWRP is Kayunga hospital, which has already been equipped with capacity for CD4+ testing, viral load, Gene X pert, clinical chemistry and hematology tests. With the recent addition of Buvuma district, a potentially MARP district comprising of fisher folks and other mobile populations, will require interventions that target these populations. Therefore expansion of CD4+ testing services to increase access to testing and timely assessment for ART eligibility and initiation. MUWRP will in collaboration with the district authorities and CPHL invest in start-up training and implementation of SLMTA to the targeted score for that level of facility. During the same period will support recruitment of 2 laboratory technologists and 5 laboratory technicians to ensure improved standard and quality of testing. MUWRP will procure motorbike and appropriate riding gear; hire a rider and ensure that specimen referral/networking and results dispatch following testing get to the desired patients on time. To increase on precision of laboratory reagent/supplies usage and mitigate stock outs, MUWRP will undertake QA/LQMS training, mentoring and support supervision for laboratory staff.

MUWRP will set up and support a referral network for EID samples to CPHL
MUWRP will support 3 Labs in at Naggalama Hospital and Mukono Health Center IV (church of Uganda).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	188,000	0

Narrative:

Makarere University Walter Reed Project (MUWRP) is funded to support Pivot 4 – "Technological innovations to track referrals, linkages and retention of HIV+ patients". contribute to technological innovations to track referrals, linkages and retention. In FY 2011, MUWRP customized and implemented an electronic medical records (EMR) system at the Kayunga District Hospital. The EMR is now fully operational and links all patient data (including clinical, laboratory, pharmacy, appointments, visits, and other departments) into one electronic record. In FY 2013 MUWRP will support;1) the customization of the EMR further and make it complete with fingerprint technology, SMS technology and all modules (HCT, Care and treatment, PMTCT, TB, Family planning, including the other existing modules such as pharmacy, laboratory, appointments) to support linkages initially at the Kayunga District Hospital. 2) In collaboration with MoH Rsource Center, MUWRP will support the roll out of DHIS2 to health center IV level. 3) MUWRP will support the roll out smaller versions of EMR to ART sites with more than 2000 clients oi care. Activity 1 above will contribute to monitoring the COR by strengthening linkages between program areas.

Operations of the above will be undertaken in collaboration with the district HMIS focal persons at health unit and district levels.

MUWRP's SI support for these districts/health units will continue (provision of computers, internet, weekly SI QA/QC supervision etc.) as per the established MUWRP M&E plan. This plan includes rolling out routine M&E to district-based programs, rolling out Continuous Quality Improvement (CQI) at MUWRP supported health units and also contains a provision for training selected health workers in HMIS related areas. In FY 2013, MUWRP will train in SI a total of 50 health workers from the districts of Buvuma, Mukono, and Kayunga. MUWRP will continue to work throughout each of the districts in FY 2013 to offer quarterly off-site supportive supervision, and quarterly review meetings to monitor the submission of reports through the established GoU channels and encourage data use at all levels of service delivery.

Furthermore, MUWRP will assist Kayunga, Mukono and Buvuma districts to roll out the recently revised HMIS tools and to fully adopt the DHIS2, not only at district level, but up to health sub-district level. In an effort to reach out to MARP/underserved populations on Lake Victoria, MUWRP will conduct mapping of hot spots on the Koome and Buvuma Islands in FY 2013.

In FY 2013, MUWRP will support a routine mentorship program at all MUWRP supported health units. The program will make use of district HMIS focal persons, MUWRP M&E staff and clinical staff, to carry out onsite mentorship. The mentorship discussions will be based on results from routine data quality assessments at health units supported by MUWRP and results from Continuous Quality Improvement (CQI) carried out at health unit level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,096,239	0

Narrative:

In FY 2009, MUWRP implemented Uganda's first non-research VMMC program at the Kayunga District Hospital. The program launch included a remodeling of a minor surgical theatre for performing VMMC surgeries. MUWRP developed program policies, procedures and quality assurance guidelines, all in accordance with WHO guidance. Data from the first 315 service recipients was analyzed as part of a basic program evaluation (BPE). The data showed levels of patients very satisfied at > 85%, minor adverse events at < 1%, and zero HIV sero-conversion after one year. After the BPE, MUWRP developed a VMMC ledger tool, which greatly reduced the paperwork burden for clinicians, but still captured all of the WHO-recommended VMMC indicators. In FY 2010, MUWRP launched a second VMMC program at the Kojja Health Center IV, and was mandated to establish a second National VMMC Training Center. Since its establishment, more than 250 clinicians have completed the comprehensive two-week training. Through the training center, MUWRP teaches the implementation of VMMC methods such as the forceps-guided surgical technique, electro-cautery, and the MOVE Model. During FY 2011, in an effort to provide VMMC services to MARP fishing populations along the shores of the Nile River and Lake Victoria, MUWRP designed and implemented a VMMC mobile clinic. MUWRP also launched a third VMMC fixed site at the Mukono Health Center IV in FY 2011. After the launch, MUWRP conducted a VMMC camp which provided safe, comprehensive services to over 1,200 males in two weeks. In FY 2012, the MUWRP VMMC program will continue to safely reach more service recipients, and through its Training Center, will teach innovative staffing and surgical techniques to VMMC service providers. Before and after clinicians are trained, MUWRP staff visit them to confirm that they are an appropriate investment, and that training goals have been realized. To ensure the continued scale up and roll out of VMMC in Uganda, MUWRP will continue to provide VMMC technical support to the MOH and to VMMC technical working groups. Additionally, the MUWRP VMMC training center has drafted a curriculum that will shorten the two-week VMMC training to just one week. Plans are underway to incorporate MUWRP's mobile clinic into a mobile surgical camp setting, using customized tents and collapsible equipment. Using this infrastructure, MUWRP plans to increase mobile services to MARP populations on island communities, as well as to begin conducting satellite and mobile trainings for service providers. MUWRP will continue to provide safe, comprehensive VMMC services, which always include: (1) HIV testing and counseling, (2) pre- and post-operative sexual risk reduction counseling, (3) assessment and/or treatment of STIs, (4) family planning/condom use counseling, (5) counseling pertaining to the need for abstinence from sexual activity during wound healing, (6) wound care instructions, and (7) post-operative clinical assessments and care. Of paramount importance to MUWRP is an efficient program that yields low marginal costs. This is made possible by securing strong buy-in from district and national health officials, as well as religious/opinion/political leaders; and strong messaging,

mobilization, and community education components within the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	138,000	0

Narrative:

As part of an expanded MUWRP PEPFAR program in FY 2007, a HIV prevention program was inaugurated, which has coordinated Sexual Prevention – Abstinence/Be Faithful (AB) activities in Kayunga district. Since that time, district residents have been routinely exposed to HIV prevention messages promoting abstinence, including the delay of sexual activity or secondary abstinence; fidelity; reducing multiple partners and concurrent partners; and related social and community norms that influence these behaviors. These messages are disseminated through radio, marketplace loudspeakers, standardized IEC materials, posters, eight billboards, weekly drama presentations (including competitions), health fairs, and sporting events. Services have been especially tailored to reach underserved/at-risk youth populations, both those in- and out-of-school, as well as those living in high risk fishing villages along the river Nile and at the inlet to Lake Kioga. MUWRP's (AB) program has trained and supported volunteers and district lay workers, including 1,200 treatment club members, and 70+ dedicated youth volunteers to carry out the AB prevention activities described above. In addition to AB messages, these lay workers concentrate on male norms/behaviors, increasing gender equity, cross generational sex, and increasing women's legal rights and access to income -including life skills as they are related to HIV prevention. MUWRP's AB program additionally supports the infrastructure and activities of a vibrant and well-attended youth center, the Kayunga District Youth Recreation Center (YC). In partnership with the US Peace Corps and the Kayunga Town Council, MUWRP supports the YC to be a place of recreation and education for young people, ensuring that they are provided with an array of health related and life-skill services. In FY 2012, MUWRP's coverage area will significantly expand to include all of Kayunga, Mukono and Buvuma districts. As a result of this, the target population for MUWRP's AB services will dramatically increase and include many more isolated MARP populations on Lake Victoria islands. MUWRP's AB programs for these districts will continue as described above (use of various media, IEC materials, etc.). MUWRP will continue to target in- and out-of-school youth through community and school outreach programs and via the YC (focusing on abstinence-only for those under age 15, and abstinence and faithfulness for age 15-17) . MUWRP plans to utilize the newly built basketball court at the YC to teach AB health promotion through supporting a multi-district basketball league. Human resources for MUWRP's AB program relies on the annual training of peer educators, who start as volunteers at the YC and train to become full-time community outreach workers, under the strict supervision of MUWRP's HIV Prevention QA/QC Coordinator. Under his supervision, all of MUWRP prevention programs are monitored, analyzed, and evaluated to determine if the program has realized its designated goals. Finally, MUWRP's AB program will partner with the ARTIVISTS group in

FY 2012. ARTIVISTS are a newly formed group of dynamic young artists from Makerere University who will conduct bi-weekly dance, drama and art sessions with youth throughout the three MUWRP districts. The ARTIVISTS focus on AB messaging, creating different media forms (especially mural messages on buildings), and the reduction of HIV transmission among youth caused by traditional male norms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	579,414	0

Narrative:

During FY 2011, MUWRP supported comprehensive HTC services for more than 25,000 persons. In FY 2012, MUWRP's coverage area will significantly expand to include all of Kayunga, Mukono and Buvuma districts. As a result of this, the number of persons requiring MUWRP-supported HTC services will double. The program supports the following HTC programs: provider-initiated (routine at all MUWRP supported clinics, including X-ray, dental, and in- and outpatient wards), client-initiated, couples testing, VMMC, PMTCT, and special events/HTC campaigns throughout 40 health units. Special target populations in MUWRP's HTC program include: fishing villages along the River Nile and island communities on Lake Victoria, youth, alcohol users, and CSWs and their partners. The proportional allocation of MUWRP HTC funding to each target area are as follows: VMMC 12%, MARPs 22%, PWP 4%, and Youth 13%, HIV prevalence in the MUWRP catchment area is 6-7%; however, among MARPs it is as high as 27%. Due to sporadic availability of commodities in Uganda, MUWRP always provides supply chain management technical assistance (TA) and back-up commodity supplies to all of the HTC sites/programs. Funds are also used for training, staffing, transportation, supportive supervision, sub-contracts, and ongoing TA in the areas of service delivery. The Uganda MOH HIV testing algorithm (Determine, Stat Pak, and Uni Gold-as a tie-breaker) is employed for all HIV tests. For those few individuals whose results are still inconclusive after undergoing the MOH algorithm, a blood sample is sent to the MUWRP research laboratory in Kampala for an both an ELISA and a Western blot test. This program heavily focuses on strengthening the linkages to HIV clinics, especially for mothers who test HIV+ through PMTCT programs, for TB patients, and for those who tested HIV+ through the recently ended house-to-house HTC program. Program staff routinely return to the homes of individuals who test HIV+ to ensure that they follow up with facility-based care and treatment. MUWRP supports expert patients who trace LTFU patients to their homes, and also supports an active discordant couples group, which meets quarterly, with an emphasis on prevention with positives. For the purposes of quality control, two processes take place monthly within the program: (1) DBS from all clients who test HIV+ as well as from 2% of the HIV- clients are collected and sent to a reference lab for retesting, the results of which are compared with the field results; and (2) quarterly testing of quality control samples prepared in the lab are distributed to the HTC staff and their results are compared with the known results; thus, staff competency is routinely ascertained. Routine monitoring and evaluation of all data from the HTC program have

informed program policy at the district level and driven MUWRP program policy to expand program services to clearly identified MARPs, especially fishing communities and youth. Promotional activities to reach all of the HTC target populations include billboard advertising, marketplace announcements, posters, drama presentations, and sporting events. All HTC services, despite the program, are provided by either trained/tested/monitored para-professionals or clinical staff. During FY 2011, MUWRP supported the re-training of 70 HTC staff and eight new staff. Ongoing supportive supervision is provided by a full-time MUWRP HTC technical specialist.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	188,600	0

Narrative:

As part of an expanded MUWRP PEPFAR program in FY 2007, a formal HIV prevention program was inaugurated, which has provided Kayunga district Other Prevention (OP) activities and coordination. The most important focus of this program has been to ensure 100% condom availability to residents, through coordinated and omnipresent distribution coupled with condom demonstration outreaches. Also since FY 2007, district residents have been routinely exposed to HIV prevention messages and interventions including: sexual and non-sexual HIV transmission, post-exposure prophylaxis (PEP), positive living, reproductive health services, stigma and discrimination, HIV violence and gender issues, traditional male norm issues, and the availability/locations of ART. These messages are disseminated through radio, marketplace loudspeakers, standardized IEC materials, print, posters, eight billboards, weekly drama presentations (including drama competitions), health fairs, and sporting events. Services have been especially tailored to reach underserved/at-risk communities, such as out of school youth and high-risk fishing village youth populations along the river Nile and at the inlet to Lake Kioga. MUWRP's OP program has trained and supported volunteers and lay workers, including 70+ dedicated youth volunteers to carry out the OP prevention activities described above. In addition to OP messages and counseling (one-on-one, or groups < 25), these lay workers concentrate on gender equity, cross generational sex, and increasing women's legal rights and access to income and productive resources as they are related to HIV prevention. In FY 2009, MUWRP's OP program began evening outreach to the specific MARP populations of alcoholics, commercial sex workers and their clients, and bar maids. These outreaches include condom demonstration and distribution. Also beginning in FY 2009, MUWRP's OP program supported the purchase and implementation of incinerators for four health centers. In FY 2012, MUWRP's coverage area will significantly expand to include all of Kayunga, Mukono and Buvuma districts. As a result of this, the target population for MUWRP's OP services will dramatically increase and include many more isolated MARP and transient populations on Lake Victoria islands. MUWRP's OP programs for these districts will continue as described above. As MUWRP expands, efforts will specifically focus on strengthening condom dissemination to ensure that condoms

are available at each new health center (levels II, III, and IV), hospital, hotel, bar, police installation, and fishing community. PEP trainings and initiating a PEP referral system for youth and all health centers in the new MUWRP districts will occur in FY 2012. Human resources for MUWRP's OP program relies on the annual training of peer educators, who start as volunteers at the Kayunga District Youth Recreation Center and train to become full-time community outreach workers, under the strict supervision of MUWR'Ps HIV Prevention QA/QC Coordinator. Under the Coordinator's supervision, all MUWRP prevention programs are monitored, analyzed, and evaluated to determine if the program is realizing its designated goals. Finally, MUWRPs OP program will partner with the ARTIVISTS group in FY 2012. ARTIVISTS are a newly formed group of dynamic young artists from Makerere University who will conduct bi-weekly dance, drama and art (three in one) sessions with youth throughout the three MUWRP districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	471,661	0

Narrative:

MUWRP will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. MUWRP will enroll at least 7149 new clients and support 9149 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. MUWRP will support three districts in Uganda: Kayunga, Mukono and Buvuma (an island in lake victoria)

MUWRP will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of 20 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. MUWRP will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.
Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. MUWRP will support RH integration including family planning and cervical cancer screening at facility level through provision of the services or referrals. Targeted community outreaches in high prevalence hard to reach and underserved areas of Buvuma Island will be conducted. MUWRP will also target key populations using innovative approaches including setting up specialized services; such as moonlight services.

MUWRP will support one HAART clinic for MSM's in Kampala

MUWRP will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers, 'alert' stickers will be supported.
Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. MUWRP will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

MUWRP will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). MUWRP will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.
In addition, MUWRP will work with USG partners and other key stakeholders for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. MUWRP will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	66,093	0

Narrative:

MUWRP will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. MUWRP will enroll at least 643 new HIV positive children and support 1832 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment. MUWRP will support three districts: Kayunga, Mukono and Buvuma (an island in lake victoria)

IN FY13, MUWRP support to the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with "initiate ART immediately" stickers. Facilities will be supported to strengthen 'test and treat' for all HIV positive under 2 years in line with the national

treatment guidelines.

MUWRP will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including: sexual and reproductive health services, psychosocial support and life skills training.
A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.
MUWRP will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

MUWRP will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). MUWRP will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In addition, MUWRP will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MUWRP will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. MUWRP will work under the guidance of MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.
Funding has been provided to support the recruitment of 00 additional staff in the districts to meet the achievement of the targets. This will be done working with the Health Systems Strengthening technical working group.

Implementing Mechanism Details

Mechanism ID: 9046	**Mechanism Name: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Baylor College of Medicine Children's Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism ended on 30th September 2012 and received a cost extension of six months from April – September 2012 using COP 12 funding to complete activities and bridge the gap until the new mechanism could be awarded in October 2012. Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) provided family centered pediatric HIV/AIDS prevention, care and treatment services, health professional training and clinical research in Uganda, operating from Mulago Pediatric Infectious Diseases Clinic. "Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers"

Under this cost extension, Baylor-Uganda was funded to support comprehensive family-centered HIV care and treatment to over 37,000 HIV infected persons, 7,793 of whom were children less than 15. Cumulatively 141 health facilities in 40 districts across the country had been supported over the project period. Over the previous years, 5,078 health professionals had been trained in various HIV service delivery related aspects.

During FY 2012, Baylor-Uganda's cost extension was planned to provide comprehensive HIV/AIDS services in the districts of: Kamwenge, Kasese, Kabarole, Kyegegwa, Kyenjojo, Bundibugyo, Ntoroko, Kampala and Kiryandongo with an estimated population of 2,250,563 people and an overall HIV prevalence of 8%, covering 70 health facilities.

Baylor-Uganda planned to provide sub grants to the districts, based on plans developed with all stakeholders. Performance-based funding was planned to ensure efficiency and effectiveness in utilizing

funds. Performance Monitoring Plans were developed to be implemented to measure the planned activities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,909
Education	15,000
Food and Nutrition: Commodities	12,464
Food and Nutrition: Policy, Tools, and Service Delivery	9,180
Gender: Reducing Violence and Coercion	6,850
Human Resources for Health	300,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9046**
Mechanism Name:	**Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers**
Prime Partner Name:	**Baylor College of Medicine Children's Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	0

Narrative:

The Baylor program planned to continue supporting the MoH/ACP to achieve its goal of universal access for care and support services (80% by 2015). Adult care and support services comprise facility-based and home or community-based activities for HIV-infected adults aimed at extending and optimizing quality of life from the time of diagnosis throughout the continuum of illness, through provision of clinical, psychological, social, spiritual, and prevention services including positive, health, dignity and prevention (PHDP)services.
The project will provide care and support services in districts including facility-based and home or community-based activities for HIV-infected adults and their families aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services.

The project is maintaining 26,575 adults in care providing cotrimoxazole and other care and support services. The program planned to increase the number of patients in care to 32,000 adults with planned activities including purchase of OI medicines for adults at Mulago clinic and a buffer for district health facilities towards improving the quality of care for HIV+ clients including voluntary family planning services; STI screening and treatment; and cervical cancer screening and management.

The project planned to support PHDP services for improving HIV care and HIV prevention (including partner testing, counseling, OI management, pain assessment and management, STI management and condom distribution, nutritional information, TB prevention, alcohol abuse and drug adherence) as well as support procurement and distribution of safe water systems, cotrimoxazole, and malaria prevention. The program planned to conduct one five-day training for district health facility staff in cervical cancer screening and STI management, conduct two five-day trainings of district health workers on quality improvement, conduct one three-day Training-of-Trainers session for district health workers on quality improvement (QI), conduct QI mentorships/coaching visits to selected health facilities by Regional and District mentors targeting five health workers per facility and conduct two technical support visits to 14

selected facilities by the central QI team.

This program would support procurement of basic care kits quarterly for clients in upcountry supported health facilities.

In order to enforce adherence to standards, two-day review meetings for the Home Based Care program in district health facilities twice a year was planned. The project would support health facilities in data capture, management and reporting through hands on capacity building and training for staff, as well as supporting commodity quantifications and requisitions from National Medical Stores and Joint Medical Stores.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	60,000	0

Narrative:

Baylor-Uganda planned to strengthen collaboration between District Health Offices (DHO), Community Development Offices (CDO), Community Based Organizations (CBO) and Faith Based Organizations (FBO) for coordinated provision of services (child protection, education, health, food security and economic strengthening) to OVC and their families. The DHO and CDO would work jointly to define schemes for livelihood and income generation activities that would be funded by the program. Caretakers of the OVC were to form groups that would be funded through the district system. The groups were planned to operate a revolving fund scheme from the initial funding support, with the project providing technical support. The OVC was expected to be linked to the CBO for services that are not provided by the program.

Previously Baylor-Uganda scaled up access to OVC services through training of 30 OVC providers in Kasese district, integration of Child protection into clinic activities, provision of scholastic materials to 50 children in Kyenjonjo district and provided school fees to 80 OVCs at the Center of Excellence (CoE), and provided a revolving fund to two groups each benefiting 50 OVC families.

In the 2011/2012, Baylor-Uganda planned to carry out the following activities:

Provision of small Loans to 50 vulnerable youths and five revolving credit groups. Also planned to give transport refund to 1,200 needy families and destitute elderly to facilitate them come to the CoE clinic. Training of 50 OVCs in management of small loans and income generating activities and training of caregivers in agro-business skills and other income would be done.

Procurement and distribution of agricultural tools and equipment to 30 needy/destitute families and procurement and distribution enhanced seeds to 30 OVC families in supported districts. Procurement and distribution of food rations to 30 food insecure families.

The program planned to conduct two trainings in less labor-intensive farming technologies for 50 OVC households, conduct four trainings in appropriate nutrition for chronically ill children for 90 OVC families and conduct one training of caregivers in alternative care facilities. OVC guardians and caretakers will be trained in sustainable food security practices.

School fees and scholastic materials provided for OVCs in primary, secondary, vocational and tertiary institutions, career guidance sessions to secondary school students benefiting from the sponsorship was planned and quarterly school visits to sponsored children for psychosocial support will be made.

Purchase and distribution of 10 sets of play therapy materials to seven districts health facilities, also planned to organize and facilitate Caretakers Drama Group of 20 members for community awareness raising and sensitizations at the CoE. Training in marital and family counseling to 18 counselors would be conducted, monthly VCT outreach to OVC dwelling places, orphanages and babies' homes, "know your child's HIV status" campaign would be conducted and children needing psychosocial support would be identified and followed up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	80,000	0

Narrative:

This project planned to implement the MOH TB/HIV policy through the structures of the National TB and Leprosy Control Program. Interventions to decrease the burden of TB among PLHA (Intensified TB case finding-ICF, Isoniazid prevention therapy, and Infection control) and HIV among TB patients (PITC, CPT and ART for TB/HIV co-infected patients) would be supported. TB screening was planned to be integrated at all service points. Supplies for TB commodities like tuberculin skin tests and X-ray services would be supported. Health care workers planned for training in TB screening and TB/HIV management. Surveillance for MDR TB through sputum cultures would be supported.

In this program area, Baylor planned to carry out the following key activities:

To ensure patient monitoring, the project would procure and distribute six vials for Purified Protein Derivative (PPD) for each of the 70 supported health facilities per quarter and 16 vials of PPD for the Center of Excellence per month for TB screening and also conduct chest x-rays for 40 patients at Mulago

PIDC per month and 100 patients from upcountry supported health facilities per month.

Baylor-Uganda planned to conduct sputum microscopy for 40 suspected TB in HIV clients at Mulago Pediatric Infectious Disease Center (PIDC) per month and facilitate referral of 100 sputum samples in 10 health facilities for culture and Drug Sensitivity Testing (DST) in supported Health Facilities. In addition, the program will improve information processing and communication, the program planned to procure seven desktop computers for District TB/Leprosy Supervisors (DTLS).

Conduct orientation training in TB/HIV collaborative activities for facility TB/leprosy/HIV focal Persons in which 30 participants would be trained. Provide buffer stock of drugs for TB treatment and prophylaxis aimed at treating 805 patients with anti-TB drugs a year, 400 clients receiving INH prophylaxis a year and patients on second line HAART are treated with Rifabutin at Mulago PIDC in a year.

Facilitate 20 Sub-county health workers (SCHWs) and facility TB Focal Persons to conduct TB contact and defaulter tracing aimed at conducting 480 contacts tracing outreaches per year. The project would facilitate DTLS to conduct quarterly support supervision of TB/leprosy/HIV services in the district and facilitate 20 DTLS to conduct at least 20 monthly supervisory visits to of SCHWs in the district.

Baylor-Uganda also planned to support MOH to reproduce and supply MoH TB/HIV job aides and IEC materials on TB to district health facilities. Continue to support TB/HIV collaborative activities, providing HIV testing for TB diagnosed patients and TB screening for HIV+ clients and support and strengthen health facilities in the TB three I's implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	40,000	0

Narrative:

The project was funded for the extended period to support districts and health facilities to provide quality pediatric HIV care. Health workers were to be re-oriented and supported to provide clients with co-trimoxazole, opportunistic-infection (OI) management, CD4 monitoring, and other care services. Health facilities were to support ongoing counseling to children and their caretakers, and to ensure patient follow up and community linkages are strengthened.

The project planned to provide care and support services in 8 districts. At the time, the proportion of children in care was 21% at the Center of Excellence (COE) and Rwenzori region but the COE had 80% of its clinic population as children and Rwenzori has 9.5%. The program planned to increase the proportion of patients in care who are children from 9.5% to 15% in the Rwenzori region in line with the

national target.

In order to achieve this, Baylor Uganda proposed to support districts and health facilities to forecast, procure and provide OI drugs for children and adult caregivers in all supported health facilities. It also planned to facilitate eight supported districts to conduct monthly integrated MCH/HIV care outreaches in all facilities to improve care linkages for all clients in supported facilities.

Baylor Uganda planned to support adolescent client peer support activities; provide psychosocial, spiritual services; and support health workers in various facilities to improve care for children through capacity building and skills development as well as providing educational materials, procure and distribute job aides on pediatric HIV prevention, care and support and nutrition to all supported health facilities in the districts.

Mentorships and support supervision were to be conducted in supported health facilities in order to improve care. Village Health Teams (VHT) would be used to follow up patients and support facility-community linkages to improve retention in care and reduce loss to follow up. This would be integrated into other VHT activities that contribute to improving the general health hence contributing to the principles of the U.S. Global Health Initiative.

The program planned to improve linkages to care and treatment and follow up of mothers and babies for delivery of EID results and continued care and support for the children. Baylor Uganda planned to procure and distribute Plumpy-Nut nutritional supplement to support 300 malnourished children in selected district facilities.

The project planned to provide buffer stock of drugs and supplies to district health facilities including procurement and distribution of safe water systems, cotrimoxazole for prophylaxis, malaria prevention, condom distribution, and family planning information and commodities. Baylor Uganda would follow up and link children/households with psychosocial needs and food support respectively to other providers.

The program planned to support adolescents and their transition into adult life through support groups, adherence support and counseling. These activities would engage adult caretakers into the transition process while integrating with sexual and reproductive health activities.

Baylor Uganda planned to support positive health, dignity and prevention services for adolescents including counseling, OI management, and pain assessment and management, STI management, nutritional care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	0	0

Narrative:

Baylor-Uganda planned to support the development and strengthening of laboratory systems and facilities to support HIV/AIDS-related activities including: strengthening of laboratory leadership and management; purchase of equipment and buffer stock including other laboratory commodities; strengthening of laboratory supply and equipment management systems; promotion of quality management systems, laboratory monitoring and evaluation, and laboratory information systems; and the provision of staff training and other technical assistance.

QA/QC activities would be supported by the program and using PEPFAR II indicators for measuring quality in laboratory services would provide critical information for more accurate forecasting, planning and budgeting for laboratory support for program activities.

All supported facilities at level III Health Centers (HC) would be facilitated to have a laboratory with capacity at its level. Training activities were developed focusing on laboratory management and quality assurance of laboratory testing.

The following were the planned activities;

The program intended to refurbish Bundibugyo, Bukuku and Kyenjojo health facilities and labs to improve the care environment for patients. Planned to install and maintain CD4 machines at Kibiito HC IV and Kyegegwa HC IV to support patient monitoring in the region.

Support transportation of laboratory samples (DBS, CD4, CBC and sputum) to testing labs and return of results was planned for support by the program. Regional laboratory hubs would be utilized in DBS transportation to the Central Public Health Laboratory (CPHL).

Supporting and facilitating village health teams, volunteers and peer mothers to follow-up the baby-mother pairs and missing clients was planned for.

Baylor-Uganda planned to link with CPHL to conduct training and mentorship for Kilembe Mines Hospital through the Strengthening Laboratory Management towards Accreditation (SLMTA) program to support its accreditation. CPHL would also be contacted to support laboratory materials and other trainings.

Baylor-Uganda planned to procure two Partec CD4 machines, two laboratory fridges, and their respective

reagents and also conduct laboratory monitoring of patients in care and treatment in district health facilities aiming at 80% of clients accessing general laboratory tests for monitoring, 6 monthly CD4 and CBC tests per clients and other relevant tests for drug toxicity depending on the each client's needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	30,000	0

Narrative:

1.Baylor-Uganda has been able to strengthen organizational and build the technical capacities of districts to plan and manage comprehensive HIV/AIDS services by:

Providing performance based sub grants to districts, supporting recruitment of critical missing cadres for health facilities, introducing and operating laboratory hubs (COE, Ntara, Buhinga and Kilembe mines) and mapping health facilities to them. This has improved DBS, CD4 count and CBC access in the districts and reduced turnaround time for results from two months to two weeks, strengthening logistics and supply chain management of HIV/AIDs commodities by training and mentoring 62 health workers and provision of buffer stocks. Stock-out of basic commodities reduced from 65% to 16.7% and training and mentoring health workers in HIV/AIDs/TB and M&E skills.

For this extended period Baylor-Uganda planned to:

Support recruitment of key cadres in the target districts to support provision of comprehensive HIV comprehensive services through district sub grants and train health facility staff in HIV/AIDs services provision (PMTCT/EID, RCT, Pediatric HIV Care) in supported districts.

Support mentorships and technical support visits to health facilities monthly and quarterly respectively would be conducted to build skills and ensure sustainability of provision of adult and pediatric HIV care and treatment services. Planned to build capacity of regional and district mentors in HIV/AIDS technical support supervision to ensure continuity of services in supported health facilities at district level. District work plans and budgets would be supported through performance based sub grants and the project will procure CD4 machines for Kyegegwa HC IV and Kibiito HC IV to support this underserved region. The machines were expected to lead to sustainability of the services since these services were provided by the COE in Kampala.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	30,000	0

Narrative:

Under this program area we planned to increase coverage and utilization of provider-initiated testing and counseling (PITC) services within health facilities in eight target districts. With project technical and logistical support, health facilities would integrate PITC including early infant diagnosis (EID) at all service delivery points. Each consenting HIV-positive client would be assigned a Village Health Team (VHT) member of their choice for follow up and support. Index HIV positive clients would form the basis for family-based HIV counseling and testing (HCT).

A total of 84,331 people were tested for HIV between October 2010 and June 2011 compared to 57,613 tested between Oct 2009 and Sept 2010. In this period the program planned to test 180,013 individuals and continue supporting health facilities through the bi-annual "know your child's status" campaigns in supported health facilities, support districts to conduct monthly HCT community outreaches by health facilities prioritizing most-at-risk populations and support districts and health facilities to procure supplies for conducting home visits/patient follow-up to provide community-based HIV counseling and testing (CBHCT) services.

The project planned to support health facilities to provide PITC at outpatient clinics and in-patient wards for all clients coming for care at any care point in the facilities and to support facilities to conduct outreaches among MARPs. The project planned to conduct two 10-day pediatric HIV/AIDS counseling training in Rwenzori region and conduct five three-day trainings for community volunteers on CBHCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	130,000	0

Narrative:

Uganda has adopted Option B+ for all HIV-positive pregnant women, therefore the following PMTCT services would be offered: training of health care workers to provide Option B+ as opposed to previous Options A and B, follow up of women to ensure adherence, partner involvement, ensuring facility delivery, laboratory monitoring and post-natal services including infant feeding.

Baylor-Uganda planned to expand coverage and utilization of PMTCT services so as to achieve virtual elimination of MTCT in the target districts and the interventions would use the four-pronged strategic approach to PMTCT.

Baylor-Uganda expanded coverage of PMTCT services from 12 to 70 health facilities and thus increased the number of clients accessing PMTCT services from 1,756 in 2010 to 68,034 in 2011. Baylor plans to

expand provision of PMTCT services in the 8 supported districts, covering 100% of Health Centre IIIs, covering 90 health facilities, and reaching 119,400 pregnant women by implementing the following activities.

The program planned to procure and distribute 4,000 Mama Kits and 74 delivery kits in the eight districts and more than 3,000 Mama Kits and 100 delivery kits have been budgeted under the Saving Mothers, Giving Life project to support the region. This is leveraging funding from other USG-funded projects. Also planned is procurement of 165 delivery kits for health facilities in each of the eight districts, procurement of 10 ward screens, and support to MOH to reproduce and distribute PMTCT/EID HMIS tools.

Under each prong the following will be done:

The project planned to support radio talk shows in the region focusing on prevention and to train VHTs to carry out household sensitization for prevention of HIV. The project planned to train 60 health workers and volunteers in PICT and also support HCT outreaches by facilities through sub-granting.

The project will support health facilities to provide counseling to HIV infected women and family planning services. Modern long term methods of family planning would be availed in supported health facilities through leveraging government and other donor support. The program planned to provide cervical cancer screening services to HIV infected women.

Different trainings were planned for health workers in supported health facilities in the eight districts. These trainings include PMTCT-EID, TOT, HCT, VHT and logistics management. The project plans to provide technical support supervision through mentorship in all supported health facilities, reproduce and distribute PMTCT/EID/HMIS tools, and facilitate CD4 sample transportation. The project would facilitate follow up of mother-baby pairs by peer mothers through district sub-granting and support initiation on ART for all HIV+ women for life and exposed babies on NVP for six weeks from birth following the planned MoH transitioning schedule.

The project planned to establish effective referral systems for HIV-infected mothers and HIV-exposed or infected babies for enrollment into HIV care and treatment. The project planned to support VHT's follow up of pregnant mothers and exposed children in the community. Ongoing care and support services including counseling, cotrimoxazole prophylaxis and STI management would be provided at all care and treatment sites for clients to improve retention and quality of care. The program planned to work with other USG implementing partners (e.g. SUSTAIN) to implement its activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXD	0	0

Narrative:

Baylor-Uganda receives ARV drugs from the Clinton Foundation although the support for this has ended for adults in December 2011. The program was supporting 4,485 patients at the Center of Excellence (CoE) in Kampala and 6,280 patients were served in Private not-for Profits (PHFPs). Sixty-six public health facilities will need a buffer of ARVs. Six percent of the patients on ART are on second-line treatment.

Baylor-Uganda planned to provide ARV for facilities, the CoE and PNFPs in the supported districts, train health facility staff in HIV/AIDS logistics and supplies management to minimize stock out of drugs and improve forecasting, ordering and reporting.

The refurbishment of drug stores and records rooms was planned for; procurement of first line ARVs for children at the Pediatric Infectious Disease Center (PIDC), procurement of the second line ARVs for children at PIDC and procurement of ARVs for PMTCT (Option B) would be done. The program would also procure ARVs for children and adults for PEP. Drug procurement will be done through the logistics mechanism, Medical Access Uganda Limited (MAUL).

District based MoH facilities were included when planning for buffer ARV drugs in cases of stock outs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	110,000	0

Narrative:

The Baylor-Uganda program is committed to supporting the MoH achieve its objective of universal access to ART of 80% of eligible clients by 2015. Under this program infrastructure development, training of clinicians and other services providers, clinical examination of adult patients, clinical monitoring, laboratory service, and community-adherence activities including clinical monitoring and management of opportunistic infections would be the priority focus.

For adult treatment Baylor-Uganda will carry out the following activities:

Ensure that all clients on ART receive CD4 testing every six months to monitor progress on treatment. Clients would be provided with cotrimoxazole and other basic care commodities working in line with PACE for procurement and distribution. The program would also procure ARVs for buffer for the district based facilities and Center of Excellence from Medical Access Uganda Limited (MAUL). Clients would

also be provided with positive health, dignity and prevention services including sexual and reproductive health, voluntary family planning, STI management and re-enforcement of positive prevention messages.

Community based HIV counseling and testing, monthly review and planning meetings at Mulago will be conducted, training of district teams in supportive supervision and leadership for HIV/AIDS services would be done and districts would be supported to conduct quarterly supportive supervision of district health care and treatment services. This would help link clients identified from HCT immediately into care for ART eligibility assessment and treatment initiation for the eligible reducing on waiting time and loss to follow up.

Using the VHTs and other peer support and expert clients, clients would he supported to adhere to their medications and retained on treatment. These support groups are planned to be used in client follow up to address and reduce on loss to follow up.

Baylor-Uganda planned to participate in annual health planning workshops of supported districts, conduct bi-annual regional program review and planning workshops.

Baylor-Uganda would support storage and transportation for ARV drugs and laboratory supplies and distribution to supported health facilities. Train clinical service providers in adult HIV treatment and monitor patient adherence to treatment and performance of other clinical outcomes.

In offering support the program planned to work with other providers in the region e.g. USG funded SUSTAIN, UEC, UPMB to provide coordinated and quality services and reducing on duplications and overlap.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	420,000	0

Narrative:

Baylor-Uganda planned to support districts and facilities to provide quality treatment, with special attention to pediatric and adolescent services. Staff would be re-oriented and supported with job aides to help assess patients for ART eligibility and initiate patients on ART. Staff would be supported to ensure quality patient monitoring and management of complications of ART according to MoH guidelines. Planned to support facilities offer ongoing counseling, and to ensure patient follow up and community linkages to foster adherence and retention on ART treatment.

Baylor-Uganda planned to carry out the following activities in order to increase access and utilization of

pediatric treatment Conduct two-day technical support supervision to 70 supported health facilities that have completed mentorship once every six months. Procure regional office basic office machines, equipments, rental services and refurbish 10 district health facilities-HIV/AIDS clinics and laboratories and conduct two, five-day regional level training workshops for health workers in pediatric HIV management. The program would carry out bi-annual technical support supervision of 33 districts in NEP where Baylor has exited, three days per district. Development and dissemination of messages on HIV/AIDs care and treatment on three radio stations in the Rwenzori region and reproduce and distribute IEC and HIMS materials was planned for. Baylor-Uganda planned to procure and install laboratory testing equipments in Kyegegwa HCIV, procure fridges for storage of Kaletra and other ARVs for 15 health facilities that have power and procure machines/materials to support project M&E in the district health facilities. Support monitoring of ARV toxicity in district laboratories and bi-annual CD4 monitoring would be done for all patients. Baylor-Uganda shall conduct two, five-day pediatric and adult HIV management training and two, three-day logistics training for HIV/AIDS commodities in the Rwenzori region.

Implementing Mechanism Details

Mechanism ID: 9183	**Mechanism Name: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,000,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	5,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDS Support Organization (TASO) was funded for a cost extension period of six months from April 2012 to Sept 2012 to provide HIV services in 11 service centers and 23 public health facilities in 11 districts in Uganda including: Masindi, Gulu, Soroti, Mbale, Tororo, Wakiso, Rukungiri, Masaka, Mbarara, Jinja and Kampala.

The program proposed to provide primary HIV prevention services through confidential testing to partners and children from TASO's HIV positive index clients, and scale up of Provider Initiated Testing and Counseling (PITC) in the public health facilities, provide PMTCT services to HIV positive pregnant women and refer them for antenatal services, provide care, support and treatment to all eligible clients. TASO planned to distribute condoms both at the facilities and in the communities where the drama groups would make performances for HIV Testing Counseling (HTC) campaigns.

TASO proposed to provide a comprehensive HIV care and treatment package linked to TB management, prevention of opportunistic infections and prevention and management of STIs. Adequate human resource capacity for HIV prevention, care and treatment would be developed. The program would facilitate referrals for services not available at its sites to hospitals. All clients in care would be screened for TB and treatment would be provided to those diagnosed. TASO planned to transition outreach services to in-facility services to enhance health system strengthening and all data collection would be done with use of MoH tools. TASO planned to focus on HIV combination prevention interventions at all the supported facilities.

The program will not procure new vehicles but would maintain existing fleet during this period.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**

2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	Selected civil society organizations	1339371	Training service providers in HIV prevention $903,007; IEC materials for HIV prevention $291,364; Procurement of computers $145,000

Cross-Cutting Budget Attribution(s)

Economic Strengthening	600,000
Food and Nutrition: Commodities	500,000
Food and Nutrition: Policy, Tools, and Service Delivery	500,000
Gender: Reducing Violence and Coercion	400,000
Human Resources for Health	3,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9183**
Mechanism Name:	**Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**
Prime Partner Name:	**The AIDS Support Organization**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	360,000	0

Narrative:

TASO proposed to provide high quality counseling services as one of the key components of care, treatment and support services. Counseling would aim at empowering HIV infected and affected persons to make informed decisions that improve their quality of life. The program would provide care to over 90,063 clients. All clients would have biannual CD4 testing; the Pre-ART clients would be assessed for ART eligibility in order for them to be initiated on treatment early according to the national treatment guidelines and the ART clients for monitoring treatment outcome.

Medical teams would follow up clients guided by the appointments management system. Complicated cases would be referred for specialist attention. Clients diagnosed with STIs and their partners would be treated. Among others, clients would be educated on correct and consistent condom use and provided with condom supplies.

TASO would coordinate with PACE for provision of Mosquito bed nets and the basic care kit for clients in care. All clients and their family members would be sensitized on malaria prevention and those presenting with malaria signs and symptoms will be tested and the diagnosed would be treated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	130,000	0

Narrative:

TASO planned to screen all clients in care for TB and all TB patients would be offered HIV Testing and Counseling (HTC) and the identified positives would be linked to care. All those diagnosed with TB would be treated. Follow up of patients will be done through clinic and home visits conducted by a TASO staff, Village Health Teams (VHT) or other community volunteers.

Standardized treatment, based on MoH guidelines would be used including standardized and short-course regimens of fixed- dose drug combinations. TASO would work with the district health offices to ensure effective TB drug supply and management system including an M&E system that utilizes the national TB register as the primary data collection tool. All TB/HIV patients once stable regardless of CD4 count will be initiated on ART according to the national treatment guidelines. A total of 131,848 clients would be screened for TB and 2,000 would be treated for TB in FY 2012.

TASO would contribute to addressing the threat of Multi-Drug Resistant TB (MDR-TB) and other challenges through implementing collaborative TB/HIV activities including: collaboration with the National TB/Leprosy control program and Uganda Stop TB Partnership (USTP) for which TASO is a member, reducing the burden of TB in PLHIV through intensified case finding at all service points and their households members; referral between HIV and TB services. TASO would contribute to Health System Strengthening by working with VHTs to develop their capacity to manage TB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

Narrative:

TASO proposed to scale up pediatric HIV care services in all the supported health service outlets including the public health facilities, by training health workers and utilizing the services of Village Health Teams (VHT) who are directly involved with the communities to encourage parents and care takers to bring in children who were/or suspected to have been exposed to HIV. This would increase the number of children tested and identified with HIV infection in the facilities. The program would participate in National Child Health Days and establish Early Infant Diagnosis (EID) care points with EID focal persons who would actively link the identified children into care and treatment, in an effort to get as many children as possible. With all these efforts, TASO would have a total of 13,157 children in care.

Counselors would provide up-to-date information on HIV prevention with emphasis on safe infant feeding practices as recommended in the national guidelines, nutrition, cotrimoxazole prophylaxis, tuberculosis control and management and the importance of drinking and using safe water.

Retention in care would be strengthened by use of VHTs, expert clients, peers, community nurses and field officers. Adolescent health, ART adherence and reproductive issues will be addressed at each service outlet by encouraging peer to peer group discussions.

Children with OIs would be treated and complicated cases would be referred. Cotrimoxazole prophylaxis would be provided to all children including exposed infants.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	70,000	0

Narrative:

TASO laboratories meet PEPFAR II indicators for quality in laboratory services. Training of laboratory staff will continue and all staff will be certified in Good Clinical and Laboratory Practice (GCLP) in the first half of 2012. TASO Headquarters will: ensure functionality of laboratories. Each TASO Laboratory has a Lead Laboratory Technologist who is the Manager of the Laboratory and ensures that the Laboratory is working in accordance with GCLP. The Lead Laboratory Technologist will continue to ensure that Laboratory tests meet quality standards and equipment is regularly serviced and re-calibrated to ensure quality and reliability of test results.

TASO has 12 functioning Laboratories. They have designated areas for testing, storage and archive facilities. The Laboratories have necessary infrastructure, qualified personnel and equipment. TASO Laboratories will access DNA PCR testing and Viral Load (VL) through the program by MoH to centrally perform DNA PCR HIV testing at Central Public Health Laboratories (CPHL).

TASO has a Stores Information System (SIS) and Clinical Laboratory System (CLABS) linked to TASO database. All purchases and utilization are tracked and SIS generates consumption reports and projections. CLABS generates reports to aid planning and forecasting.

A curriculum to be used to train Laboratory personnel in GCLP, utilization of laboratory equipment, TB Sputum microscopy, CLABS, Laboratory safety and waste management will be developed and this will strengthen laboratory personnel in laboratory management and assurance of laboratory testing. TASO laboratories participate in both internal and external quality assurance schemes. For CD4 testing. TASO Laboratories participate in the United Kingdom National External Quality Assessment Service (UK NEQAS) for microbiology and for TB; TASO Laboratories participate in the National TB and Leprosy Program for sputum microscopy.

TASO will collaborate with CPHL through District Laboratory Focal Persons (DLFP) to ensure coordinated trainings of Laboratory personnel. TASO will strengthen Laboratories at health units and train health workers to perform rapid HIV testing, blood sample collection for ART monitoring, GCLP, planning/budgeting and referrals to ensure safe shipment of samples. TASO will conduct joint support supervision with the DLFP ensure quality of Laboratory services and monitor using an appropriate tool to ensure that health facility Laboratories qualify for accreditation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

HIV Testing and Counseling (HTC) is an entry point to HIV prevention, care and treatment services. Knowledge of HIV sero status is a pre-requisite for access to effective HIV interventions that reduce morbidity, mortality and HIV incidence. TASO provides HTC to family members of clients and the general population. TASO continues to offer HTC to family members of its index clients as a strategy to reach out to their partners. TASO also provides re-testing opportunities for those in discordant relationships. In the past 12 months, TASO provided HTC to 13,466 people using home visits and the outreach model. Of this number, 542 were children under five years, 2,860 young people aged 5 -17 years and 10,064 adults aged 18 and above; 776 couples were reached with HTC and risk reduction messages in various communities. The prevalence of HIV in this population was similar to the former national average of 6.4%.

TASO planned to reach out to key populations including fisher folks, Commercial Sex Workers (CSW), men who have sex with men and men and women in uniform with HTC services during special events including center annual meetings, candle light days, 'Every Body Wins' campaigns and on international AIDS day. Other Populations reached include youth and prisoners. All people that tested positive were linked to care through referral to TASO or their preferred choice of facility.

In FY 2012, TASO would strengthen efforts to provide HTC services to 30,000 individuals. The services would be offered at all TASO supported sites and surrounding districts. HTC would target couples and MARPs with specific focus on CSWs, uniformed services, fisher folks and prisoners. TASO would ensure delivery of combination HIV prevention interventions to all populations reached. TASO drama groups through music dance and drama skits would mobilize communities for HTC services. Information disseminated would include abstinence, PMTCT, condom use, family planning, referral for Voluntary Medical Male Circumcision, STI management and SGBV. Those that test positive would be linked to HIV care and support services either to TASO supported sites or other service providers of preference.

In addition linkages would be made with other partners that offer services for VMMC, STI management and other services to ensure an effective referral system. TASO would follow up those that have been referred to ensure they access the service they require.

TASO would offer HTC services in line with the MoH HTC policy. Supportive supervision would be conducted to all service delivery units with respective local district government and partners to sites on a quarterly basis. Quality control would be done to ensure results given are accurate and reliable through use of Standard Operating Procedures, quality testing kits, and sending samples for proficiency testing to reference laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	240,000	0

Narrative:

HIV Testing and Counseling (HTC) is an entry point to HIV prevention, care and treatment services. Knowledge of HIV sero status is a pre-requisite for access to effective HIV interventions that reduce morbidity, mortality and HIV incidence. TASO provides HTC to family members of clients and the general population. TASO continues to offer HTC to family members of its index clients as a strategy to reach out to their partners. TASO also provides re-testing opportunities for those in discordant relationships. In the past 12 months, TASO provided HTC to 13,466 people using home visits and the outreach model. Of this number, 542 were children under five years, 2,860 young people aged 5 -17 years and 10,064 adults aged 18 and above; 776 couples were reached with HTC and risk reduction messages in various communities. The prevalence of HIV in this population was similar to the former national average of 6.4%.

TASO planned to reach out to key populations including fisher folks, Commercial Sex Workers (CSW), men who have sex with men and men and women in uniform with HTC services during special events including center annual meetings, candle light days, 'Every Body Wins' campaigns and on international AIDS day. Other Populations reached include youth and prisoners. All people that tested positive were linked to care through referral to TASO or their preferred choice of facility.

In FY 2012, TASO would strengthen efforts to provide HTC services to 30,000 individuals. The services would be offered at all TASO supported sites and surrounding districts. HTC would target couples and MARPs with specific focus on CSWs, uniformed services, fisher folks and prisoners. TASO would ensure delivery of combination HIV prevention interventions to all populations reached. TASO drama groups through music dance and drama skits would mobilize communities for HTC services. Information disseminated would include abstinence, PMTCT, condom use, family planning, referral for Voluntary

Medical Male Circumcision, STI management and SGBV. Those that test positive would be linked to HIV care and support services either to TASO supported sites or other service providers of preference. In addition linkages would be made with other partners that offer services for VMMC, STI management and other services to ensure an effective referral system. TASO would follow up those that have been referred to ensure they access the service they require.

TASO would offer HTC services in line with the MoH HTC policy. Supportive supervision would be conducted to all service delivery units with respective local district government and partners to sites on a quarterly basis. Quality control would be done to ensure results given are accurate and reliable through use of Standard Operating Procedures, quality testing kits, and sending samples for proficiency testing to reference laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,000,000	0

Narrative:

ARV procurement for the existing TASO patients. Funds were provided TASO to provide a funding coverage until the new ARV procurement mechanisms were put in place.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,000,000	0

Narrative:

TASO has two types of service delivery models facility and community based. All patients are initiated in the facilities; however, once stable they are transitioned to the community model which has a community drug distribution point (CDDP) which serves up to 70% in order to free up space for the very sick and the new enrolments. The community workers include a field supervisor, community nurse, counselor, laboratory assistant and expert clients. These provide all the services and ensure adherence to treatment. These CDDP are close to the clients' homes and ensures easy drug pick up and adherence. This effort has enabled TASO to achieve more >90% of clients having > 95% adherence levels to ART. TASO would initiate 5,493 clients on ART and would continue to support 46,502 clients on ART at all supported sites in FY 2012.

All clients on ART will have CD4 monitoring every six months and about 3% of patients with suspected treatment failure will a viral load test done.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	800,000	0

Narrative:
TASO will build the capacity of staff in pediatric HIV/AIDS care through training and logistics support in all the supported sites. The program will scale up pediatric patients on ART from the current 7% in FY 2011 to 9%. TASO will support ART adherence in children through regular counseling at all supported sites, and in the communities. Use of treatment companions and community sensitization through Village Health Teams (VHT) to map out the children on ART will be encouraged. The VHTs will visit the children, provide psychosocial support and refer children on ART for other services as needed. TASO will support the Early Infant Diagnosis (EID) transportation network and 550 identified HIV positive infants will traced and initiated on ART. All children on ART will have biannual CD4 monitoring. The program will initiate 1,380 children on ART and will have 5,493 current on ART.

Implementing Mechanism Details

Mechanism ID: 9236	**Mechanism Name: Provision of Full Access Home Based Confidential HIV Counseling and Testing, and Basic care Services in High Prevalence Services in six Central districts in the Republic of Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Integrated Community Based Initiatives	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 357,332	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	357,332

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2008 ICOBI received PEPFAR funds to implement Full Access Home Based HIV Counseling and Testing (HBHCT) and basic care services project in six districts. Activities focus on HBHCT, sexual prevention, adult/pediatric care and support, and TB/HIV with the goal to contribute to the reduction of HIV infection and mitigating its impact of in the districts of Wakiso, Luwero, Mubende, Mityana, Nakasongola and Nakaseke. There are two specific objectives:

1) To offer HBHCT to 100,000 persons > 14 years of age and HIV exposed children below five years.
2) To offer HCT to 15,000 couples.

The project provides HBHCT services to all adults and at risk children, including couples, and link HIV + to post test care services in the communities and health facilities. HBCT was not considered a strategic pivot in the revised COP 2012 and in FY 2013, the project will offer HCT to 50,000 individuals including 30,000 couples, identify 5,000 HIV+ individuals and link them to care and support services through targeted key population groups and HCT approaches in the communities.

To improve cost effectiveness ICOBI will collaborate with Mildmay, PREFA, AMREF and PACE to ensure effective referral linkages for HIV infected clients identified through HCT services; and community systems strengthening to prevent Gender Based Violence. The project also provides services to sex workers and truck drivers along the Kampala-Gulu-Sudan highway and the fishing communities around Lake Kyoga.

ICOBI has procured four vehicles since 2008 and in FY 2013 no vehicle will be procured.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	70,000
Human Resources for Health	34,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Mobile Population
TB
Family Planning

Budget Code Information

Mechanism ID:	**9236**
Mechanism Name:	**Provision of Full Access Home Based Confidential HIV Counseling and Testing, and Basic care Services in High Prevalence Services in six Central districts in the Republic of Uganda**
Prime Partner Name:	**Integrated Community Based Initiatives**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	207,332	0

Narrative:

The initial goal of this project was to implement Full Access Home Based HIV Counseling and Testing (HBHCT) and basic care services in six districts of Central Uganda: Wakiso, Luwero, Mubende, Mityana, Nakasongola and Nakaseke.

In the revised COP 12, the approved the strategic pivots for HIV Testing and Counseling (HCT) include: scaling up Provider Initiated Testing and Counseling (PITC), rolling out more targeted community HCT for key populations and improving linkages from HCT to Voluntary Medical Male Circumcision (VMMC), PMTCT, Care and treatment. The scale up of HBCT is not a focus.

In the final months of the award, which closes in March 2013, ICOBI will provide targeted community HCT for key population groups. These include: fishermen around lakes Kioga, Victoria, and Wamala, truckers along the Kampala-Gulu-Sudan highway, commercial sex workers, street kids, prisoners, uniformed men and women and boda-boda drivers.

The project will offer HCT services to 50,000 individuals using counseling and testing outreach teams and HIV testing will be conducted in line with the national testing algorithm as prescribed by the MoH standards. ICOBI will work with resident parish mobilizers to link 5,000 HIV positive clients to ongoing care and treatment services at the health facilities supported by
Mildmay while HIV negative individuals will be linked to VMMC services provided by AMREF at the Health facilities and community outreach activities. Activities to strengthen successful referrals and linkages will include utilization of village health teams and local councils to track and follow-up HIV-positive individuals not enrolled in care or treatment services.

Finally, the project will support quality assurance of both testing and counseling, and monitoring and evaluation of HCT, including incorporation of couples HCT indicator and other new PEPFAR and WHO recommendations. Counselors and laboratory supervisors will use check lists and guidelines during supportive supervision visits to Counseling and Testing (CT) teams to ensure quality of CT. The project and district laboratory supervisors will support CT teams to observe SOPS as they do HIV testing in homes, as well as, ensuring proper waste management. Dry Blood Spots (DBS) for External Quality Assurance will be shipped for retesting at UVRI/HRL Entebbe Lab. Proficiency assessments will entail use of DTS to assess the quality of HIV testing by the field CT teams will be done during joint supportive supervision with the district laboratory supervisors. All HIV+ clients tested from CT outreach activities will be recorded at referral health centers in the MoH HCT register.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

FY 2013 prevention pivots for other prevention (OP) activities includes addressing prevention needs for the older population and youth, addressing condom distribution bottlenecks to increase accessibility and promotion, establishing specific intense prevention programs to target key populations in high burden districts and hot spots, sero-discordant couples and multiple partnerships in rural/urban populations and those residing in hard to reach areas to access core elements of combination prevention.

The National Prevention Strategy (NSP) defines MARPS as: commercial sex workers (CSW) and their

partners, fisher folk, uniformed personnel, long distance truckers and men who have sex with men (MSM).

In the Central region districts ICOBI will provide HIV prevention services to key population groups and has mapped these groups in the project districts that include fishermen around lake Kioga, Lake Victoria and Lake Wamala, truckers along the highways, commercial sex workers, street kids, prisoners, uniformed men and women, and boda-boda riders among others.

In FY 2013, ICOBI will focus high impact risk reduction interventions to reach 100 CSWs, 30 truckers and 2,300 fisher folk. In addition, the program has identified over 1,000 sero-discordant couples through HCT and will support the establishment of comprehensive risk reduction programs for both HIV negative and HIV positive persons, care (with more emphasis on strengthening the integration of positive health dignity and prevention interventions in clinical and community settings) and treatment services. Strengthening linkages of target populations to combination prevention interventions will also be a priority for this program from HCT and VMMC service points.

ICOBI will increase distribution outlets for both male and female condoms at facilities, community level, landing sites and hard to reach areas and undertake advocacy to de-stigmatize condom use through engagement of other stakeholders, as well as, religious and political leaders. 335 condom service outlets will be established at several points in an effort to support and improve accessibility and promotion of both male and female condoms, and ensuring efficient distribution systems in the six districts. This will be realized through engagement of village health teams, hospitality industry, bars and hotels at landing sites around Lake Kyoga and Lake Victoria.

Implementing Mechanism Details

Mechanism ID: 9238	**Mechanism Name: COMMUITY PMTCT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 695,116	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	695,116

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Traditional and Modern Health practitioners Together Against AIDS and other diseases (THETA) has been supporting Community PMTCT activities since 2008 with support from PEPFAR. The overall goal of this project is to mobilize and sensitize communities to support the national PMTCT program and increase uptake of PMTCT services. The specific objectives are to educate and inform communities in order to increase demand and uptake for PMTCT services among HIV positive pregnant women, HIV exposed children, spouses and the general population.

Secondly the project supports referrals of pregnant and lactating mothers from communities to health facilities and vice versa by working with community health workers to facilitate referral linkages.

The project covers 10 districts; Kumi, Ngora, Lira, Bukedea, Alebtong, Otuke, Rakai, Tororo, Butaleja and Oyam targeting the general population with focus on young couples, youth and pregnant women and is implemented through community structures in public facilities in collaboration with the district health teams. The project focuses on women, girls and gender equity to ensure that PMTCT services meet the needs of both women and men through community participation. In FY 2013 the project will support the implementation of Option B+ in terms of psychosocial support, referral, adherence and follow up, information and education at the community level and male partner participation.

Three Vehicles were purchased under PMTCT and 1 under New Partner Initiatives, there are no plans of purchasing vehicles in FY 2013.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Workplace Programs
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**9238** **COMMUITY PMTCT** **Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	120,116	0
Narrative:			
FY 2013 prevention pivots for Other Prevention (OP) include addressing prevention needs for pregnant mothers and their families; supporting sero-discordant couples, and addressing condom distribution			

bottlenecks to increase accessibility and promotion.
To contribute to these strategies, THETA will support community mobilization of pregnant mothers and their partners for HTC at facilities, and continue to provide comprehensive risk reduction programs for both HIV positive and HIV negatives persons. THETA will support training of service providers to conduct risk reduction counseling for both HIV negative and HIV positive pregnant and lactating mothers and their spouses; and facilitate referral linkages to other combination prevention interventions such as VMMC, and ART. Referrals for PWP/PHDP interventions and clinical care and treatment services will be emphasized. THETA will offer continuous social and adherence support and to sero-discordant couples through family support groups. THETA through family support groups will link discordant couples and pregnant women to the health facilities
THETA will also support the distribution of both male and female condoms at facilities, community level, landing sites and hard to reach areas and undertake advocacy to de-stigmatize condoms through engagement of other stakeholders as well as religious and political leaders. This will be realized through engagement of Village Health Teams (VHT), hospitality industry, bars and hotels at landing sites around Lakes Kyoga and Victoria.

Other activities will include prevention and referrals to Gender Based Violence (GBV) services in order to strengthen care for survivors of Sexual Violence (SV) by engaging community health workers to track and strengthen referrals from the community to health facility and to other support services, and strengthen linkages between community and clinical services and other stakeholder groups to facilitate access to health services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	575,000	0

Narrative:

In FY 2013, THETA will facilitate the implementation of PMTCT Option B+ activities at the community level in 10 districts.

To achieve this, THETA will support Community level activities within the following strategic pivots:
First, improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during pregnancy, labor and delivery, and post-partum periods. THETA will mobilize and sensitize communities to support pregnant women to attend early ANC, receive HIV Testing and Counseling (HTC) and PMTCT interventions for HIV infected pregnant mothers; and deliver at the health facilities by providing correct education and information messages on PMTCT Option B+ at the community level.

Secondly, THETA will collaborate with other implementing partners to support retention in care for HIV infected pregnant and lactating women on ART at both facility and community level by working with family support groups and peer mothers at all PMTCT sites. The family support groups will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding counseling, Early Infant Diagnosis (EID), family planning (FP) counseling, couples HTC; and ARV refills if required. THETA will also support the mobilization of village health teams who will also be utilized to enhance follow-up, referral, birth registration, and adherence support. THETA will mobilize male partners to receive services for couple HTC within MNCH settings; supported disclosure; condom use; STI screening and management; support for sero-discordant couples; and treatment for those who are eligible; and link negative male partners to Voluntary Medical Male Circumcision (VMMC).

THETA will work with Mildmay and other Implementing partners on the recommendation of the MoH to build capacity for the development of Family Support Groups (FSGs) that will enhance adherence and retention for the PMTCT program and enhance outcomes for Option B-Plus. The Family Support Group strategy is a community led strategy that involves communities in providing support to families enrolled through the PMTCT program. These groups provide continuous adherence support, disclosure support and follow-up appointments.

THETA will build capacity for FSGs by supporting development of training materials for FSGs, conduct training workshops for trainers of trainers planned together with Mildmay. Thereafter, the trainers will build capacity in other districts.

Finally THETA will support Intensive M&E of Option B+ roll out by tracing mother-baby pairs who miss their scheduled appointment at both facility and community level. Home visits will be conducted to trace those who are lost to follow-up.

Implementing Mechanism Details

Mechanism ID: 9240	**Mechanism Name: Strengthening HIV Prevention, Care and Treatment among Prisoner and Staff of the Prisons Service**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Prisons Services	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 491,739	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	491,739

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of the project 'Strengthening HIV Prevention, Care and Treatment among Prisoners and prison staff' is to improve the health status of prisoners, staff and their families by strengthening the capacity of Uganda Prisons Services to provide comprehensive prevention, treatment, care, and support services for HIV/AIDS and related OIs, STDs, TB and malaria - equivalent to those available in the community and consistent with national polices within five years. specific objectives are:

1. To document HIV/STD/TB prevalence, incidence and the related risky behaviors among prisoners and staff to inform health planning and services delivery.
2. To promote HIV prevention strategies for the prisons community.
3. To provide comprehensive HIV/STD/TB continuum of care including HCT, clinical care, social support.
4. To develop and strengthen HIV/AIDS policies, operational guidelines and administrative instructions for the UPS.

In order to reach out to the annual turnover population of approximately 100,000 prisoners entering prisons; Uganda Prison Service (UPS) conducts on prison entry medical screening for every individual entering the prison system in major prisons in the country. This is aimed at determining pre-entry health problems especially related to HIV, TB and Malaria among others. This further offers an opportunity for prisoners to test for HIV and other diseases. Early detection and treatment prevents transmission of disease in the already vulnerable prisons population. HIV testing is important among prisoners, pregnant prisoners and staff community members as it the entry point to care and treatment, TB and PMTCT programs.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVOP	Uganda Prisons Service	6169	Printing of IEC materials as a BCC strategy for risk reduction
HVSI	Uganda Prisons Services	2500	Procurement of computers in support of computerizing the health management information system
OHSS	Uganda Prisons Services	85558	Capacity building through conducting of six trainings in various disciplines: (i) Peer education for PWD in 13 regions, (ii) 40 health workers in infant and young child feeding including breast feeding, (iii) 25 health workers in comprehensive HIV/AIDS care, (iv) 40 service providers on STD management, (v) 34 health workers in comprehensive ART care, (vi) 128 health workers in HIV/TB service delivery leaders among prisoners to engage in community mobilization and (vii) monitoring of activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	7,000
Food and Nutrition: Commodities	6,000
Gender: Reducing Violence and Coercion	2,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9240**
Mechanism Name:	**Strengthening HIV Prevention, Care and Treatment among Prisoner and Staff of the Prisons Service**
Prime Partner Name:	**Uganda Prisons Services**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,967	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. Uganda Prisons

Service (UPS) will support the provision of care services to 2,358 adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need.

The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UPS will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

UPS will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance. The program will strengthen positive health dignity and prevention services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, pain and symptom management.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% to 100% over the next 12 months. UPS will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will need to regularly keep track and report on client waiting lists.

UPS will liaise with PACE and UHMG for provision and distribution of basic care kits and family planning commodities to clients respectively. The National Medical Stores will supply other HIV commodities including cotrimoxazole and lab reagents. UPS will build the capacity of facility staff to accurately report, forecast, quantify and order for these commodities in a timely manner.

In addition, UPS will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration of other health and nutritional services.
The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems. UPS will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	19,351	0

Narrative:

The Uganda Prison Service (UPS) will focus on supporting the GOU to scale up TB/HIV integration; and

specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UPS will contribute to this target by screening 2,332 HIV positive clients in care for TB; and 78 will be started on TB treatment.

UPS will improve Intensified Case Findings (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies including GeneXpert and fluorescent microscopy. UPS will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, UPS will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. UPS will increase focus on adherence and completion of TB treatment, including DOTS through the use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensuring adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, UPS will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Wrap around services will be provided in collaboration with other key stakeholders.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15) to support and strengthen the national M&E systems. UPS will work under the guidance of MoH AIDS Control Program, NTLP and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, UPS will support all its health facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

The Uganda Prison Service (UPS) will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The program will contribute 233

children in care to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children.

UPS will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators including peers and experienced HIV positive child care takers, and implement quality improvement for adherence and retention. Early Infant Diagnosis (EID) services and focal points at all Prison health facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. UPS will implement community mobilization and targeted activities such as 'Know Your Child's Status' campaigns to identify more children in the surrounding communities of the prisons. Focus will be placed on improved CD4 assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

UPS will support retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC, care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. UPS will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UPS will liaise with PACE for provision and distribution of basic care kits to children and the National Medical Stores for other HIV commodities including cotrimoxazole and laboratory reagents. UPS will build the capacity of facility staff to accurately report, forecast, quantify and order these commodities in a timely manner.

MoH will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UPS will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to support and strengthen the national M&E systems. UPS will work under the guidance of MoH/ACP and Quality

Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

Laboratory infrastructure is critical for improved health care services. UPS will support the renovation of existing laboratories to perform the HIV and other related tests identified. For FY 2012 Uganda Prisons Services (UPS) will target population to include prisoners, prison staff and family members. UPS will renovate the laboratory facility at the Murchison Bay hospital in order to improve access to CD4 testing. UPS will ensure that the available hematology and clinical chemistry and TB diagnostics are well maintained. UPS will also support capacity building for existing staff for conducting high quality tests for HIV testing, monitoring patient CD4 counts for ART initiation, monitoring drug tolerance and testing for other HIV comorbidities. Renovations and capacity building will particularly focus on hard to reach prison populations where access to public health facilities is limited. Renovations will include minor refurbishment (painting, roof repairs and window replacements) that will create a conducive working environment in the laboratories with focus to handling high volumes of laboratory tests. Two remotely situated laboratories will be renovated and laboratories situated in prison facilities with limited resources will be furnished with laboratory equipment. 43 laboratory staff will be trained in various areas of laboratory testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

UPS will continue to work towards rolling out the national EMR - Open MRS and DHIS2 in close collaboration with MoH. UPS will procure computers to be stationed at 8 regional prison units: these computers will be installed with a management information system to aid the electronic tracking, monitoring and use of strategic information. The information system will enable timely and safe transmission of data from all remotely situated prisons across the country to a central processing system at the prison project office. This will also serve the MoH national data health systems requirements. Furthermore UPS will adapt, harmonize and customize tools for data collection and analysis; these tools should be able to meet all the data needs for UPS and other stakeholders.

UPS will use existing funds to wrap around SI Pivot 2 ‘Increased use of data for evidence based planning

and decision making at all levels in all program areas.'

UPS will conduct a Sero-behavioral survey for prevalence and incidence of HIV and associated behavioral and biomedical correlates among prisoners and staff. Data from the survey will provide up to date information about the burden of disease among prisoners and staff and subsequently inform service provision.
In addition UPS will establish a sero-behavioral surveillance system to cover 11 regional prisons across the country. The system will ensure timely access to data and information about the state of the HIV epidemic in the prison establishment, and implement timely interventions.
Findings from this survey will feed into MoH's HIV survey portfolio, and, thus inform health programming for this key population group.

Under Pivot 3 Strong/robust basic M&E systems at service delivery points and districts UPS will strengthen the capacity of staff to collect, enter, analyze, interpret and use the data collected at the regional prison health facilities. In achieving this activity all health care providers, information management staff at all levels including custodian and non- custodian staff will be trained in recording, managing, reporting and dispersing data. Also UPS will support SI fellowships and short-term trainings as will be required from time to time, and will conduct appropriate evaluations of the program.
facilities. In achieving this activity all health care providers, information management staff at all levels including custodian and non- custodian staff will be trained in recording, managing, reporting and dispersing data. Also UPS will support SI fellowships and short-term trainings as will be required from time to time, and will conduct appropriate evaluations of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	28,550	0

Narrative:

The goal of Uganda Prison Services Program is to achieve HIV Testing and Counseling (HTC) for 5,000 prisoners with 2,050 males and 2,950 females by doing Voluntary Counseling and Testing (VCT) on entry of prisoners into prison, outreach testing clinics for prisons without health facilities and Provider Initiated Testing and Counseling (PITC) at the prison health facilities. The program will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up VCT in all the prison and PITC in specific prisons with functional health facilities and customized interventions relevant to key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV care and treatment and social support services tailored and customized to prison settings and the prison

community with the aim of increasing demand and adherence for positive clients.

Program targets reflect the prioritization of prisons with high HIV/AIDS prevalence and unmet need. Partner and district-level capacity was also key factors in determining the allocation of program resources. Project coverage is 224 prisons situated all over the country including the Luzira complex in Kampala where the only UPS referral hospital is situated. The target populations in these prisons will vary depending on need but particular will focus on largely prisoners, prison staff, family members of the prison staff and the communities surrounding the prison barracks. In so doing special groups will also indirectly targeted for this HTC intervention including: commercial sex workers, drug users and men who have sex with men; these categories are common in the prison settings.

Currently, PEPFAR contributes to more than half of the Ministry of Health's HTC targets. Recognizing the important role of GOU, HTC program activities shall be conducted in partnership with district local governments under stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term commitment by the USG.

The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	0

Narrative:

UPS focuses on the prisoners, prison staff and their families. The majority of this population are aged 18 years and above and both women and men reside within the prison wards and /or the prison barracks. UPS coverage is at national level, at specific prisons situated across the country. The program will provide condoms, prevention messages and prevention counseling to the prisons population.

All prisoners exiting the prisons will be provided with condoms and 140 condom distribution outlets will be established. These outlets are within the 224 prisons in the system.

UPS under this program area, will reach out to prisoners as MARPS and among these are other categories including Female Sex Workers (FSWs) and Men that have Sex with Men (MSM) who are part

of the incarcerated populations. In FY 2012/2013 UPS will provide a combination of the other prevention strategies to 35,000 males and 2000 females for a total of 37,000. This will be in 130 prison units located all over the country including former local government prisons the 50 former central government prisons. In the FY 2012/2013 UPS will increase the number of condom distribution outlets from 63 to 150. It is targeting to reach 37,000 MARPS (35,000 males and 2,000 females) with HIV prevention interventions.

Provision of prevention messages and implementation of prevention interventions are a critical part of routine prison health activities. UPS will continue to offer all newly admitted prisoners on entry medical screening and particularly HIV prevention messages by health providers or peer educators. Peer education and counseling assistant programs will be initiated at other 70 prisons where they have not been existent.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

Narrative:

In FY 2013, Uganda Prisons services (UPS) will facilitate the implementation of PMTCT Option B+ activities in four PMTCT sites.

Key strategic pivots for PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this UPS will ensure provision of universal HTC services during ANC, labor and deliver, and community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of PMTCT sites at one hospital and three prison regional Health center IV levels. Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing M&E tools, job aides, and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in UPS sites will be done in accordance with MOH guidance and a total of three sites will be accredited by end of FY 2013.

UPS will support the delivery Option B+ services using a Family Focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCF) counseling, EID, family planning (FP) counseling, couples (HIV Testing and Counseling (HTC) supported disclosure

and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners of prison staff and family members will receive condoms; STI screening and management; support for sero-discordant couples; treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VCCM). At least 200 partners of pregnant women prison staff and family members will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development Partners, districts, USG, and Implementing Partner (IP) staff in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5) Integrating voluntary and informed FP services with PMTCT service UPS will ensure FP sessions are integrated within PMTCT trainings, counseling; education, and information during ANC, labor and delivery, and postnatal periods as well as for women in care and treatment; based on respect; women's choices; and fulfillment of their reproductive health rights.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	142,871	0

Narrative:

The Uganda Prison Service (UPS) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 967 new adult clients and support 1,705 adults and children current on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations (Prisoners).

UPS will support the MoH roll out of Option B+ for eMTCT through the following activities: training,

mentorship and joint PMTCT/ART support supervision. UPS will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.

Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. UPS will support integration of reproductive health services including family planning.

UPS will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders and 'alert stickers' in appointment registers will be supported.
Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. UPS will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

UPS will liaise with UHMG for provision of family planning commodities for clients and the National Medical Stores for ARVs and other HIV commodities including cotrimoxazole and lab reagents . UPS will build the capacity of facility staff to accurately report, forecast, quantify and order these commodities in a timely manner.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems. UPS will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

The Uganda Prison Service (UPS) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 108 new HIV positive children and support 221 children current on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment. In FY 2013, UPS will support the national program to scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages/phone calls and flagging files with 'initiate ART immediately' stickers for all children eligible for ART. Facilities will be supported to strengthen 'test and treat' for all HIV positive

under two years in line with the national treatment guidelines.

UPS will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive helath dignity and prevention services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. UPS will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UPS will liaise with PACE and UHMG for provision and distribution of basic care kits and family planning commodities to clients. In additional National Medical Stores will supply ARVs and other HIV commodities including cotrimoxazole and laboratory reagents. The program will build the capacity of facility staff to accurately report, forecast, quantify and order these commodities in a timely manner.

UPS will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services.

Other key stakeholders will be collaborated with for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to, support and strengthen the national M&E systems. UPS will work under the guidance of MoH/ ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 9246	**Mechanism Name: PROVISION OF COMPREHENSIVE HIV/AIDS SERVICES AND DEVELOPING**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This a cost extension with the purpose of supporting continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of HIV positive clients in Rakai district and to strengthen development of public health workforce in Uganda. The program will offer comprehensive HIV/AIDS services to children, adolescents and adults in line with the national guidelines and will provide technical assistance to the supported districts to plan and integrated GHI principles into HIV/AIDS and other health services. The HIV/AIDS services will include PMTCT, HIV counseling and testing, Male circumcision, TB/HIV, ART, health system strengthening and supporting laboratory services. These services will be implemented in collaboration with the districts and other implementing partners to harness synergy, ensure sustainability and ownership. The program will achieve the following objectives; 1) Scale up access to comprehensive HIV combination preventive services 2) Scale up access to comprehensive HIV and TB care and treatment services and 3) Strengthen development of public health work force through fellowship trainings in HIV, FETP/FELTP, informatics and Masters program in Monitoring and Evaluation.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	121,740
Human Resources for Health	387,260

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**9246**
Mechanism Name:	**PROVISION OF COMPREHENSIVE HIV/AIDS SERVICES AND DEVELOPING**
Prime Partner Name:	**Makerere University School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

The Makerere University School of Public Health (MUSPH) program will focus on supporting the Government of Uganda (GOU) expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. This program will support delivery of care and support services to 18,318 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care. This target was derived using burden tables based on district HIV prevalence and treatment need.

Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex

workers and men who have sex with men. The Continuum of Response (CoR) model was applied to ensure improved referrals and linkages. The MUSPH program will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum in of Rakai district.

This program will support health facilities to provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas within the district like Kasensero fishing village.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally and working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved in the coming year 2013. The program will support the sample referral network in line with the national CD4 expansion plan. Clients' access to CD4 will be monitored and reported on quarterly basis as well as regularly keeping track and report on client CD4 waiting lists.

MUSPH will facilities address linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of STI, and health RH counseling and linkage.

MUSPH will liaise with PACE for provision and distribution of basic care kits to clients using the District, VHT and PHA networks. Additionally, collaborate with National Medical Stores, and Medical Access Uganda Limited for other HIV commodities; cotrimoxazole, lab reagents. The program will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, the MUSPH program will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning.
The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems as well as supporting provision of data collection and reporting tools, and working within district health plans. MUSHP will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision in an effort to contribute to delivery of quality HIV care and support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	0	0

Narrative:

The MUSPH program will support the GOU to scale up TB/HIV integration, and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This program will contribute to this target by screening 16,486 HIV positive clients for TB; and 550 of these will be started on TB treatment in the district of Rakai in Uganda. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

The program will work to improve Intensified Case Finding (ICF) and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- fluorescent microscopy and GeneXpert. MUSPH will support MDR-TB surveillance through sputum sample transportation to Gene Xpert hubs and receipt of results at facilities.

In FY 2013, MUSPH will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and or the provision of ART in TB clinics. The MUSPH program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as; cough hygiene; cough sheds and corners; fast tracking triage by cough monitors and ensure adequate natural ventilation. We will support MOH/ACP and National TB and Leprosy Program (NTLP) to roll out provision of isoniazid prophylasix therapy, in line with the WHO recommendations.

In addition, MUSPH will work with USG partners such as PIN, SPRING, HEALTHQual, and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. MUSPH will collaborate with other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-014/15), support and strengthen the national M&E systems and work within district health plans. MUSPH will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision. Additionally, MUSPH will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	0	0

Narrative:

The MUSPH program will support the GOU to further expand pediatric HIV care and OVC with the goal of achieving universal access to care by 2015. This program will contribute 1,649 children to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children in the district of Rakai in Uganda.

The MUSPH program will ensure provision of comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. The program will support health facilities to implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

The MUSPH program will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, psychosocial support and life skills training and linked to sexual and reproductive health services. Lessons learned from the planned national adolescent service assessment will be incorporated in activities to improve adolescent care.

To further strengthen service delivery in a Continuum of Response (CoR) model, a key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support.

MUSPH will work in liaison with PACE for provision and distribution of basic care kits to clients. For ARVs and other commodities including cotrimoxazole and lab reagents the program will work in collaboration with National Medical Stores and Medical Access Uganda Limited to ensure availability. The program will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

The program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual,

ASSISTand Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MUSPH will collaborate with other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUSPH will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early Infant Diagnosis (EIDI hubs there will be an increase in the number of hubs for from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests to increase current coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities.

MUSPH will support the establishment of one hub for specimen transportation, testing and result transmission at Rakai Hospital which will undergo minor renovations. Through Medical Access the hub will be strengthened with capacity to carry out CD4, clinical chemistry and hematology tests by procurement hematology equipment and supplies. MUSPH will support the Districts in the recruitment of two Laboratory Technologist and two Technicians in an effort to avert the dire HRH gap in the District Lab sector. The support will also be extended to strengthening laboratory management towards

accreditation in the labs to acquire WHO III star level by 2013. The program will also support rolling out of geneXpert in an effort to improve diagnosis of TB. MUSPH will support Kalangala District for specimen transportation, testing and result transmission for all specimen that cannot be tested at Kalangala to the nearest hub.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

Narrative:

MUSPH will work to strengthen and expand the development of national public health work force through apprenticeship training in the fellowship and field epidemiology training programs. The capacity building activities and training will include:

1) the two-year long-term fellowships (including public health informatics);
2) the six-eight months medium-term fellowships;
3) graduate training programs in FETP (field epidemiology training program);
4) M&E short courses;

The strategies of strengthening workforce development and training will include:

1) Working in close consultation with stakeholders in project implementation;
2) Working with public and private sector implementers to provide hands-on training while enhancing management capacity as well as innovations within their programs;
3) Strong M&E mechanisms to enable continuous improvement of the effectiveness, efficiency and quality of programs;
4) Dissemination of experiences at the national, district and community levels to guide public health policy and practice.

The fellowships will focus on: HIV/AIDS, TB, malaria, tuberculosis, maternal and child health, field epidemiology, and public health informatics. The capacity building program will span beyond Rakai district, in order to achieve a national impact.

MUSPH will also provide the FETP, a two-year competence based Masters Degree program that provides 60 – 70% time of field based training in selected districts. This is intended to improve national capacity to: (i) investigate of disease outbreaks (ii) design and evaluate a surveillance system (iii)

evaluate a public health program/intervention. This will be done within the National Strategic Health Plan and close participation of the MoH. Partnerships with other stakeholders like CDC, WHO, AFENET will be strengthened to improve their involvement in annual field supervision of residents. Additionally, epidemiologists from MoH will co-supervise residents for outbreak investigations. In addition to publications, dissemination of program outputs will be done annually, within the districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	0

Narrative:

Given the results of the 2011 UAIS showing an alarming increase in HIV prevalence and very low circumcision prevalence (approx 25%), PEPFAR Uganda is prioritizing this prevention intervention as it is a major pivot to reduce the number of new HIV infections. By scaling up SMC and circumcising 4,200,000 men by 2015, 428,000 new adult HIV infections will be averted by 2025.

MUSPH will scale up Safe Male Circumcision and Health Systems Strengthening in Rakai district. Voluntary Medical Male Circumcision (VMMC) will be offered as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and be faithful; providing and promoting correct and consistent use of male condoms; providing HIV testing and counseling services and refer to appropriate care and treatment if necessary, and providing services for the treatment of sexually transmitted infections.

MUSPH will create acceptance and demand for VMMC through community campaigns based on information from the Uganda National Communication Strategy on Safe Male Circumcision employing both media campaigns and person to person communication targeting localities with high numbers of men like markets, churches, taxi parks and boda boda' stages.

MUSPH with it vast experience in circumcision research and service provision, will provide VMMC training to providers from Rakai district and other districts around the country at the Rakai center and through regional VMMC skills training organized in collaboration with district health offices, and other partners in regions that have adequate facilities for training. Training will utilize the current WHO circumcision skills training manual. Twenty percent of the
trainees will be visited at their work place to assess their proficiency as well as provide supportive supervision post-training.

MUSPH will implement the Model for Optimizing the Volume for Efficiency (MOVE) to optimize the

efficiencies and increase the volume safely at Kalisizo, Kakuuto and Rakai Hospital. Special focus will be placed on quality assurance and regular quality assessments (internal and external) including support supervision of the VCCM program, will be done and daily reports sent to the SMC National Operational Center as required by MOH.

MUSPH will provide training for 300 providers including 100 surgeons, 100 operating room (OR) assistants and 100 VMMC counselors every year. MUSPH will also train 36 VMMC skills trainers (TOT), including 12 surgeon trainers, 12 OR trainers and 12 VMMC counselors. The program will train six trainers from each of the six regions of the country including two surgeons, two OR assistants and two VMMC counselors. These interventions will increase the number of providers with skills to provide VMMC and ultimately the number of men accessing VMMC in Uganda.

In FY 2012, a total of 30 staff in the four HCF shall be trained in VMMC and 7,033 males offered a comprehensive package of VMMC in line with MoH guidelines. VMMC supplies and commodities will be sourced from Medical Access Uganda Limited.

The MoH policy guidelines on Safe Male Circumcision will guide the integration of VMMC services in Uganda's national health system. Through these established policy guidelines on VMMC, MUSPH will contribute to the national SMC target of 1 million circumcisions in 2012/2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The goal of HIV Testing and Counseling Services (HTC) Program in MUSPH is to increase HTC capacity by training more government health workers. The staff to be trained will be in public facilities in Rakai district. The training will cover both didactic and hands-on practice, under the guidance of senior counselors. In collaboration with the MoH, MUSPH shall integrate skills in collection of dry blood spot samples for DNA-PCR for Early Infant Diagnosis (EID). The program will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up both Provider-and Client-Initiated Testing and Counseling (P/CITC) and customized interventions relevant to key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV Care and Treatment and social support services in the community with the aim of increasing demand and adherence for positive clients.

Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. Partner- and district-level capacity was also key factors in determining the allocation of program resources. The target populations in these districts will vary depending on need, however, the following groups have been identified for priority focus: pregnant women, fishing communities, commercial sex workers and their clients and partners, uniformed forces, long distance truck drivers, and men who have sex with men. This is in addition to the usual target populations of HTC services that includes: men seeking Voluntary Medical Male Circumcision (VMMC), clients walking-in for testing at the HIV clinics to children 0-14 years and repeat testing for HIV negative partners in HIV discordant relationships (with facilitated couples counseling and disclosure), and via community outreaches to the general population. EID will be implemented in collaboration with MoH, through the Central Public Health Laboratory (CPHL).

Currently, PEPFAR contributes to more than half of the MoH's HTC targets. Recognizing the important role of GOU, HTC program activities shall be conducted in partnership with district local governments under stewardship of the MoH, recognizing that the scale-up of activities will require a continued commitment by the USG.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

In FY 2013, MUSPH will facilitate the implementation of PMTCT Option B+ activities in 28 PMTCT sites in Rakai district.

Key strategic pivots for PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this MUSPH will ensure provision of universal HTC services during ANC, labor/deliver and community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites at hospital, Health Center (HC) IV and HC III levels. Activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing M&E tools, job aides, Option B+

guidelines, training of service providers and sample referral system for CD4+ and early infant diagnosis. The transition of Option B+ by MUSPH in Rakai district sites will be done in accordance with MOH guidance and a total of 24 sites will be accredited by end of FY 2013. MUSPH will support the delivery Option B+ services using a Family Focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCH) counseling, Early Infant Diagnosis (EID), family planning (FP) counseling, couples HTC, supported disclosure and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for sero-discordant couples treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision. At least 10,000 partners of pregnant women will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development Partners, districts, USG, and implementing partners staff in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5) Integrating voluntary and informed Family Planning services with PMTCT service MUSPH will ensure FP sessions are integrated within PMTCT trainings, counseling, education, and information during ANC, labor and delivery, and postnatal periods, as well as, for women in care and treatment; based on respect, women's choices and fulfillment of their reproductive health rights.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	50,000	0

Narrative:

The MUSPH program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015, enrolling at least 4,202 new clients and support

10,724 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations in the district of Rakai in Uganda.

This program will support the MoH roll out Option B+ for eMTCT through the following activities; accreditation of 26additional health facilities; training, mentorship and joint PMTCT/ART support supervision. This program will support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics and reducing the ART preparation period while ensuring quality of ART treatment services. The continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. Further support will be provided for service integration including informed voluntary family planning and cervical cancer screening at facility level through provision of the services or referrals.

Targeted community outreaches in high prevalence hard to reach and underserved areas of Rakai will be conducted. MUSPH will also target key populations using innovative approaches including setting up specialized services; such as moonlight services.

The program will also implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone call or SMS reminders, appointment registers and ‘alert’ stickers will be supported.

Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. We will support the sample referral network in line with the national CD4 expansion plan; and will monitor and report clients’ access to CD4 in quarterly reports.

The MUSPH program will liaise with PACE for provision and distribution of basic care kits to clients with National Medical Stores, and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. The program will build the capacity of facility staff to produce accurate and timely reports, forecast, quantify and order commodities. Further to this MUSPH will work with USG partners and other key stakeholders for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. The MUSPH program will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT

mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

The MUSPH program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015 . This program will support enrolling at least 840 new HIV positive children and support 1,394 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 38,161 new children and 63,704 children current on treatment and MUSPH will provide support to all accredited ART facilities in Rakai district as well as supporting accreditation of more facilities including all Health Centers (HC) III's.

In FY 2013, this program will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages or phone calls and flagging files with 'initiate ART immediately' stickers. Health facilities will be supported to strengthen 'test and treat' for all HIV positive children under two years in line with the national treatment guidelines.

We will prioritize support for early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. T hey will be provided positive health dignity and prevention services including, psychosocial support and life skills training and linked to sexual and reproductive health services.

Of critical importance will be establishing strong referral links between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.
The MUSPH program will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MUSPH will liaise with PACE for provision and distribution of basic care kits to clients and also working in liaison with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. To further improve service delivery MUSPH will support capacity building of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, MUSPH will work with USG partners such as SCORE, SUNRISE, PIN, SPRING,

HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services. To achieve program objectives we will work in alignment to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. To ensure adherence to National standards. MUSPH will work under the guidance of MoH/ACP and THE Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and supportive supervision.

Implementing Mechanism Details

Mechanism ID: 9300	**Mechanism Name: Realizing Expanded Access to Counseling and Testing for HIV in Uganda (REACH-U) Project.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 558,718	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	558,718

Sub Partner Name(s)

AIDS Information Center	Infectious Disease Institute	Mayanja Memorial Hospital Foundation
The AIDS Support Organization		

Overview Narrative

The REACH-U program aims to support Ministry of Health (MOH) efforts of increasing access to quality HIV Testing and Counseling (HTC) services to most-at-risk and underserved populations. Program objectives are to enhance early identification of HIV infected individuals, linking them to care and

treatment, and ultimately reducing new infections. The program also seeks to strengthen national and district systems to improve quality and efficiency of HTC services. REACH-U covers ten rural districts of Abim, Kotido, Kaabong, Nakapiripirit, Moroto, Mukono, Napak, Wakiso, Rakai and Lyantonde and will target most at risk populations and focus on couples, commercial sex workers and partners, truckers, fisher folk, uniformed and incarcerated populations and other MARPS identified.
The program will also strengthen systems for effective HCT logistics management and strengthen MOH leadership in delivery of HCT services at facility level. This will be implemented in collaboration with District Health Teams and government health workers. Hands-on learning, mentoring and coaching are emphasised to ensure skills transfer for sustainabilty. REACH-U will use MOH tools for data collection/reporting, documents and disseminates results periodically. Data Quality Assessments are periodically performed to ensure quality and validity of data reported to PEPFAR and the national system. The program will leverage resources and minimize overlap through collaboration and coordination with other partners and the districts, and address wrap around health issues such as malaria, reproductive health, tuberculosis and sexually transmitted infections which impact HIV/AIDS.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	172,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Military Population
Mobile Population
TB

Family Planning

Budget Code Information

Mechanism ID:	**9300**
Mechanism Name:	**Realizing Expanded Access to Counseling and Testing for HIV in Uganda (REACH-U) Project.**
Prime Partner Name:	**Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	558,718	0

Narrative:

REACH-U program operates in 90 primary health care facilities and neighboring communities in the districts of Abim, Kotido, Kaabong, Nakapiripirit, Moroto, Napak, Mukono, Wakiso, Rakai and Lyantonde districts. The first six districts constitute Karamoja, the most neglected and underserved region in Uganda. With the primary goal of early identification of HIV-infected individuals, the program will target about 103,000 individuals in the general and specific populations including couples, sex workers, truckers, uniformed forces, and other migrant populations in urban and peri-urban settings.

REACH-U will deliver its HTC services using two prongs, namely Provider-Initiated Counseling and Testing (PICT) and Client Initiated Testing and Counseling with varying levels of intervention depending on district-level data. General HTC services will be delivered through targeted community outreaches while PICT will be delivered at Health Centre IIIs targeted at units with high client volumes such as STI and TB clinics, general outpatient departments, in-patient wards, as well as antenatal clinics. Moonlight clinics in nightclubs and truck park yards, scheduled home visits and outreaches at fish landing sites, where we expect to target roughly 11,000 individuals alone, will also be used to reach specific populations at risk. Existing community structures such as Village Health Teams (VHT), clan and religious leaders as well as PLHA networks, will be harnessed for mobilization and coordination of activities. Facility and community services will be linked through community structures to ensure appropriate referral and support of both HIV positive and negative individuals and couples, using the linkage facilitators both at facility and community level.

REACH-U uses a holistic approach to HTC and strives to maximize opportunities for addressing other health challenges. HTC messages integrate family planning education, STI assessment, condom promotion, education on and referral for SMC for HIV-negative males, identification of HIV-exposed infants and linking them to EID services, as well as information on adult and childhood nutrition. All HIV positive individuals including pregnant women will be linked to PMTCT, care and treatment programs and

referrals will be traced to recipient facilities using mobile phones and physical visits. HIV-negative individuals shall be linked to prevention programs, particularly safe male circumcision for eligible men. REACH-U is aligned with the National HIV/AIDS Strategic Plan and contributes to its objective of scaling up HCT services to facilitate universal access. Services are also delivered in accordance with the national protocols and guidelines. REACH-U will also continue to build the capacity of the health workers both at facilities and in the community in pursuance of sustainability. This will be accomplished through in-service training and joint on-job support supervision and mentoring with MOH and DHT. All activities of HCT implementation involve partnership with district and community level players such as VHTs and PHAs so that there is considerable amount of learning by doing. This will empower them with skills to successfully manage the services as well as ensuring ownership and sustainability beyond the project period.

Implementing Mechanism Details

Mechanism ID: 9301	**Mechanism Name: Strengthening TB and HIV & AIDS Responses in East Central Uganda (STAR-EC)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,845,669	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	5,845,669

Sub Partner Name(s)

AIDS Information Center	Communication for Development Foundation Uganda	Family Life Education Program
Friends of Christ Revival Ministries	Integrated Development Activities	mothers2mothers (m2m)

	and AIDS Concern, Bugiri District	
National Community of Women Living with HIV/AIDS in Uganda	Uganda Cares	Uganda Reproductive Health Bureau
World Education 's Batwana Initiative	YOUTH ALIVE	

Overview Narrative

The overall goal of the STAR-EC program is to increase access to, coverage of, and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities. The key objectives are: (1) Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on health centers (HCs) IV and III and community outreaches (2) Improving quality and efficiency of HIV&AIDS and TB service delivery (3) Strengthening networks and referrals systems, and (4) Intensifying demand for HIV&AIDS and TB prevention, care and treatment services. STAR-EC supports nine districts including, Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Buyende, Namayingo and Luuka. Key populations are targeted including commercial sex workers, fisher-folk, migrant workers, MSMs, motorcyclists and long distance truck drivers as well as the general population. FY13 activities include: promotion of ABC, SMC, PMTCT and PEP, HTC, care and support, pediatric and adult antiretroviral therapy, TB/HIV co-management and laboratory support. The focus is consolidation of support for delivery of quality services and improving access for the key populations and those in underserved, hard-to-reach area guided by HIV epidemiological data. In partnership with the districts and the civil society organizations, STAR-EC will focus on capacity building, integration of supported activities, quality improvement, strengthening of laboratory services, capacity building in pharmaceutical management, and strengthening of coordination structures and partnerships to facilitate transition at the end of program life. M&E will be accomplished using the performance management plan and the Lot Quality Assurance Sampling surveys.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	300,000
Food and Nutrition: Commodities	9,000
Food and Nutrition: Policy, Tools, and Service Delivery	11,829
Gender: Reducing Violence and Coercion	8,832
Human Resources for Health	401,640

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**9301**
Mechanism Name:	**Strengthening TB and HIV & AIDS Responses in East Central Uganda (STAR-EC)**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	758,370	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV

care and support with the goal to achieve universal access of 80% in care by 2015. STAR-EC will support the provision of care services to 40,012 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving a minimum of one clinical care service. This is a subset of the overall care target. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. STAR-EC will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

STAR-EC will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP); strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. STAR-EC will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will need to regularly keep track and report on client waiting lists.

STAR-EC will build the capacity of facility staff in pharmaceutical management including quantification and accurate and timely ordering and reporting, and liaise with National Medical Stores (NMS), Joint Medical Store (JMS), and SCMS to ensure adequate supplies of HIV commodities for all sites.

In addition, STAR-EC will work with USG partners such as PIN, SPRING, HEALTH Qual, SIS, and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services; and they will collaborate with other key stakeholders at all levels for provision of required wrap around services including family planning, etc..

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. STAR-EC will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.

STAR-EC will ensure gender issues and awareness are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	288,479	0

Narrative:

STAR-EC is strategically planning to implement know your child's HIV status campaign with the purpose of early identification of HIV positive children and link them for care and treatment support. In order to minimize loss to follow up and to improve retention and adherence to care and treatment, the program plans to build and maintain formalized linkages and referral systems between its facilities and community programs. The SUNRISE project conducted a service providers' mapping and updated an inventory of OVC service providers to facilitate referrals. STAR-EC plans to ensure that a linkage facilitator is placed at all child clinics, avail them with the OVC provider inventory, and empower them to identify children in need of social support. The linkage facilitator will then coordinate with the social services programs in the community to offer comprehensive services and complete the continuum of response. STAR-EC will coordinate with OVC partners to mobilize OVC households for health outreached organized by the facilities. Children identified at the community in need of health services will be referred to STAR-EC supported facilities and a system to easily identify them and walk them through the facility for clinical support will be strengthened. For the growing population of children on ART transitioning into adolescence and adulthood will be linked to community peer support groups, mentorship programs and to adolescent reproductive and family health services. The facility linkage facilitators will be trained to assess the needs of the identified child and refer them accordingly. For example, children sexually abused, after clinical support will be linked to programs like SUNRISE to follow up on the legal issue and community psychosocial support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	328,406	0

Narrative:

STAR-EC will focus on supporting the GOU to scale up TB/HIV integration and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. STAR-EC will contribute to this target by screening 39,572 HIV positive clients for TB, and initiate 1,319 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model will be applied to ensure improved referrals and linkages.

STAR-EC will improve intensified case finding (ICF) and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- GeneXpert and fluorescent microscopy. STAR-EC will support MDR-TB surveillance through sputum sample transportation to Gene Xpert hubs and receipt of results at facilities.

In FY13, STAR-EC will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. STAR-EC will increase focus on adherence and completion of TB treatment, including DOTS through use of proven cost effective approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds, fast tracking triage by cough monitors, and ensuring adequate natural ventilation.

The MOH/ACP and NTLP will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, STAR-EC will work with USG partners such as PIN, SPRING, HEALTH Qual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. STAR-EC will collaborate with other key stakeholders at all levels for provision of required wrap around services.

STAR-EC will build the capacity of facility staff in pharmaceutical management including quantification and accurate and timely ordering and reporting, and liaise with NMS and JMS to ensure adequate supplies of anti-TB drugs and diagnostic supplies for all sites.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), STAR EC will support and strengthen the national M&E systems and work within district health plans. STAR-EC will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, STAR-EC will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	67,169	0

Narrative:

STAR-EC will focus on supporting the GOU to further expand pediatric HIV care with the goal to achieve universal access to care by 2015. STAR-EC program will target 3,957 children with care and support services, contributing to the overall PEPFAR target of 73,169 HIV positive children receiving at least one clinical care service. This is a subset of the PEPFAR target. This target was derived using burden tables based on district HIV prevalence and treatment need. The CoR model will be applied to ensure improved referrals and linkages.

STAR-EC will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance; improve adolescent services and strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention, and; provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A priority focus will be on scaling up low cost approaches, such as use of caretaker support groups to support retention in care. STAR-EC will implement community mobilization and targeted activities such as “Know your child’s status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

STAR-EC will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including, sexual and RH services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. STAR-EC will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

STAR-EC will liaise with PACE and UHMG for provision and distribution of basic care kits to clients and work with NMS, JMS and SCMS to ensure adequate, uninterrupted supplies of HIV commodities.

STAR-EC will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, Health Qual, SIS, and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. STAR-EC will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-EC will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	720	0

Systems			

Narrative:

In FY 2012, STAR-EC will assist the MOH, working in collaboration with the Central Public Health Laboratories (CPHL), to establish two new laboratory hubs at Bugiri hospital and Bumanya HC IV, in Bugiri and Kaliro districts respectively. This is in addition to the ongoing laboratory strengthening at Kamuli hospital which is already a functional laboratory hub. The major focus of STAR-E support in FY13 will be (1) building CD4 capability,(2) strengthening specimen referral and result transmission network, (3) improving laboratory infrastructure, (4) improving facility level quantification and reporting ensure adequate supplies of CD4 and other reagents, and (5) assist the labs to implement the WHO recommended stepwise strengthening laboratory management towards accreditation (SLAMTA) with the aim of achieving a minimum of the three star WHO rating by September 2014. STAR-EC will also work with district officials and relevant stakeholders to recruit five lab technologists and three lab technicians to ensure that all the three hubs have the necessary human resources required to run their laboratories at optimal capacity.

In addition, STAR EC will also work with NMS, JMS and SCMS to ensure that 19 facilities in the region that received PIMA point of care CD4 analyzers in FY2012, and four other facilities with existing CD4 capacity, receive adequate, uninterrupted supplies of the necessary cartridges, reagents and supplies in a timely manner. STAR- EC will work with SUSTAIN and SCMS to ensure that CD4 machines have regular preventive maintenance to reduce equipment down time.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	675,000	0

Narrative:

In FY 2013, STAR EC is funded to support SI Pivot 3 – “Strong/robust basic M&E systems at service delivery points and districts” in its nine districts. This activity aims to generate strategic information to inform national policy and decision making and support tracking of program targets, including outcome and impact measurements, and evidence-based programming.

Activities to improve data utilization for planning and decision making will include; data quality assessment exercises to improve the quality of reporting; conducting health facility and household LQAS surveys and dissemination of findings at district, sub district and sub-county levels during which remedial action plans will be drawn; district level performance reviews for local governments and civil society organizations (CSO) in the nine districts so they can track performance against targets and identify solutions to program barriers; bi-annual CSO specific performance reviews during which quarterly CSO

work plans will be reviewed; and training of CSOs and district health facility staff in M&E skills to address M&E gaps. By supporting district, health sub-district and sub-county level performance reviews and LQAS disseminations, STAR-EC will contribute to building human resource capacity for effective data utilization at all levels which is a key M&E strategy of the national health sector plan.

Service Provison Assessment and Improvement (SPAI) will also be conducted in selected districts to improve performance. Activities to enhance organizational learning and evidence based programming will include operational research on five priority topics with a focus on (i) MARPs mapping and characterization, ii) Voluntary medical male circumcision among the MARPs, (iii) low couple HTC, (iv) EID, and (v) sustainability of village health teams. STAR-EC will improve on data presentation methods through the use of GIS to illustrate different health service gaps, points as well hotspots of MARPs. These activities support the national health sector evidence-based decision making, national health sector learning and improvement, while feeding information into the national surveillance system which is a key national M&E requirement

STAR-EC will also support the following SI-related activities:
1. procurement and distribution of updated HMIS facility registers and other data collection tools and training of health workers on the revised HMIS tools;
2. rollout of the Electronic Medical Records (EMR) system in all ART sites in their districts by installing and maintaining computers and training of medical records officers on the system;
- operationalization of national OVC MIS at the lower levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,678,910	0

Narrative:

The revised COP2012 strategic pivots for VMMC in the STAR-EC region will focus on increasing coverage in their nine districts that have high HIV prevalence in the general population, high HIV prevalence among women and low circumcision prevalence. VMMC service delivery will be prioritized in areas with a high prevalence and where MARPs are concentrated such as truck stops along the northern transport corridor, fishing villages and landing sites. Interventions will focus on all eligible men (including adolescents) in the "catch up" phase to identify persons who are sexually active and at higher risk of acquiring HIV. Males aged 30 years and above will be deliberately targeted.

An estimated 42,895 men will be circumcised by the STAR-EC project. VMMC will be offered as part of the STAR-EC comprehensive HIV prevention package which includes: promoting delay of sexual debut; abstinence & reduction in the number of sexual partners and being faithful; providing and promoting

correct and consistent use of male condoms; providing HTC services; treatment of sexually transmitted infections and referring HIV+ men to appropriate care and treatment services. STAR-EC will integrate VMMC services as part of the continuum of response (COR), contributing to increased access to reproductive health care for men; increased engagement of men in care; and advocacy & better health seeking behaviors of their female partners for HTC, ANC, and eMTCT.

To attain their target, STAR-EC will use multiple approaches to scale up VMMC: stand-alone sites with dedicated teams, integrated VMMC services within 20 health facilities, outreaches and camps. STAR-EC will use the Model for Optimizing the Volume for Efficiency (MOVE) to optimize efficiency and increase the volume safely in all VMMC service outlets. A total of 120 service providers will be trained through programs run by Rakai Health Center, Walter Reed Project and IDI/IHK (public-private partnership). Quality improvement and assurance will be integrated as part of the minimum package of VMMC services through the implementation of national and international quality standards and external quality assurance (EQA). A portion of the VMMC budget has been allocated for safe waste disposal of the disposable male circumcision kits and supplemental instruments and supplies. Providers will be trained to use the non-surgical VMMC device (PrePex) in STAR-EC supported sites when approved by MOH.

To create acceptance and demand for VMMC, community campaigns will be implemented using a mix of approaches: (1) peer-to-peer strategy for interpersonal communication; (2) use of linkage facilitators to mobilize men;(3) community mobilization; and (4) use appropriate channels of communication including print and electronic mass media. The campaign objectives are to increase knowledge of HIV status among PHLA and their partners, reduction of the risk of HIV transmission and reduction of HIV acquisition among persons at high risk of infection.

STAR-EC will prioritize monitoring and reporting on the VMMC program through the MOH VVMC Operational Centre reporting system and periodic data quality assessments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	571,000	0

Narrative:

In order to support the overall PEPFAR HTC goals, STAR-EC will continue to employ the Know Your Epidemic, Know Your Response (KYE, KYR) approach to programming for HTC scale-up focusing on promoting knowledge of one's own and partner HIV status in the supported districts.
HTC services will be provided at 140 health facilities with the addition of 33 HCs II to the pre-existing 91

facilities, reaching an estimated 100,000 individuals of which 10,000 are estimated to be most-at-risk. STAR-EC will focus the HTC interventions on key populations in areas of high HIV prevalence, as guided by epidemiological data, and low service coverage using the most efficient contextualized interventions. Target populations for HTC services include, MARPs, couples, pregnant women, HIV exposed children, TB patients and STI clients. These individuals will be reached using several approaches including Provider Initiated Counseling and Testing (PICT), with referral to care and treatment for positive clients, as well as referrals to other health services for all clients; devoted couple's testing and counseling weeks; integrated HTC, SMC, ART and TB outreaches to the island communities; 'moonlight' HTC specifically targeting the truckers and the commercial sex workers; home-based HTC specifically targeting couples; and home-based HTC designed to target the partners and exposed children of HIV positive index clients as a means of maximizing the identification and referral to care of all family members diagnosed HIV positive.

STAR-EC will also support training and supervision of health personnel to provide HTC services. These trainings will utilize the five-day National PICT Curriculum in order to standardize information sharing. In particular, the program will support the training of personnel from the newer CSO grantees (including BIWIHI and SIWAO that will specifically be working on the islands) and the NACWOLA community support agents in home-based HTC services using the MoH curriculum. The program will, in collaboration with districts and other partners to ensure appropriate health care waste management standards at the new HTC facilities.

STAR-EC will build the capacity of facility staff in pharmaceutical management including quantification and accurate and timely ordering and reporting, and work with National Medical Stores (NMS), Joint Medical Store (JMS), and SCMS to ensure adequate supplies of HIV test kits and consumables for all sites.

These activities will ensure adherence to and support of QA/QI standards.

STAR-EC will support the district health facilities and the CSOs to maintain quality HTC services through regular support supervisions by joint MoH, STAR-EC and District teams designed to ensure that health workers offer quality HTC services. VHTs, music dance and drama shows and radio stations will be harnessed to mobilize communities for HTC services. The program will support the production and dissemination of MoH data collection tools such as HTC client cards and registers. Health facilities will be supported to transport samples to reference laboratories for quality control. A total of 66 health workers will be trained to provide quality HTC services and 130,000 people are targeted to receive HTC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

In alignment with the key COP12 pivots, STAR-EC activities will address the prevention needs of the

primary target groups-- older adults youth out of school, discordant couples, MARPs/key populations -- through the implementation of high impact interventions in high HIV burden districts and hot spots frequented by MARPs.). In 2011, STAR EC undertook a MARPS mapping study and identified commercial sex workers and their clients, long distance truck drivers, motorcyclists, fisher folk as the key population for this region. The Hotspot marking through the PLACE methodology, will map out key populations including MSM in the various regions. This will help STAR -EC tailor interventions to any new identified key populations in this region

To increase demand and utilization of condoms among these key populations, STAR-EC will work with the USG communication partner to develop an advocacy strategy aimed at de-stigmatizing condoms. Community promotional campaigns will be implemented in high burden and hot spot areas through peer-to-peer strategy for interpersonal communication; use of linkage facilitators to mobilize men; community mobilization; and use appropriate channels of communication including print and electronic mass media. STAR-EC will increase the number of strategically located condom distribution outlets and engage with social marketing partners and the local hospitality industry to make condoms readily available particularly in bars, lodges and hotels in hot spots.

Amongst the MARPS, the interventions will focus on increasing perception of HIV risk associated with sex work, strengthening PwP among infected MARPs at facility and community levels, and scale up of evidence-based behavioral interventions like ART adherence, condom use. they will provide age-appropriate and comprehensive risk reduction strategies for young people who access their sites. Such programs will include reduction in the number of sexual partners ; providing and promoting correct and consistent use of male condoms. STAR-EC will target all clients in care and treatment with PHDP interventions with the aim of increasing knowledge of HIV status among PHLA and their partners, reducing the risk of HIV transmission and reducing HIV acquisition among person at high risk for infection. A total of 3,500 PLHA will be reached.

Program monitoring and evaluation activities will be supported within this budget to strengthen the collection of data through national HMIS tools and to improve the technical quality of data through periodic data quality assessments. Data use at facility level will be strengthened.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

STAR EC will use $ 1M PMTCT acceleration plan funds from FY 2011. Using PMTCT acceleration funds,

STAR-EC FY13 plans are to consolidate quality eMTCT service provision at 85 existing sites; increase access to eMTCT services through an additional 43 health facilities in high HIV prevalence areas (islands and lake shore facilities); capacity building and mentorships to improve eMTCT service delivery; and improving access to family planning, treatment of sexually transmitted infections and sexual and gender based violence services. STAR-EC will support provision of eMTCT services (as per 2010 WHO guidelines-Option B+) in 128 public and private not for profit (PNFP) health units across their nine districts using the four- prong approach. The target population includes pregnant women and their spouses, HIV positive pregnant women, HIV exposed infants, and health workers providing eMTCT services. HIV positive pregnant women will receive prophylactic ARV regimens (Option A) or treatment (Option B+) as appropriate. Eight hundred health workers will be trained in eMTCT according to the new national eMTCT guidelines. Provider initiated counseling and testing services will be promoted in maternal, neonatal and child health clinics, maternity and postnatal wards. STAR-EC will focus on creating demand for family planning services at both facility and community levels, and strengthening of the integration of family planning in HIV care services. The program will continue to promote HIV repeat testing for pregnant women during the third trimester, labour and delivery; safer delivery practices with particular emphasis to the island HCs II, the provision of anti-retroviral drugs for reduction of MTCT and the counseling on safe infant feeding practices. Six of the nine districts will receive funds from SDS to physically transport blood samples to the three referral laboratories in the region for CD4 testing. The other three districts will be facilitated through the Strengthening of Decentralization System (SDS) project. PMTCT mothers will be provided with cotrimoxazole prophylaxis and TB screening and management. Eligible clients (i.e.CD4 count of <350) will be counseled and enrolled into the HIV clinics to initiate Highly Active Anti-retroviral Therapy (HAART). To further improve access of the HIV exposed babies to EID, STAR-EC will support both the national EID and 'Child Day' drive in April and October; and the quarterly 'Know your Child's Status' drive in the nine districts. In FY13, HIV counseling and testing services will be provided to 102,706 pregnant and lactating women. An estimated 5,228 HIV+ pregnant women will be identified, of which 4,443 will be initiated on HAART for life and 784 will be provided with ARV prophylaxis. Infant EID and ARV prophylaxis will be provided to 5,228 exposed babies.

STAR-EC will continue to support the entire 85 'mentor mothers' based at 42 health facilities to provide one-on-one and group support. Family support group meetings (FSGs) will be facilitated at all eMTCT facilities to enhance adherence support to clients (mother-baby pairs) on ART and those that need to be followed up through the eMTCT cascade will also be facilitated. Lay providers, including the mentor mothers, CSAs, VHTs and the health workers, will be facilitated to actively follow up the mother-baby pairs missing clinic appointments particularly those that cannot be traced using telephone.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXS	966,110	0

Narrative:

STAR-EC will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. STAR-EC will enroll at least 9,506 new clients and support 20,515 adults on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals currently on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations.

STAR-EC will support the MoH roll-out of Option B+ for eMTCT through accreditation of health facilities as per the MoH accreditation scale-up plan and training, mentorship and joint PMTCT/ART support supervision. STAR-EC will support ART/PMTCT integration at facility level, piloting feasible service delivery models such as same- day integrated HIV clinics. CoR linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities and include TB/HIV integration to ensure early ART initiation for TB/HIV patients. Targeted community outreaches in high prevalence hard to reach and underserved areas will be conducted. STAR-EC will also target key populations using innovative approaches including setting up specialized services, such as moonlight services.

STAR-EC will implement quality improvement initiatives for the ART framework including: early initiation of ART eligible clients on treatment, improving adherence and retention and monitoring of treatment outcomes. Support will be given to use of innovative, low cost approaches for adherence, retention and follow up such as phone/SMS reminders, appointment registers, and 'alert' stickers. Special focus will be placed on adherence and retention of women enrolled under Option B+ and increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. STAR-EC will support the sample referral network in line with the national CD4 expansion plan and will monitor and report clients' access to CD4 in quarterly reports.

STAR-EC will build the capacity of facility staff in pharmaceutical management including quantification and accurate and timely ordering and reporting, liaise with UHMG for provision and distribution of basic care kits to clients and work with NMS, JMS and SCMS to ensure adequate, uninterrupted supplies of HIV commodities.
In addition, STAR-EC will work with USG partners and stakeholders for provision of required wrap around services, particularly family planning and malaria diagnosis and treatment. STAR-EC will work under the guidance of MoH ACP and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision. Funding has been provided through Strengthening Decentralization for Sustainability

(SDS) program to support the recruitment of additional staff in STAR-EC supported districts to achieve program targets. STAR-EC will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	11,505	0

Narrative:

STAR-EC will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. STAR-EC will enroll at least 1,806 new HIV positive children on treatment and support 3,066 children current on ART by APR 2013. This will contribute to the overall national and PEPFAR target of 39,799 new pediatric enrolments and a total of 64,072 children currently on treatment.

In FY13, STAR-EC will support the national program scale up of pediatric treatment through strengthening the identification, follow up and treatment for all infants through EID focal persons, peer mothers, SMS messages/phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive children under two years of age in line with the national treatment guidelines.

STAR-EC will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. STAR-EC will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

STAR-EC will liaise with PACE and UHMG for provision and distribution of basic care kits to clients and work with NMS, JMS and SCMS to ensure adequate, uninterrupted supplies of HIV commodities. STAR-EC will build the capacity of facility staff in pharmaceutical management including quantification and accurate and timely ordering and reporting.

In addition, STAR-EC will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTH

Qual, ASSIST, and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. STAR-EC will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-EC will work under the guidance of MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 9303	**Mechanism Name: DOD Mechanism**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,291,188	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,291,188

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Research Triangle Institute (RTI Intl) 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 was awarded this project in November 2008 to support the Uganda Peoples' Defense Forces to improve access to and utilization of quality HIV-related services by the military and their families. The primary objectives of the project include: Improving knowledge of HIV sero-status among soldiers and their families; Strengthening prevention of mother-to-child transmission (PMTCT) of HIV among military families; Strengthen basic and specialized care and treatment of HIV infected soldiers and dependants; Improve diagnosis and management of TB-HIV co-infection among military families; and Support mitigation of HIV impact for orphans and vulnerable children (OVC) in military families. For the past three years, RTI has provided

comprehensive support in various aspects of HIV programming to 10 core and other military health facilities across the country. In FY2012, RTI will additionally support the scale up of safe male circumcision as part of the comprehensive HIV prevention package. RTI support will focus on activities that strengthen systems to further build the institutional capacity for sustainability. RTI will promote quality service delivery by emphasizing capacity building through in-service training and technical support to the different HIV program areas to improve providers' knowledge and skills; strengthening commodities supply chain management, and close monitoring of performance of the supported facilities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	15,000
Food and Nutrition: Commodities	42,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**9303**
Mechanism Name:	**DOD Mechanism**
Prime Partner Name:	**U.S. Department of Defense (Defense)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	494,606	0

Narrative:

In FY2011, RTI expanded its support from 6 to 10 UPDF health facilities from Northern, Eastern, Western and Central Uganda, increasing access to comprehensive HIV care and support services by HIV-positive patients of all age groups in the supported facilities. The support provided include remodeling of ART clinic space, supply of furniture and basic equipment for patient management, supporting baseline CD4 testing– collection, transportation of blood samples to the reference laboratory, Septrin supplementation to minimize stock-outs, and instituting quality improvement measures in service delivery. Four ART clinics were remodeled and equipped with furniture for patients and clinicians and all ART clinics for the 10 supported facilities received basic equipment for patient care. By August 31st, 2011, 316 new HIV+ clients had been enrolled at the 10 supported facilities and a total of 4,214 patients were enrolled on HAART.

In FY2012, DOD-UPDF will continue to provide support to all ART military facilities across the country focusing on institutional capacity building and systems strengthening in order to consolidate achievements made in FY2011. DOD-UPDF with support from RTI will provide care services to 29,268 HIV positive uniformed personnel, their families and individuals in the catchment areas. Remarkable improvement has been made in the past year in increasing access to both comprehensive HIV care and support services, and in the quality of patient management. However, routine performance assessments done during technical support visits showed gaps in linkages between diagnosis and chronic care and patient retention into care and adherence to treatment. RTI will implement approaches to promote an effective continuum of response model and monitor key indicators along the continuum. In view of this, RTI support in FY2012will focus on: i)strengthening linkages between diagnosis and chronic care through improved patient referral from HCT, PMTCT, TB, OVC, VMMC and other Health service delivery points within and outside the facilities using linkage facilitators. ii)strengthening adherence monitoring and counseling by the health care workers in the ART clinics of all the 10 supported facilities – health care providers will be re-oriented on adherence monitoring and counseling, and routine supportive supervision. The project will also support the establishment and running of two satellites ART clinics for troops in hard to reach areas that are currently receiving their treatment from Mubende and Moroto. iii) Scale up the number of clinician and nurses' teams who take short courses in HIV chronic care, with special focus on pediatric HIV care – 60 health workers will be trained to bridge the knowledge gap resulting from transfer and recruitment of new health workers. To further bridge the existing human resource gaps in the facilities, we will continue to support the use of a minimum of 4 volunteer health workers and/or PHAs per target facility to provide counseling, psychosocial support and helping patients to develop sexual behavior, care and treatment plans in order to prevent HIV transmission and improve adherence.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation

in line with MoH guidance. RTI will support sample referral and will monitor and report clients' access to CD4 in quarterly reports. In addition, RTI will regularly keep track and report on client waiting lists.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	450,000	0

Narrative:

One of RTI's project objectives is to support the mitigation of HIV impact for orphans and vulnerable children (OVC) in military families. In FY2011, OVC support focused on building the Institutional (UPDF) capacity to provide care and support to OVCs living within the military bases. Activities undertaken by the RTI team include the establishment of OVC implementation committees and focal persons in two facilities (Kakiri and Mubende), and training 27 committee members on OVC programming, care and support. Through OVC implementation committees, the project identified and enrolled 264 OVC households for support. All enrolled households received support in at least 3 core program areas (health, nutrition and food security, education, and social economic security) as well as receiving psychosocial support for both caregivers and enrolled children. In FY2011, RTI supported the training of OVC caregivers from all 264 supported households on parenting, caring and supporting OVCs. Caregivers were also trained on vegetable and cereal growing to improve on their crop yield.

In FY2012, RTI will consolidate achievements made in FY2011 in the two currently supported military facilities, while scaling up to two more facilities in Northern and Eastern Uganda. The two new facilities will be selected based on the number of OVC's living within the bases, and on their level of vulnerability. The 264 OVC households supported in FY2011 will be maintained with an additional 236 households enrolled from the two new facilities, to make a total of 500 OVC households receiving project support with 1200 OVCs reached. Activities will focus on further building the capacity of OVC caregivers to effectively provide care and support for OVCs, as well as building the skills of the UPDF staff/facility OVC implementation committees to increase demand for services and improve linkages with the health care system.. For example, to further build OVC caregivers' capacity to support OVCs, RTI will conduct a 3 day training for the 236 newly identified caregivers. Training will focus on building caregivers' knowledge and skills on; child development and needs, good parenting and guardianship, how to communicate with children, Child Rights and Abuse, and child support systems. Lessons will focus on increasing caregivers' understanding of their roles in supporting the different categories of vulnerable children and the role of the government, local leaders and at of implementing partners in providing additional support. A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. OVC Implementation committee will take the lead to make sure that all HIV positive children, who are receiving support and not on treatment, will be linked to a facility OVC focal person to be enrolled for treatment services. Similarly, children identified at facility to be

HIV positive and not receiving community social services will be liked to OVC implementation committee by a facility OVC focal person. Child protection issues shall be emphasized and RTI will take the advantage of existing structures responsible for children issues. In every barracks there is a Family and Well fare committee that takes care of all child abuse cases.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	218,599	0

Narrative:

In FY 2011, RTI supported TB/HIV co-infection service in 10 military health facilities. The support activities mainly aimed at promoting early TB detection and treatment among HIV infected patients. By August 31, 2011, close to 4214 HIV- positive patients had been screened for TB and 228 new TB patients started on TB treatment. To further build capacity of health workers to effectively manage TB/HIV co-infected patients, RTI targeted and trained 45 lower cadre health care workers (clinical officers and nurses) on TB/HIV collaborative activities.

DOD-UPDF will focus on supporting the GOU to scale up TB/HIV integration; and specifically aim to achieve TB screening of 90% of HIV positive clients in care. This will be done in the districts of Gulu, Kampala, Mubende, Pader, Nakasongola, Luwero, Wakiso, Mubende, Tororo and Moroto. 26,341 HIV positive clients will be targeted for TB screening and a target 878 individuals will be started on TB treatment.

During FY 2012, RTI will continue to support efforts that provide cross-referral and integrate diagnosis, treatment and support services for TB and HIV in 10 target military facilities across the country. HIV-positive individuals will be actively screened at initial diagnosis and during follow up at chronic care clinics and the TB positives treated. The program will also promote provision of HIV counseling and testing to all patients in the TB clinics. RTI will further build the capacity of health care workers from the 10 military facilities to better understand policies and guidelines for integrating TB/HIV interventions - 100 health workers will be reached with in-service training on TB/HIV co-infection. This will lead to better management of TB/HIV co-infected patients, to maximize TB case detection, increase treatment completion rates including DOTS and ART literacy. A focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners ensuring adequate natural ventilation, etc. In addition, the project will continue to support the implementation of the national Intensified Case Finding strategy within the target military health facilities. TB Infection control measures in HIV care settings will be enhanced through literacy campaigns for patients and health workers, triage of symptomatic patients and enhanced TB case-finding. RTI will collaborate with MOH/NTLP to ensure a constant supply of TB drugs, and ARVs to TB/HIV co-infected patients. Furthermore, the project will collaborate with NTLP to roll out the revised national TB/HIV treatment guidelines, infection control and MDR-TB guidelines to all support UPDF facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	11,668	0

Narrative:

The goal of the pediatric HIV care and support program is to extend and optimize quality life for HIV infected children of military families and surrounding communities, through the continuum of illness by provision of clinical, psychological, spiritual, social and prevention services. The services are provided using mainly the facility based approach, in 12 ART accredited centers. RTI continued to build the capacity of UPDF health workers in pediatric care management through trainings. A total of 20 health workers were trained in specialized pediatric HIV care and treatment from 10 clinics. This enhanced health workers skills and knowledge in providing pediatric care. RTI staff will conduct follow up visits on trained health workers to assess the progress made on pediatric HIV care integration and providing on site mentorship and technical support. RTI will continue to provide supplemental pediatric septrin formulation buffer stock in all supported clinics.

In FY2012, 2,671 HIV positive children will be targeted for enrolment into the care and support program. RTI will support comprehensive child friendly care and support services to all facilities among the Ministry of Health accredited ART facilities in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

RTI will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including, sexual and RH services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

The program will support referral of blood samples for HIV positive children for CD4 testing and timely return of results. Short courses for clinical officers and nurses in pediatric care and treatment will be conducted and be given special emphasis. RTI will work in collaboration with the MOH-ACP to distribute the pediatric HIV care and treatment guidelines and job aids to all health workers involved in pediatric HIV care and treatment.

All new health care workers in the supported health facilities and in the two new facilities will be trained to

provide facility-based palliative care and /or referral for further assessment and specialized care for HIV+ children. Refresher training and technical support supervision will be provided as needed to ensure quality delivery of Palliative Care services for children. In order to minimize stock-outs, RTI will support health unit staff in forecasting and requisitioning for the right amounts of drugs and other basic care supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

In FY 2011, NAMERU was involved in the development of human capacity in the HIV clinic data collection, management and reporting. A total of 28 data managers were trained, and all required data capturing and reporting tools were provided to all supported health facilities. They aimed at setting up a functional paper–based HIMS that can accurately and timely report relevant data according to national and PEPFAR reporting needs. Computer based data management with internet reporting was introduced in all supported health facilities. A data base has been introduced and they are testing out an electronic data based system.

In FY 2012, NAMERU will aim at transforming all the paper based medical records into an electronic form. Data collection tools will be supplied to all UPDF ART health facilities. A core support team will be trained in electronic data base management so that these can offer on-job training of the UPDF data clerks and health workers. This aims at launching a functional integrated internet based HIMS where data from all clinic sites can be accessed by the data managers at the center. UPDF M&E staff, Division and Unit data managers, will receive training and mentoring on data management. NAMERU will also carry out data validation and behavioral surveillance in the UPDF. NAMERU will contributions towards strengthening national systems for Treatment monitoring, evaluation, and health information. NAMERU will enhance monitoring and reporting through the MOH HMIS tools and periodic quality assessments (DQA). Data use will be strengthened through supporting monitoring and evaluation focused in-service training for health workers to foster program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	882,473	0

Narrative:

In FY2011, UPDF provided VMMC services at 4 static sites namely- Bombo, Gulu, Mbarara, and Katabi, circumcising about 700 men. Male circumcisions is highly acceptable among uniformed men however service delivery is limited by human resources, commodities availability, and administrative and other

structural issues that influence uptake of VMMC.
In FY2012, RTI will provide technical support to the UPDF team to scale up VMMCservices. A total of 21,011 men will be circumcised by DOD-UPDF as a contribution towards the target of 750,000 men. UPDF VMMC implementation strategy will been redesigned with the aim to: 1) Increase uptake of VMMC up to 80% of all eligible males in the UPDF, by utilizing static and mobile VMMC service delivery teams; 2) Provide VMMC as part of comprehensive HIV prevention package that includes—risk reduction, increased condom use, reduction in the number of sexual partners, early identification and treatment of sexually transmitted infections, and prevention for positives and; 3) Provide linkages to care and treatment for PLHWAs identified during the VMMC campaigns.
The program will primarily target men aged 15 – 49 years, to include UPDF staff, their dependents and civilians. VMMCwill be provided for only eligible males who voluntary consent for the surgical procedure. VMMC service delivery will be expanded to two more static facilities and three mobile teams that will cover military personnel in underserved hard to reach areas across the country.
In order to increase demand, RTI will work hand-in-hand with the UPDF Medical Directorate, MOH and DOD/PEPFAR VMMC members to sensitize and solicit support from UPDF leadership to take a lead in the communication and mobilization of the uniformed men for VMMC services. There will be a high level of planning and coordination for VMMC activities so that uniformed personnel are available at the time when the services are offered, and are given time-off after surgery, including some days of light duty, 1-2 weeks after surgery. The VMMC site coordinators, UPDF health care providers and peer educators will reach the target population with VMMC messages during ongoing routine HIV prevention education activities, and through VMMCspecific mobilization activities.
In order to ensure quality, VMMC clinical protocols and guidelines will be provided to ensure that teams offer services based on the recommended national and international standards. Standard surgical approach that is simple, safe and effective, requiring minimal specialized skills will be adapted to reduce the probability of complications and to allow appropriate task-shifting to health-care cadres with lower qualifications and; the team will receive support supervision once every three months during which the providers' performance will be assessed based on a standard quality checklist and onsite feedback and mentorship will providedExternal quality assurance (EQA) will be implemented and monitoring and reporting of all activities will be done. RTI with NAMERU will enhance monitoring and reporting through the MOH HMIS tools and periodic quality assessments (DQA). Data use will be strengthened through supporting monitoring and evaluation focused in-service training for health workers to foster program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	100,000	0

Narrative:

In FY 2011, NAMERU implemented an injection safety program in all the 14 UPDF supported health facilities and will seek to build on this for sustainability and consolidation.
The program has so far trained a total of 740 UPDF health workers and medical waste handlers in 14 UPDF health facilities. NAMERU has ensured a consistent supply of injection safety materials such as single–use syringes, personal protective equipment, safety boxes, medical waste bins and waste paper bags. They have reprinted and distributed National Policy and Guidelines to all health workers and facilities. Also provided are Information, Education and Communication materials to reinforce behavior change.
During FY 2012, NAMERU will continue to support injection safety program in the following area;
Trainings- Refresher trainings will be arranged for all the health workers and medical waste handlers at the 14 UPDF health facilities. Trainings will focus on safe blood drawing procedures, proper handling of medical waste and the general principles of minimizing medical transmission of HIV/AIDS in particular and blood-borne diseases in general.
Promotion for behavior change will be emphasized and all necessary IEC materials will be printed and displayed in all supported facilities. In addition, Ministry of Health Guidelines and standards for injection safety and proper medical waste management will be provided.
Supply of injection safety materials will be maintained in all the supported health facilities. In addition, every supported health facility shall offer Post Exposure Prophylaxis (PEP) services and a log of all occupational and other exposure occurrences kept. Every supported health facility will have a designated PEP focal person who will offer a comprehensive PEP package including counseling, testing and drugs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	0

Narrative:

During FY2011, RTI supported behavior change activities in 10 target military facilities in the different parts of the country. The activities targeted in-school male and female youth between the age of 10 -14 years mainly pupils in the upper primary school; in-school and out-of school youth between the ages of 15- 24 years, and; Adults 25+ years mainly uniformed personnel and their partners. Behavioral change message were disseminated through small dialogue meetings of 20-25 people. A total of 7,798 individuals were reached with ABC messages and 5,781 with A only messages during FY2011.
In FY 2012, RTI will continue to support sexual prevention activities for behavior change in all the 10 target military facilities, other military facilities, and the Mobile VMMCMC unit. The project will target adolescents in and out of school in the age groups 10 -14 years and 15- 24 years, and adults 25+ years mainly the uniformed personnel and their partners. School going youths from upper primary level through secondary schools will be reached at school by health care providers from the military health facilities in

collaboration with school teachers who received training in abstinence and being faithful (AB) information dissemination approaches. Out of school youths and adults will be reached through small group community dialogue meetings and health education sessions organized in collaboration unit commanders and welfare officers. Similar to those organized in schools, participation in each meeting will range between 20-25members. Each of the 10 health facilities will conduct at least 1 outreach per week, each one of the categories will be targeted every month. The facilitators involved in the dissemination of information will receive orientation to update their knowledge on AB information dissemination and will receive a package of materials to use in the dialogue meetings in order to standardize the information to be disseminated. Project staff will conduct regular monitoring activities including sit-in sessions, exit interviews to participants and program review of field activity reports to ensure the program is implemented effectively. This activity proposes to reach 10,000 individuals with AB messages while Abstinence only messages will reach 3300 individuals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	601,414	0

Narrative:

During FY2011, RTI supported behavior change activities in 10 target military facilities in the different parts of the country. The activities targeted in-school male and female youth between the age of 10 -14 years mainly pupils in the upper primary school; in-school and out-of school youth between the ages of 15- 24 years, and; Adults 25+ years mainly uniformed personnel and their partners. Behavioral change message were disseminated through small dialogue meetings of 20-25 people. A total of 7,798 individuals were reached with ABC messages and 5,781 with A only messages during FY2011.
In FY 2012, RTI will continue to support sexual prevention activities for behavior change in all the 10 target military facilities, other military facilities, and the Mobile VMMCMC unit. The project will target adolescents in and out of school in the age groups 10 -14 years and 15- 24 years, and adults 25+ years mainly the uniformed personnel and their partners. School going youths from upper primary level through secondary schools will be reached at school by health care providers from the military health facilities in collaboration with school teachers who received training in abstinence and being faithful (AB) information dissemination approaches. Out of school youths and adults will be reached through small group community dialogue meetings and health education sessions organized in collaboration unit commanders and welfare officers. Similar to those organized in schools, participation in each meeting will range between 20-25members. Each of the 10 health facilities will conduct at least 1 outreach per week, each one of the categories will be targeted every month. The facilitators involved in the dissemination of information will receive orientation to update their knowledge on AB information dissemination and will receive a package of materials to use in the dialogue meetings in order to standardize the information to

be disseminated. Project staff will conduct regular monitoring activities including sit-in sessions, exit interviews to participants and program review of field activity reports to ensure the program is implemented effectively. This activity proposes to reach 10,000 individuals with AB messages while Abstinence only messages will reach 3300 individuals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	215,000	0

Narrative:

In FY 2011, UPDF piloted Commander Peer led training in the second division that was successfully implemented. In this strategy, commanders at each level were selected and trained as peer educators for their respective peers. A total of 250 Commander Peer educators were trained and passed out. These peer educators unlike the previous peer educators will be able to reach their respective peers with ease. In addition, Senior Commanders from UPDF medical services and HIV Directorate carried out a sensitization campaign on Alcohol and drug abuse within all 5 divisions of UPDF.
During FY 2012, other sexual prevention program will focus on increasing access to condoms by the military community. This will be achieved through placing condoms in all health facilities in places with easy accessibility. In addition, peer educators and counselors will be given condoms for distribution whenever they are conducting health education talks. Condoms will primarily be obtained from the national Ministry of Health procurement system.
DOD will continue to support current activities that include health education/film shows/drama show outreaches integrated with HIV Counseling and Testing outreaches, health talks at military parades and training institutions to further build the capacity of UPDF personnel for sustainability purposes. Peer educators will be engaged in quarterly review meetings to keep track of their performance and where possible refresher trainings be organized to equip them with new information and skills in HIV prevention. UPDF HIV Directorate will continue to take advantage of every social event like football shows, army week, world AIDS day to show case for HIV prevention, like supporting a popular commander to address the participants, facilitating PHAs to give testimonies and others.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

During FY2011, RTI supported PMTCT activities in ten military hospitals (Kakiri, Katabi, Mubende, Rubongi, Nakasongola, Mbarara, Bombo, Gulu, Acholi Pii and Moroto) across the country targeting a minimum of 80% of pregnant women and 25% of partners of pregnant women attending ANC in these

facilities. RTI supported routine counseling and testing of pregnant mothers and their spouses in ANC; linkage to care and support services; assessment of HIV-positive mothers for ART; enrollment into chronic care; provision of HAART and prophylactic ARVs to the mothers and babies; and training health workers on PMTCT service delivery to enable them to effectively provide PMTCT services. In FY2011, a total of 1,254women were counseled tested and received results, and 254 mothers and babies received ARV prophylaxis. In addition, 60 health workers were trained on PMTCT-EID strengthening strategy.

In FY2012, RTI will continue providing support to the 10 health facilities to consolidate achievements made and to further strengthen systems for implementation of the PMTCT-EID cascade. The project will promote the integration of PMTCT activities within the routine maternal and child health services at the target facilities. RTI support will also focus on activities that empower facilities to provide a continuum of PMTCT services, strengthening linkages between PMTCT and other HIV program areas within and outside the supported facilities. The project will support facilities to provide routine counseling and testing of pregnant women and partners; assess HIV-positive women for ART eligibility; enroll patients into care and support; provide ARVs to HIV-positive pregnant women and prophylactic ARVs to their babies; perform HIV testing for exposed infants; promote good infant feeding practices; and provide screening for sexually transmitted diseases.RTI will also continue to support activities that enhance links between community and facility services so that they will complement and reinforce each other for maximum impact on PMTCT; on the health of mothers; and on the preventive, mobilizing effect of the program on the community at large. The project will promote the use of pregnant women as index contacts to support the involvement of partners in the PMTCT program by promoting HIV testing for family members; couples counseling; disclosure of sero-status; and support for discordant couples. RTI will continue to build the capacity of health workers to provide quality PMTCT services through technical support and on site mentorship, continuing medical education, and short course in-service trainings. Through this effort 3,829 mothers will receive HTC and 91 pregnant women with known HIV status reached. The same number will be assessed for ART eligibility while 261 women will receive antiretroviral drugs for MTCT risk reduction. 276 babies born to these mothers will receive EID and all positive babies will be started on ART.

Although the budget is zero, these activities will be carried out using the $150,000 acceleration PMTCT funding that was received.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,145,784	0

Narrative:

The goal of the adult treatment program area is to extend and optimize quality life for HIV infected clients and their families, through management of common illnesses, improving clinical infrastructure and

provision of monitoring laboratory tests.
During FY2011, RTI a DoD-UPDF implementing partner focused on promotion of quality management of patients in all supported health facilities with the ART clinics. In addition 1 ART satellite clinic was established in Ntungamo army detach in Mubende for easy accessibility of services by the clients. A team of health workers from Mubende army hospital was supported with logistics to conduct a monthly satellite clinic at Ntungamo. In Mubende, RTI emphasized on improving knowledge of health workers on pediatric HIV Care, mentorship to health workers in ART clinics, HIV patient CD4 monitoring and supplementation of prophylaxis drugs. RTI supported Moroto health facility to organize the clinic space previously remodeled, and also supported ART clinic staff to come up with modalities to strengthen linkages between PMTCT mothers and babies and the ART clinic.
Following the supply and installation of Point Care CD4 machines in Acholi Pii, Mbarara, Moroto and Nakasongola, access to CD4 testing has significantly improved. Other sites like Kakiri, Mubende, Katabi, and Rubongi were supported to refer their samples to reference laboratory for CD4 testing.
In FY2012 RTI will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. DoD-UPDF with support from RTI will enroll at least 5,131 new clients both adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies.

RTI will support the MoH roll out of Option B+ for eMTCT through the following activities: training, mentorship and joint PMTCT/ART support supervision.
Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. RTI will expand and give support to 5 ART satellite clinics in the hard to reach and underserved areas of Moroto and Mubende.

RTI will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders and appointment registers
Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance using Point Care CD4 machines. RTI will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	21,644	0

Narrative:

The goal of the pediatric HIV care and support program is to extend and optimize quality life for HIV infected children of military families and surrounding communities, through the continuum of illness by provision of clinical, psychological, spiritual, social and prevention services. The services are provided using mainly the facility based approach, in 12 ART accredited centers. RTI continued to build the capacity of UPDF health workers in pediatric care management through trainings. A total of 20 health workers were trained in specialized pediatric HIV care and treatment from 10 clinics. This enhanced health workers skills and knowledge in providing pediatric care. RTI staff conducted follow-ups on trained health workers to assess the progress made on pediatric HIV care integration and providing on site mentorship and technical support. RTI will continue to provide supplemental pediatric Septrin formulation buffer stock in all supported clinics.

In FY 2012 as a contribution to the national targets, DOD-UPDF will enroll at least 2,671 new HIV positive children and support 467 children on ART by APR 2013.

RTI will continue its support to provision of comprehensive pediatric HIV care services to all facilities among the Ministry of Health accredited ART centers. RTI will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under 2 year olds in line with the national treatment guidelines. A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

The program will support referral of blood samples for HIV positive children for CD4 testing and timely return of results. Short courses for clinical officers and nurses in pediatric care and treatment will be conducted with special emphasis on pediatric care and treatment. RTI will work in collaboration with the MOH-ACP to distribute the pediatric HIV care and treatment guidelines and job aids to all health workers involved in pediatric HIV care and treatment.

All new health care workers in the supported health facilities and in the two new facilities will be trained to provide facility-based palliative care and /or referral for further assessment and specialized care for HIV positive children. Refresher training and technical support supervision will be provided as needed to ensure quality delivery of Palliative Care services for children. In order to minimize stock-outs, RTI will support health unit staff in forecasting and requisition for the right amounts of drugs and other basic care supplies. RTI will work under the guidance of MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 9325	**Mechanism Name: Uganda Capacity Project (UCP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,376,477	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,376,477

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Uganda Capacity Project (UCP) is to contribute to the reduction of mortality and morbidity of Ugandans. The primary objective is to develop capacitiy at national and district levels for effective and efficient management of human resources for delivery of health services. These objectives are linked to the GHI principles of encouraging country ownership and investing in country-led plans and sustainability through health systems strengthening. The activities for FY2012 include establishing a Human Resource Information System (HRIS) to support evidence based decision making, developing operational HRH plans based on national HRH policy and strategy, advocacy for increased financing of HRH, developing capacity for performance management and regulation of practice, establishing systems for quality pre-service and in-service education, and providing technical support to districts to hire staff.
UCP targets human resource (HR) managers in both public and private sectors. UCP prioritizes selected districts for testing interventions for scale-up.

UCP prioritizes districts in which other USG projects are working for synergy as well as leveraging resources across government and other implementing partners.

UCP works through local counterparts to strengthen existing government structures and to promote buy-in for its interventions, ensuring continuity and sustainability. UCP builds on the efforts of partners and government to ensure the program activities are owned and in line with national policies and

strategies.
UCP developed a Performance Management Plan (PMP) that establishes indicators and targets the project will track to monitor the achievement of key objectives. UCP currently has 2 project vehicles and none will be purchased this year.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,376,477

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9325**

Mechanism Name:	Uganda Capacity Project (UCP)		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,376,477	0

Narrative:

Human Resources for Health (HRH) system barriers that UCP aims to address include: shortage of health workers characterized by inadequate number and skill mix, low retention and motivation, poor performance and high rates of absenteeism.

UCP is a national level project which works to strengthen HRH systems for the management of the health workforce at national and districts levels. It targets mainly HR managers, administrative and political leaders who work with and support the health workers, health professional councils and associations, and training institutions in both public and private sectors.

Planned PEPFAR activities to address HRH system barriers in FY2012:

1) Maintain a functional Human Resource Information System databases in 49 districts from current 27, 4 Health professional councils (HPCs) and 3 ministries (MOH, MOES and MOPS) to provide reliable information to plan for recruitment and deployment; 2) developing operational workforce plans to ensure systematic actions to address HRH priorities. Advocating for increased financing of HRH, expand performance management to 10 districts from the current 7 to improve productivity; 3) establishing systems for quality pre-service and in-service education to develop performing health workforce; 4) training 120 tutors in mentoring students which will contribute to production of approximately 600 nurses and midwives; UCP had supported training of 122 mentors in FY 2010 and 146 mentors in FY 2011 contributing to production of approximately 1,340 health workers; 5) supporting Universities in placement of students for practicum training; UCP in FY 2011 supported Mbarara university in placement of 79 students for practicum training; 6) Supporting HPCs to establish supervisory authorities for regulation in 80 districts having reached 40 districts in 2011, and expanding logistical and technical support to 10 new districts to recruit staff. The 3 functional areas of the mechanism are HRH policy and planning, Human Resource Development and support, and Human Resource Management. The 3 functional areas are interlinked and are implemented in an integrated manner to enhance efficiency and effectiveness. The resources leveraged from government include infrastructure, equipment and personnel. Additional financing for inputs is tapped from other projects and donors.

UCP works with government and other implementing partners providing HIV/AIDS and health services to leverage inputs that facilitate health workforce performance for effective delivery of health services e.g SURE project for medical supplies.

UCP interventions derive from government policies and strategies e.g National Health Policy, National

HRH Policy, Health Sector Strategic and Investment Plan and HRH Strategic Plan. UCP will support Ministries of Health and Education to accelerate production of critical cadres that are in short supply through increasing annual intake of Enrolled midwifery trainees by 200, increasing annual intake of pharmacy technicians by 150 and training 1000 Comprehensive Nurses in short term midwifery training. UCP will work with MOH and the Ministry of Education to train 120 tutors in mentoring pre-service trainees.

Implementing Mechanism Details

Mechanism ID: 9335	**Mechanism Name: Expanded Access to Palliative Care**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: HOSPICE AFRICA, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,386,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,386,000

Sub Partner Name(s)

Palliative Care Assocation of Uganda		

Overview Narrative

“Expanding Access of Scope of Palliative Care to People Living with HIV/AIDS and their Families” is a 5-year Cooperative Agreement with Hospice Africa Uganda from September 30, 2008 to September 30, 2013. The program aims to expand the coverage and scope of palliative care services for PLWHA and their families in Uganda, specifically in the catchment areas of Kampala, Mbarara and Hoima.
The intended results of the project are:
Result 1: Develop the three Hospice Africa Uganda branches in Kampala, Mbarara and Hoima as model centers for holistic Palliative Care delivery and training.

Result 2: Build competencies of HIV/AIDS care organizations in palliative care.
Result 3: Influence national policy to reposition pain, symptom management and end of life care within the overall health and HIV/AIDS care.
Result 4: Develop Hospice Institutional Capacity to effectively manage and sustain the program.

The project implements a two-pronged approach to expand access and coverage:
1) Direct services to people living with HIV/AIDS and their families.
An average of 1,500 PLWHA and their families are reached annually. An average total of 6,000 caregivers (4 per household) are also trained in basic palliative for their patients.
2) Training and capacity building program which aims to transfer skills in pain and symptom management, terminal care and provision of psychosocial services to other HIV/AIDS service organizations (specifically USG agencies) and community volunteers in Uganda.

In FY2012, as part of an exit strategy, Hospice plans to implement a sustainability action plan that aims to find innovative means to diversify Hospice's sources of income so as to ensure sustainability of this local indigenous organization once PEPFAR funding ends.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	7,333
Human Resources for Health	952,506

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Malaria (PMI)

TB
Workplace Programs

Budget Code Information

Mechanism ID:	**9335**		
Mechanism Name:	**Expanded Access to Palliative Care**		
Prime Partner Name:	**HOSPICE AFRICA, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,386,000	0

Narrative:

Target Population: An average of 1,500 People Living with HIV/AIDS (PLWHA) and their families are reached annually. A average total of 6,000 caregivers (4 per household) are also trained in basic palliative for their patients annually. PEPFAR/Uganda, through twenty nine implementing partners, supports roughly 812,989 HIV/AIDS clients in clinical care programs. Hospice's training and capacity building program aims to transfer skills in pain and symptom management, terminal care and provision of psychosocial services to these HIV/AIDS service organizations in order to reach this target population.

Service delivery: Hospice will focus its direct service delivery activities on HIV/AIDS patients in need of critical care in pain management and end of life. Hospice will continue supporting community palliative care coverage in its three sites through the use of community volunteer workers. A total of eight USG partners have been trained since 2009. The partners will continue to be supported with post-training mentorship and support. These partners are expected to roll out and support palliative care activities in their respective districts, with Hospice's continued technical assistance as needed. Concurrently, a total of 120 Health workers and 150 community volunteers are targeted annually in districts supported by USG partners. Follow-up training, mentoring and support supervision of the community volunteers will be carried out by the trained USG partner in collaboration with Hospice staff.
Integration: Hospice integrates HIV/AIDS counseling and testing and nutrition supplementation for its patients. Hospice has also established a referral network with other organizations that provide HIV/AIDS care and treatment services, the majority of which are funded by USAID. These organizations also refer patients to Hospice, as they do not offer the home-based care services for the dying or those in acute/chronic pain that Hospice provides.

Relation to the national program: The national Health Sector Strategic Investment Plan (HSSIP) and the

national HIV/AIDS strategic plan (NSP) both highlight the importance of palliative care as a key element in the continuum of care for HIV/AIDS patients. In FY2011, the Ministry of Health issued a circular to all districts instructing leadership to scale up district palliative care and to create focal palliative care positions at the district level. In addition, Hospice Africa Uganda has been recognized as an Institution of Higher Education by the Ministry of Education and by the health service commission. Health Systems Strengthening: Hospice will target 180 health professionals with in-service training in palliative care.

Implementing Mechanism Details

Mechanism ID: 9338	**Mechanism Name: Provision of community-based HIV/AIDS prevention, care and support services in Uganda**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,597,525	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,597,525

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the project is to improve HIV/AIDS prevention, care and support services through community based approaches. Specific objectives include: 1) improve quality of life of HIV positive individuals and families; 2) increase access of Orphans and Vulnerable Children (OVC) to services; and 3) build capacity of indigenous organizations. In order reduce duplication, FY 2012 funding to TASO through USAID will be in prevention and OVC services, while CDC support will focus on HCT, care and treatment. The geographic coverage of the program will be through TASO's 11 national centers; the catchment area

of each center is a 75 km radius.
To ensure smooth execution of the project and monitor progress, TASO will ensure systematic analysis of project results and reports, regular support supervision, and use participatory monitoring mechanisms. TASO is currently transitioning the outreach approach in some sites with the aim of system strengthening to ensure that facilities that used to host TASO are capable of providing quality HIV/AIDS services as part of their routine operation.

Efficiencies built in the program include merging the role of field officers and counseling offices, and integration of drama activities with the overall prevention approach, which has enabled the program to reach more individuals that are mobilized through educational drama entertainment. The counselors follow this up with individual and group sessions. The group therapy approach enables counseling service delivery to a larger population. In addition TASO conducts joint support supervision visits with district, MOH and development partner teams, involving the VHTs in service delivery and community mobilization. TASO programming in FY 2012 will emphasize combination HIV prevention.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVOP	Selected civil society organizations	291364	IEC materials for HIV prevention
HVSI	Selected civil society organizations	903007	Training service providers in HIV prevention
OHSS	Selected civil societiy organizations	14500	Procurement of computers

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Education	50,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Gender: Reducing Violence and Coercion	70,000
Human Resources for Health	300,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9338**
Mechanism Name:	**Provision of community-based HIV/AIDS prevention, care and support services in Uganda**
Prime Partner Name:	**The AIDS Support Organization**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,097,525	0

Narrative:

The key goal of this project is to enhance access to comprehensive services by Orphans and Other Vulnerable Children (OVC) in line with the National Strategic Program Plan for Intervention (NSPPI) for OVC. TASO will reach 20,000 OVC, who are HIV positive or have lost a parent to AIDS or are living in HIV/AIDS affected households and are vulnerable to HIV infection or its socio-economic consequences.

The strategies include provision of a comprehensive care package of services that include socio-economic empowerment, psychosocial services, medical care, child protection, education support and food security and nutrition support based on household assessments. Psychosocial and medical support will be provided routinely to children living with HIV/AIDS. These services will be provided through child care centers and psycho-social support will be provided by specialized child counseling experts. Therapeutic and supplementary feeding will be given to moderately or severely malnourished children. Caregivers of chronically ill household members will be counseled about alternative food security practices and trained in appropriate nutrition. Educational support will be given to children living in extreme poverty to enable them benefit from universal primary or secondary education while subsequently their households will be targeted for economic strengthening interventions to enable caregivers to eventually take over their primary responsibilities. Community structures like PLHIV networks, peer mother and youth will be used to mobilize OVC households for outreach services. Those identified as positives will be immediately linked to care and treatment services. All children will benefit from child protection services and HIV prevention services. OVC households in need of services not offered under the TASO OVC program such as food security will be assessed and referred to other agencies within the community network model for additional support.

In addition, TASO will continue to build capacity of families to meet the needs of OVC, train caregivers to support OVC at home and in schools, ensure OVCs consistently attend school and complete education (up to the tertiary level), and support OVC to acquire vocational skills and become self-sustaining. TASO will also ensure that OVCs access quality comprehensive services in three or more core program areas.

The efforts that TASO have taken to improve OVC service delivery are through building partnerships

and collaborations with other service providers and local authorities for OVC services. TASO works with respective district offices to identify target sub counties for the OVC programs. Since resources are inadequate to meet all core program areas, OVC are linked to other service providers especially in nutrition and socio economic support including government poverty alleviation programs, as well as raising supplementary resources for the socioeconomic empowerment of households, especially child-headed-households.

High poverty levels have constrained the program and some caregivers are unable to meet their obligations leading to poor academic performance of OVC. Limited vital registration makes it difficult to obtain legal documents (i.e. birth certificates, death certificates and marriage certificates) that can be used to establish and protect civil rights of the OVC and for obtaining key vital statistics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

In the revised COP 12, the key pivots for other prevention activities aim to ensure a balanced portfolio that addresses the prevention needs for the older population as well as the youth as the primary target groups and supports high impact interventions. TASO will focus on increasing accessibility, availability and acceptability of condoms among the target populations in the 11 services centers of Entebbe, Gulu, Jinja, Masaka, Masindi, Mbale, Mbarara, Mulago, Rukungiri, Soroti and Tororo and will target 80,000 individuals with prevention interventions.

Deliberate efforts will be made to promote condom use among TASO's clients including sero-discordant couples, those with multiple partnerships and youth out of school. TASO will increase the number of distribution outlets at community level to 149 outlets using community volunteers. It will also engage with community leaders to empower them to promote condom use and to promote faithfulness in marriage. TASO will adopt various approaches to target the different groups using appropriate channels of communication including print and electronic mass media, drama and linkage facilitators: the village health team and counselors, to provide comprehensive risk reduction information. Information will include: promotion of delayed sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and being faithful; providing and promoting correct and consistent use of male condoms. TASO will target 15,000 CSW and long distance truckers with specific interventions that focus on increasing perception of risks associated with sex work, and scale up of evidence based behavioral interventions with supportive behavior change communication and to create demand for services. The PHDP interventions will aim at increasing knowledge of HIV status among PHLA and their partners,

reducing the risk of HIV transmission and reducing HIV acquisition among persons at high risk for infection. TASO will support community campaigns to create acceptance and demand for condoms by targeting 95,000 individuals. The goal is to increase utilization and demand for condoms amongst the older population and youth including the MARPS and PDHP. Program monitoring and evaluation activities will be supported within this budget to strengthen the collection of data through national HMIS tools and to improve the technical quality of data through periodic data quality assessments.

Implementing Mechanism Details

Mechanism ID: 9347	**Mechanism Name: PUBLIC SECTOR HIV/AIDS WORKPLACE PROGRAM (SPEAR)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,548,490	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,548,490

Sub Partner Name(s)

Research Triangle International		

Overview Narrative

The response of Government of Uganda to HIV has involved integrating HIV interventions into the workplaces to increase access to services for civil their employees. World Vision International supports a five-year project named Supporting Public Sector Workplaces to Expand Action and Responses against HIV/AIDS (SPEAR) to scale-up and enhance HIV-related interventions in three government departments of Education and Sports, Local Government and Internal Affairs. The aims to enhance HIV/AIDS prevention, care and treatment for public sector workers in selected workplaces in Uganda. Although the impact of AIDS is manifest in all public sector workplaces, ministries and departments with occupational

migrant workers and uniformed services, such as teachers, Police, Immigration and Prisons are at a higher than average risk of HIV infection. SPEAR is designed to achieve three key results : Supporting public sectors to have policies, plans and activities that assure availability, integration and utilization of sustainable HIV services for their employees; increasing access to and utilization of quality HIV prevention, care and treatment services, with a focus on identifying HIV-positive individuals and facilitating access to networked care and treatment services; and improving access and use of wrap-around services by PLHIV and their families through effective partnerships with other programs. Where applicable, SPEAR equips health units with selected supplies as well as building the capacity of the health workers. SPEAR uses various approaches to reach out to the target population.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	15,000
Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	69,013

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9347**		
Mechanism Name:	**PUBLIC SECTOR HIV/AIDS WORKPLACE PROGRAM (SPEAR)**		
Prime Partner Name:	**World Vision International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	370,555	0

Narrative:

In FY2013, SPEAR project will build upon activities funded under SPEAR project and expand technical support to selected accredited ART health facilities to provide quality HIV/AIDS care and support services. SPEAR will support the provision of care services to 546 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individual receiving a minimum of one clinical care service. This is a subset of overall care target. SPEAR will be expected to implement approaches to promote an effective Continuum of Response (CoR) model and monitor key indicators along the continuum. The project will provide on-site mentorship and training of private health providers in HIV care and support, in line with Ministry of Health guidelines and policies.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. SPEAR will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will need to regularly keep track and report on client waiting lists.

SPEAR will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for other HIV commodities (cotrimoxazole, lab reagents). SPEAR will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In addition, SPEAR will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including, family planning.

SPEAR will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	4,481	0

Narrative:

SPEAR will focus on supporting the GOU to scale up TB/HIV integration and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. SPEAR will contribute to this target by screening 540 HIV positive clients for TB and staring 18 individuals on TB treatment.

SPEAR will improve Intensified Case Finding (ICF) and the use of the national ICF tools to improve case detection. SPEAR will refer suspected TB cases for diagnosis and ensure support for retention and adherence. SPEAR will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. SPEAR will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in training, TB/HIV mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,243,594	0

Narrative:

The revised COP 2012 strategic pivots for VMMC in SPEAR will focus on increasing coverage from 3 districts where SPEAR has previously trained VMMC teams to 16 districts. These are districts where SPEAR has large barracks for both Prisons and Police forces. Some of the districts that SPEAR will be focusing on have high HIV prevalence in the general population; high HIV prevalence among women; and low circumcision prevalence. The primary target populations for SPEAR will be the uniformed personnel and members of the general population that surround the barracks. A total of 29,496 men will be circumcised by the SPEAR project. In addition to these targets of circumcised uniformed men, SPEAR will work with existing health facilities in the 7 Karamoja districts to circumcise over 9,198 men from the general population. Therefore, in this FY 2013, SPEAR will circumcise approximately 38,694 men. To attain the above target, SPEAR project will use multiple approaches to scale up VMMC that include: training eight dedicated teams; integrating VMMC services within twelve Police and Prisons health facilities (stand-alone sites) and holding outreaches and camps including the hard to reaches areas.

SPEAR will use the Model for Optimizing the Volume for Efficiency (MOVE) as a means to optimize the efficiencies and increase the volume safely in all VMMC service outlets. A total of 36 service providers will be trained from Rakai Health Center, Walter Reed Project or Infectious Disease Institute /IHK (public-private partnership). Quality improvement and assurance will be integrated as part of the minimum package of VMMC services through the implementation of national & international quality standards; and external quality assurance (EQA). The SPEAR project will build the capacity of providers to use the Non-surgical VMMC devices (Perplex) in the supported sites. Working closely with the USG community partner, the SPEAR project will implement community campaigns to create acceptance and demand for VMMC through a mix of approaches including: 1) peer-to-peer strategy for interpersonal communication; 2) use of linkage facilitators to mobilize men; 3) community mobilization; and 4) use appropriate channels of communication including print and electronic mass media. Emphasis will be placed on increasing linkages of HIV+ clients from VMMC to care and treatment services as part of the Continuum of Response (COR).SPEAR will enhance monitoring & reporting through the MOH VMMC Operational Centre and HMIS tools and periodic data quality assessments (DQA). Data use at facility level will be strengthened through supporting M&E focused in-service training for health workers to foster evidence-based decision-making and program improvement. VMMC will be offered as part of SPEARs' comprehensive HIV prevention package, which includes: promoting delay of sexual debut; abstinence and reduction in the number of sexual partners and being faithful; providing and promoting correct and consistent use of male condoms; providing HTC services ;treatment of sexually transmitted infections and referring HIV+ men to appropriate care and treatment services. Where VMMC client are young people and not yet sexually active , they will be supported with appropriate risk reduction strategies. SPEAR will integrate VMMC services as part of the continuum of response (COR), contributing to access to reproductive health care for men; better engagement of men in care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

As part of SPEAR routine community activities, they will offer age appropriate risk reduction messages to the young people leaving in and around the uniformed personnel barracks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	270,029	0

Narrative:

SPEAR will help to contribute to HCT goals by increasing demand and utilization of HCT services by

public sector employees, occupational migrant workers, teachers in both pre- and in- service, and the uniformed services, such as police, prisons, immigration officers and private security guards, and their family members as well as youth. These populations will be addressed throughout the 56 districts where the program is implemented with particular attention paid to high prevalence communities.

SPEAR has the benefit of being located in the same districts as the USAID-supported, comprehensive STAR programs. This arrangement provides the client the benefit of being referred to a quality health provider for HIV Care and Treatment or other needed health services. Most importantly, it allows the program to best address HTC pivots namely PITC scale-up. To this end, SPEAR will also work with district hospitals, Health Center IVs and other USG-supported HCT outlets and implementing partners to scale up HCT services and ensure they are of quality and are accessible. These partnerships will also increase the provision of referral information and support for increased early diagnosis, and initiation of treatment and follow-up care for HIV positive individuals. At the individual-level, the program will target public sector employees and their partners for counseling and testing. Specific community-activities will take place in police barracks and prisons. For men in these settings, VMMC will serve as the foundation for increased HCT; referrals from other partners will also facilitate increased HTC in the community. SPEAR will address institution-level needs by strengthening the systems and capacity of workstations and communities to integrate successful HIV/AIDS and health network models. Activities will largely feature work place support for HTC through media campaigns and testing events, as well as development of work place policies. The program will also support partner organizations and institutions to facilitate Behavior Change campaigns to address negative perceptions surrounding HCT and increase HCT uptake to reach 70,583 individuals including couples.

Other non-biomedical activities will involve advocacy, formal community-facility linkages, transport, fee waivers/subsidies, and staff training to ensure continuum of HIV services in key catchment areas. Special attention will be directed towards workplaces outside urban settings through outreach camps to meet the unmet demand for HCT among public sector employees deployed in hard to reach rural and peripheral areas. In all interventions, efforts will be made to bring VCT services as close to the workplace or community as possible.

Health workers for the uniformed services will be trained on approved national HCT protocols and approaches including child counseling and testing, home-based counseling, and nutritional counseling, so as to increase opportunities and coverage among target groups. For Quality Assurance re-testing with the use of panels will be done quarterly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	600,000	0

Narrative:

In the revised COP 12 the key pivots for other prevention aim to ensure a balanced portfolio that will address prevention needs for the older population, Most At Risk Populations (MARPS) as well as the youth as the primary target groups and support high impact interventions. SPEAR key target populations are public sector employees, uniformed personnel (Police, Prisons and private guards) teachers in pre-service and in-service and their families including the youth. SPEAR will focus on addressing the key bottlenecks to increasing condom use: accessibility, availability and acceptability of condoms among the target populations. SPEAR will ensure that the targeted population has access to condoms and other prevention services as needed. SPEAR will support condom distribution and promotion by increasing the number of distribution outlets at facilities, community level, hard to reach areas from 26 to 232. Additionally, SPEAR will also engage with social marketing partners to increase distribution and promotion of condoms, with the hospitality industry, particularly bars and hotels within the vicinity of the prisons and police barracks, teacher training institutions and identified hot spots to ensure that condoms are readily available. SPEAR will implement community campaigns to create acceptance of and demand for condoms through:

1) Peer-to-peer strategy for interpersonal communication; 2) use of linkage facilitators to mobilize men; 3) community mobilization; and 4) use appropriate channels of communication including print and electronic mass media. SPEAR will work with the communication partner to contribute to an advocacy strategy aimed at de-stigmatizing condoms at all levels. SPEAR will engage the leadership of the three target ministries to establish norms that promote faithfulness, condom use at high risk sex and denounce forced sexual activity especially among the uniformed forces.

In order to ensure age appropriate messaging , SPEAR will adopt various approaches to target the out of school youth who are leaving in and around the targeted barracks with comprehensive risk reduction programs. Amongst the MARPS, the interventions will focus on increasing perception of HIV risk associated with sex work, having multiple concurrent partners , strengthening PwP among infected MARPs at facility and community levels, promotion of condom use and scale up of evidence based behavioral interventions. SPEAR will target 1350 PHLAs with PHDP interventions. The PHDP interventions will aim at increasing knowledge of HIV status among PHLA and their partners, reducing the risk of HIV transmission and reducing HIV acquisition among person at high risk for infection. SPEAR will ensure that 52,753 people and 35, 125 uniformed personnel are reached with comprehensive HIV prevention services.

Program monitoring and evaluation activities will be supported within this budget to strengthen the collection of data through national HMIS tools and to improve the technical quality of data through periodic data quality assessments. Data use at facility level will be strengthened through supporting M&E/SI focused in-service training for 20 health workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	38,485	0

Narrative:

The SPEAR project will roll out the implementation of Option B+ in ten health units in Uganda that are owned by the Uganda Police and Prisons departments, targeting the uniformed forces, their families and surrounding communities. Activities will be supported by a combination of FY12 and PMTCT acceleration funds, $38,485 and $200,000, respectively. HIV counseling and testing services will be provided to 22,655 pregnant & lactating women, hence identifying 1,880 HIV positive pregnant women, of which 1,598 be initiated on HAART for life and 282 will be provided with ARV prophylaxis. Infant ARV prophylaxis and EID will be provided to 1,880 exposed babies. All the four eMTCT prongs will be supported in line with the goals of virtual elimination of MTCT and keeping mothers alive. To achieve the above, the SPEAR project will implement the following COP 2012 strategic pivots: 1) Improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during ANC, L/D, and post-partum periods; 2) Decentralize treatment and Option B+ through the accreditation of all supported sites. Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing of M&E tools, job aides, & Option B+ guidelines; training of 70 service providers; and sample referrals for CD4+ and EID. The transition of Option B+ will start initially in the two ART sites followed by accreditation of the remaining eight Non-ART PMTCT site. Retention will be enhanced through the family- focused service delivery model within the PMTCT settings coupled with the formation of Family Support Groups (FSGs) at all eMTCT sites led by peer mothers and midwives. The FSGs will meet monthly to receive adherence counseling and psycho-social support; supported disclosure; IYCF counseling; EID; FP counseling; Couple HTC; repeat-testing; ARV refills; and link negative male partners to VMMC if required. Village health teams will utilize to enhance follow-ups; facility referrals; and adherence support. 3) Intensive M&E at facility & community levels in the SPEAR-supported sites through cohort tracking of mother-baby pairs & electronic data reporting for effective Option B+ monitoring and program management. Mobile phone technology will be used to remind mothers & their partners on appointments; EID results; and ARV adherence. Home visits will be conducted to trace those who are lost to follow-up. 4) The SPEAR project will enhance the quality of eMTCT services through quarterly joint support supervision & mentorships at all eMTCT/ART sites. Site level support will entail cohort reviews; adherence rates; retention rates; data management; availability of supplies (commodities, HIV test kits, tools, job aides & ARVs); and addressing of existing knowledge gaps on Option B+. 5) The SPEAR project will integrate voluntary and informed family planning (FP) services based on respect; women’s choices; and fulfillment of their reproductive health rights. FP

sessions will be integrated within eMTCT trainings for all service providers. FP counseling; education, and information will be provided to all women during ANC, Labor & Delivery, and postnatal periods; and in Care and treatment settings. Dual protection will be promoted among women living with HIV and their partners to help them avoid unintended pregnancies, HIV transmission and/or re-infection. The project will collaborate with existing FP partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	21,346	0

Narrative:

SPEAR will support all selected public sector ART accredited sites. The program will enroll at least 240 new HIV positive adults on treatment and support 261 HIV positive adults on ART by September 2013; contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations.

SPEAR will support the MoH roll out of Option B+ for eMTCT in selected public sector sites through the following activities: accreditation of health facilities in line with MoH accreditation scale-up plan; training, mentorship and joint PMTCT/ART support supervision. SPEAR will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities.

SPEAR will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers, ‘alert’ stickers will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+. Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. SPEAR will support the sample referral network in line with the national CD4 expansion plan; and will monitor and report clients’ access to CD4 in quarterly reports. SPEAR will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). SPEAR will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. In addition, SPEAR will work with USG partners and other key stakeholders for provision of required wrap around services, particularly, family planning and malaria prevention.

SPEAR will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.

SPEAR will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Implementing Mechanism Details

Mechanism ID: 9483	**Mechanism Name: Expansion of Routine Confidential HCT and provision of basic Care in Clinics, Hospitals and HC Ivs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Infectious Disease Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,665,879	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,665,879

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Expanded Kibaale-Kiboga Project (IDI-EKKP) implemented by the Infectious Diseases Institute aims to build capacity for HIV/AIDS service delivery in the generally underserved and located in far and hard-to-reach communities in Kiboga, Kibaale, Kyankwanzi, Hoima, Masindi Bulisa and more recently Kiryandongo District. The main purpose of the project is to strengthen HIV/AIDS service delivery in government health facilities. Technical areas of focus include HIV Counseling and Testing; Care and

Treatment including TB/HIV co-infection management; Prevention of Mother To Child Transmission; Early Infant Diagnosis; and Pediatric Care. To date, HIV prevention, care and treatment services have been scaled up to 26 health facilities, across six districts.
IDI-EKKP implements a health systems strengthening approach for sustainability emphasizing strengthening human resource technical capacity to deliver quality HIV/AIDS services; improving logistics management systems to reduce stock outs; strengthening management of health information to improve evidence based planning and decision making; improving district leadership and management capacity to ensure a sustainable and effectively coordinated HIV/AIDS response; strengthening community structures to create demand, increase awareness and support for HIV/AIDS service delivery; and building the capacity of district laboratories to improve clinical investigative capacity.
During FY 2013, IDI-EKKP will increase from 26 to 89 sites including accreditation of at least 72 Health Center IIIs in line with national guidelines and PMTCT scale up plan.
Monitoring and Evaluation will be strengthened to support reporting and data use at source.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population

Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9483**
Mechanism Name:	**Expansion of Routine Confidential HCT and provision of basic Care in Clinics, Hospitals and HC Ivs**
Prime Partner Name:	**Infectious Disease Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,152,296	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support aimed at achieving universal access of 80% in care by 2015. The Expanded Kibaale-Kiboga Project (IDI- EKKP) implemented by the Infectious Disease Institute in Kibaale, Kiboga, Kyankwanzi, Hoima, Buliisa, Masindi and Kiryandongo will support the provision of care services to 36,644 clients as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and men who have sex with men. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. IDI-EKKP will implement approaches that promote an effective CoR model and monitor key indicators along the continuum.

IDI-KKP will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention (PHDP), strengthening linkages and referrals using linkage facilitators, implementing quality improvement for adherence and retention, pain and symptom management, and providing support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, the project will improve CD4 coverage from the current 60% to 100% over the next 12 months. IDI-KKP will support the sample referral

network in line with this national CD4 expansion plan and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will keep track and regularly report on client waiting lists.

IDI-KKP will liaise with PACE and UHMG for provision and distribution of basic care kits and with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). IDI-KKP will build the capacity of facility staff for accurate reporting, forecasting, quantifying and ordering commodities in a timely manner

IDI-EKKP will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda to support integration with other health and nutritional services. IDI-EKKP will also collaborate with other key stakeholders at all levels provide required wrap around services including family planning.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15), support and strengthen the national M&E systems, and work within district health plans. IDI-KKP will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision. Funding has been provided to support the recruitment of 92 additional staff in the districts to meet the achievement of the targets. This will be done working with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	167,274	0

Narrative:

IDI-EKKP will focus on supporting the GOU to scale up TB/HIV integration; specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, the program will initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. IDI-EKKP will contribute to this target by screening 32,980 HIV positive clients for TB and start 1,099 individuals on TB treatment. IDI-EKKP works in seven districts: Kibale, Kiboga, Kyankwanzi, Hoima, Bulisa, Masindi and Kiryandongo.

IDI-EKKP will improve Intensified Case Finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of pulmonary TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies such as GeneXpert and fluorescent microscopy. IDI-EKKP will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

IDI-EKKP will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. IDI-EKKP will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities through such interventions as cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensuring adequate natural ventilation.

IDI-EKKP will support the MOH/ACP and National TB Leprosy Program (NTLP) to roll out provision of IPT in line with the WHO recommendations.

IDI-EKKP will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda to support integration with other health, and nutritional services. IDI-EKKP will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program is aligned to the NSP (2011/12-2014/15) and will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department for trainings, TB/HIV mentorship and support supervision, will support and strengthen the national M&E systems and work within district health plans. Additionally, IDI-EKKP will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	33,544	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support aimed at achieving universal access by 2015. The Expanded Kibaale-Kiboga Project (IDI- EKKP) implemented by the Infectious Disease Institute in Kibale, Kiboga, Kyankwanzi, Hoima, Bulisa, Masindi and Kiryandongo will support the provision of care services to 36,644 clients (3,298 of children < 15 years) as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services.

IDI-EKKP will provide comprehensive child friendly care and support services in line with national and PEPFAR guidelines, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early infant diagnosis

services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. Emphasis will be on scaling up low cost approaches such as use of caretaker support group to support retention in care.
IDI-EKKP will implement community mobilization and targeted activities such as "Know Your Child's Status" campaigns to identify more children. Focus will be placed on increasing access to CD4 assessment among pre-ART children for ART initiation in line with MoH guidance.

IDI-EKKP will support retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including sexual and reproductive health services, psychosocial support and life skills training incorporating lessons learned from the planned national adolescent service assessment.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. IDI-EKKP will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

IDI-EKKP will liaise with PACE and UHMG for provision and distribution of basic care kits and with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents).
IDI-EKKP will build the capacity of facility staff for accurate reporting, forecasting, quantifying and ordering commodities in a timely manner.

IDI-EKKP will work with USG partners such as SCORE, SUNRISE PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda to support integration with other health and nutritional services.
IDI-EKKP will also collaborate with other key stakeholders at all levels provide required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. IDI-EKKP will work under the guidance of MoH/ACP and the Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	262,492	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early infant diagnosis hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This effort is aimed at the ART targeted population receiving CD4 tests increasing coverage from 60% to 100% improving the quality of laboratory services, reducing stock outs of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, result transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately train lay health workers.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities.

In FY 2012, IDI-KKP will establish six specimen transportation, testing and result transmission hubs in Western Uganda which include Kiryandongo, Masindi, Kagadi and Kiboga Hospitals; Buliisa and Kakindo Health Center (HC) IVs. IDI-EKKP will renovate laboratories for Kiryandongo Hospital and Kakindo HC IV to standardize the infrastructure necessary for CD4 testing equipment. All of the six hubs will receive support to build capacity in CD4 testing. Together with the respective districts, IDI-EKKP will support in the recruitment of 10 laboratory technologists (three each for Kiryandongo and Kagadi hospitals and two each for Kiboga and Masindi hospitals) and six laboratory Technicians (two each for Kiryandongo hospital and Buliisa HC IV and one each for Kiboga Hospital and Kakindo HC IV) to fill in the HRH laboratory gap in the hubs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,222,334	0

Narrative:

Revised COP 12:

Project Purpose: To contribute to the goal of Uganda National HIV/AIDS Strategic Plan of reducing the incidence of HIV by 40% by the year 2012 through use of new proven effective prevention technologies

and approaches by implementing Voluntary Medical Male Circumcision (VMMC) activities in the seven districts of central and mid-western Uganda.

In March 2010, the Ministry of Health (MoH) launched the VMMC Policy to guide the integration of VMMC services in Uganda's national health system to reduce the number of new HIV infections, following a recommendation of the WHO that male circumcision be considered as part of a comprehensive HIV prevention package. In Uganda, VMMC will target adolescents and adult males as part of a comprehensive HIV prevention package.

Projections based on computer modeling conducted in Uganda estimate that scaling up the program would result in averting 428,000 adult HIV infections over the time period from 2009 to 2025, and in cumulative net savings of almost US$2 billion over the same time period. To achieve this impact approximately 4,200,000 circumcisions need to be performed by 2014/2015. All PEPFAR funded partners are in the process of accelerating the scale up of circumcision services through various approaches to contribute to the national VMMC target of one million procedures in 2012/2013.

IDI-EKKP will facilitate delivery of VMMC in Kiboga, Kibaale Kyankwanzi, Hoima, Masindi, Bulisa and Kiryandongo districts using multiple delivery approaches including stand-alone sites with dedicated VMMC teams, integrated services within existing health facilities and seasonal outreach activities, and mobile camps to provide 38,032 circumcisions to eligible males. IDI-EKKP will use the Model for Optimizing the Volume for Efficiency (MOVE) as a menu to optimize the efficiencies and increase the volume safely, while paying attention to regular internal and external quality assurance and quality assessments.

IDI-EKKP will employ both media campaigns and person to person message packaging to target men and female partners to increase testing uptake. In particular, community mobilizers will be used targeting localities with high numbers of men like markets, taxi parks, 'boda boda' stages, among others. To support the delivery and scale up of VMMC, IDI-EKKP will train health workers towards VMMC certification using the IDI/IHK public-private partnership.

Data collection using the national HCT tools will be strengthened to support reporting to the VMMC National Operational Center as required by MoH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	261,321	0

Narrative:

Project Purpose: To strengthen HIV/AIDS service delivery in government health facilities in the seven districts of Kiboga, Kibaale Kyankwanzi, Hoima, Masindi, Bulisa and Kiryandongo which are generally underserved and located in far and hard-to-reach communities. Technical areas of focus included, HIV Testing and Counseling (HTC), Care and treatment including TB/HIV co-infection management and Prevention of Mother to Child HIV Infection (PMTCT).

In FY 2012, the project will target 109,300 individuals in the above mentioned six districts and will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential testing and counseling services to pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum. Male partners, families and the general population will be targeted based on existing HIV prevalence data and unmet need.

IDI-EKKP will scale up Provider-Initiated Testing and Counseling (PITC) at all implementing sites and will use innovative outreach approaches in the community including special services to target Key populations (fisher folks and commercial sex workers, and youths in schools). A continuum of response will be ensured by actively linking clients by linkage facilitators to other HIV services. A client tracking system will be established and thereby increasing HIV services demand and retention in care.

Routine quality data collection using the national HCT tools will be further strengthened and analyzed to generate periodic progress reports to be shared with stake holders: local government, partners and MoH.

Data collection using the national HCT tools will be further strengthened. Each service provider will receive a Routine HIV Counseling and Testing (RCT) cue card and each facility a copy of the Standard Operating Procedures (SOPs), HCT policy and implementation guideline.

Program activities shall be conducted in partnership with district local governments under stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term commitment by the USG.

The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	269,010	0

Narrative:

In FY 2013 IDI-EKKP will provide HIV counseling and testing to 70,000 pregnant women in 89 facilities, identifying 3,500 HIV positive pregnant women. Of these 1,500 will be initiated on HAART for life and 1,800 provided with ARV prophylaxis. In addition, 3,500 exposed babies will receive ARV prophylaxis and DNA/PCR test.

IDI-EKKP will focus on five key strategic PMTCT pivots including improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible: decentralizing treatment and Option B+ through the accreditation of all PMTCT sites at hospital, and Health Center (HC) IV and III levels, supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting, facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving all stake holders in accordance with MoH guidance, and integrating voluntary and informed family planning services with PMTCT services.

Activities will include mobilizing communities for uptake of services; providing universal HIV Testing and Counseling (HTC) services during ANC, labor and delivery; supporting site assessments for accreditation; training service providers; printing M&E tools, job aides, and Option B+ guidelines, and strengthening sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in IDI-EKKP sites will be done in accordance with MoH guidance and a total of 89 sites will be accredited by end of FY 2013.

IDI-EKKP will support the delivery Option B+ services using a family-focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, infant and young child feeding counseling, EID, family planning counseling, couple testing and supported disclosure, as well as, ARV refills. Family planning sessions will be integrated in all PMTCT services including trainings and will be based on respect, women's choices, and fulfillment of reproductive health rights. Male partners will receive condoms; STI screening and management; support for sero-discordant couples; treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 35,000 partners of pregnant women will be tested within the MNCH setting. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support.

All sites will actively document services provided to the mother-baby pairs at both facility and community level using a standard appointment schedule aligned to the site PMTCT follow-up plan of each for each

beneficiary. Mobile phone technology will be used to remind mothers and their spouses on appointments; EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. Site level support will entail reviews of cohorts, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

IDI-EKKP will support the recruitment of 80 critical cadres of health staff in the seven districts and establish seven laboratory hubs to facilitate EID sample collection and transportation.

All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,242,237	0

Narrative:

IDI-EKKP will support the National Strategic Plan for HIV/AIDS (NSP) 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015. IDI-EKKP program will enrol at least 8.200 new clients and support 22,289 adults and children on ART in FY 2013, contributing to the overall national and PEPFAR target of 190,804 new clients and 490,028 individuals currently on treatment in the seven districts including Kibale, Kiboga, Kyankwanzi, Hoima, Bulisa, Masindi and Kiryandongo. This target is not a ceiling, it allows for higher achievements with continued program efficiencies. HIV positive pregnant women, TB/HIV patients, and key populations will be prioritised.

IDI-EKKP will support the MoH roll out of Option B+ for eMTCT by supporting accreditation of 89 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. IDI-EKKP will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will support TB/HIV integration to ensure early ART initiation for TB/HIV patients. IDI-EKKP will support integration of family planning and cervical cancer screening at facility level. High prevalence hard to reach and underserved areas in Buliisa and Hoima will receive community outreach services. IDI-EKKP will also target key populations using innovative approaches including setting up specialized services such as moonlight services.

IDI-EKKP will implement quality improvement initiatives for the ART framework including early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes and

will support use of innovative, low cost approaches for adherence, retention and follow up such as phone/SMS reminders, appointment registers and flagging folders with 'alert' stickers. Special focus will be placed on adherence and retention of women enrolled under Option B+. IDI-EKKP will increase access to CD4 for routine monitoring of ART clients in line with MoH guidance and will support the sample referral network in line with this national CD4 expansion plan. Clients' access to CD4 will be monitored and reported quarterly.

IDI-EKKP will liaise with PACE and UHMG for provision and distribution of basic care kits and with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities.

IDI-EKKP will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda to support integration with other health and nutritional services. IDI-EKKP will also collaborate with other key stakeholders at all levels to provide required wrap around services.

The program is aligned to the NSP (2011/12-2014/15) and will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, ART/PMTCT mentorship and supportive supervision, will support and strengthen the national M&E systems and work within district health plans. In collaboration with the Health Systems Strengthening technical working group, IDI-EKKP will recruit 92 additional staff in the districts to meet the achievement of the targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	55,371	0

Narrative:

IDI-EKKP will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. The youths will be provided with positive health dignity and prevention services including sexual and reproductive health services, psychosocial support and life skills training. A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

IDI-EKKP will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

IDI-EKKP will liaise with PACE and UHMG for provision and distribution of basic care kits and with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access

Uganda Limited for other HIV commodities (cotrimoxazole, laboratory reagents).

IDI-EKKP will build the capacity of facility staff for accurate and timely reporting, forecasting, quantifying and ordering commodities.

IDI-EKKP will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda to support integration with other health, OVC and nutritional services. IDI-EKKP will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program is aligned to the NSP (2011/12 – 2014/15) and will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, ART/PMTCT mentorship and supportive supervision, will support and strengthen the national M&E systems and work within district health plans. In collaboration with the Health Systems Strengthening technical working group, IDI-EKKP will recruit 92 additional staff in the districts to meet the achievement of the targets.

Implementing Mechanism Details

Mechanism ID: 9541	**Mechanism Name: Strengthening the Tuberculosis and HIV/AIDS Response in the South Western Region of Uganda (STAR-SW)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,738,476	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,738,476

Sub Partner Name(s)

Mayanja Memorial Hospital Foundation	Uganda Health Marketing Group	

Overview Narrative

STAR-SW project supports the Ministry of Health (MOH) to increase utilization, access and coverage of quality comprehensive HIV/AIDS and TB services. This district-based and family-focused project aims to: improve uptake and strengthen decentralized HIV/TB service delivery systems, improve quality and efficiency of HIV/TB services, strengthen networks and referral systems to improve access to, coverage of, and utilization of HIV/TB services, and intensify demand generation activities for these services. The project targets 13 southwestern districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. STAR-SW will provide TA to support service implementation by district health offices (DHO) and MOH. This TA will foster the development of innovative approaches and rapid expansion of quality services and effective program management systems, while keeping the responsibility of the service implementation with the district, thus establishing sustainable quality services beyond the life of this project. Promoting cost effective approaches such as on the job training and non-residential training will reduce program costs. MOH and PEPFAR/Uganda have identified key strategies to advance the scale-up of both adult and pediatric treatment. As such, STAR-SW will implement the same strategies in its districts and adjust for context at activity level as needed. .STAR-SW M&E plans include quarterly reports to USAID with identified process indicators to monitor the project's progress towards achieving results and objectives, PEPFAR semi-annual and annual reporting, and annual survey report from Lot Quality Assurance Sampling Survey Methodology (LQAS). No Vehicle procurement planned in COP 2013 funding request.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9541**
Mechanism Name:	**Strengthening the Tuberculosis and HIV/AIDS Response in the South Western Region of Uganda (STAR-SW)**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	881,913	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal of achieving 80% in care by 2015. STAR-SW program will support the provision of care services to 46,550 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving a minimum of one clinical care service. This is a subset of the overall care target. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. STAR-SW will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

STAR-SW will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including the strengthening of PHDP, the use of linkage facilitators to increase

linkages and referrals, the implementation of quality improvement for adherence and retention, pain and symptom management, and support to targeted community outreaches in high prevalence hard to reach and underserved areas.

In line with MoH guidance, focus will be placed on increasing access to CD4 assessment among pre-ART clients for early/timely ART initiation. This has been a major bottleneck for treatment scale up in the PEPFAR program. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. STAR-SW will support a sample referral network from supported sites to identified CD4 hubs under the national CD4 expansion plan. STAR-SW will monitor and report clients' access to CD4 hubs in quarterly reports to USAID.

STAR-SW will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, STAR-SW will work with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for other HIV commodities (cotrimoxazole, lab reagents). STAR-SW will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.
In addition, STAR-SW will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. STAR-SW will collaborate with other key stakeholders for provision of required wrap around services including, family planning.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15), support and strengthen the national M&E systems, and work within district health plans. STAR-SW will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.

STAR-SW will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	382,068	0

Narrative:

STAR-SW will focus on supporting the GOU to scale up TB/HIV integration in addition to the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. STAR-SW will contribute to this target by screening 46,039 HIV positive clients for TB and starting 1,535 on treatment. This target was derived using burden tables based on district HIV prevalence and treatment need.

STAR-SW will improve intensified case finding (ICF) and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through GeneXpert and fluorescent microscopy. STAR-SW will support MDR-TB surveillance through sputum sample transportation to Gene Xpert hubs and receipt of results at facilities. In FY13, STAR-SW will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. STAR-SW will increase focus on adherence and completion of TB treatment, including DOTS, through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as cough hygiene, cough sheds and corners, fast tracking triage by cough monitors, ensuring adequate natural ventilation, etc.

In addition, STAR-SW will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. STAR-SW will collaborate with other key stakeholders at all levels for provision of required wrap around services. The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-SW will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, STAR-SW will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	65,896	0

Narrative:

STAR-SW will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal of achieving universal access to care by 2015. STAR-SW will target 4,604 HIV positive children with care and support services contributing to the overall PEPFAR target of 73,169 HIV positive children receiving at least one clinical care service. STAR-SW works through public health facilities and will leverage resources from MOH in form of human resources and infrastructure both of which are major variables in the care cost. More resources will be leveraged from the Adult ART since as the same health workers provide ART services to both adults and children. Furthermore, the pediatric care budget excludes commodities (drugs, basic care kits, HIV test kits, lab reagents) which will be procured centrally. STAR-SW will provide comprehensive child friendly services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, and provide support to targeted

community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. Focus will be on scaling up low cost approaches, such as use of caretaker support groups to support retention in care. STAR-SW will mobilize communities and undertake targeted activities such as “Know your child status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment. STAR-SW will support retention of adolescents in care and ensure smooth transition into adult life using expert peer and adolescent support groups. They will be provided with PWP/PHDP services including, sexual and RH services, psychosocial support, and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated into activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. STAR-SW will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days. STAR-SW will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. STAR-SW will also liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-SW will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. STAR-SW will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. STAR-SW will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

STAR-SW will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	132,969	0

Narrative:

During FY2012 STAR-SW will assist the Ministry of Health (MOH), working in collaboration with the Central Public Health Laboratories (CPHL), to establish seven hubs. The locations include Kitagata, Kambuga, Kisoro, Itojo and Rushere hospitals and Ruhoko, Rwekubo health centers in Southwestern Uganda.

The major focus of STAR-SW support will be: 1) building CD4 capability in three sites with no high

throughput CD4 machines including Kambuga, Kisoro, and Itojo (the remaining four hubs do have existing CD4 capability, 2) strengthening specimen referral and result transmission network, 3) improved laboratory infrastructure, 4) improved facility-level quantification and reporting to reduce CD4 reagent stock out and 5) assisting the labs to implement the WHO recommended stepwise strengthening laboratory management towards accreditation (SLAMTA) with the aim of achieving the minimum of the WHO three stars by September 2014. STAR-SW will also work with district officials and relevant stakeholders to recruit 11 lab technologists and ten lab technicians to ensure that all the seven hubs have the necessary human resources required to run their laboratories at an optimal capacity.

STAR- SW will work with strengthening Ugandan systems for treating AIDS nationally (SUSTIAN) and supply chain management systems (SCMS) to ensure that CD4 machines have regular preventive maintenance to reduce equipment downtime.

In addition to the seven hubs, STAR SW will also ensure that the 35 facilities in Southwestern Uganda that were allocated PIMA point of care CD4 analyzers receive the necessary cartridges, reagents, and supplies through the national medical stores by assisting the facilities to quantify need and project gaps in a timely manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	175,000	0

Narrative:

In FY 2012, STAR SW is funded to support SI Pivot 3 – "Strong/robust basic M&E systems at service delivery points and districts" across 13 districts in Southwestern Uganda. It aims at generating strategic information that serves to inform national policy and decision making, tracking program targets including outcome and impact measurements, evidence-based programming and health systems strengthening. This will involve adapting, developing and harmonizing tools for data analysis, presentation, interpretation and use with a major focus towards district evaluation studies conducted through LQAS. Routine M&E activities will focus on strengthening the capacity of SI staff to perform better data analysis, presentation, interpretation and data quality improvement (Developing and Maintaining M&E Systems, including data quality assurance, Periodic Performance Reports) and program evaluations.
The district local governments' capacity for data collection, analysis, reporting and utilization through the already established management information system, will be strengthened so that quality program data is reported from the districts to MOH.
LQAS will be institutionalized through collaboration with STAR E LQAS to support the 13 districts as a means of collecting information for monitoring, evaluation and guiding district strategic planning. LQAS

surveys will be conducted in each district for: 1. Community, 2. Health facility assessment and 3. Service delivery performance through SPAIs. Existing program data will be used to evaluate and improve program implementation.
STAR-SW support will be the integration of sector data and annual performance measurement to facilitate evidence-based programming at district level.

Data Quality will be ensured through fostering the use the approved GoU data collection tools, conducting regular DQAs and facilitating quarterly district data review meetings. The latter will provide a forum for district leadership and health care staff to review their performance, share experiences, and brainstorm on data-driven solutions for district and site-level challenges.

Support will be provided as need be to MoH in the roll-out of the revised HMIS and DHIS2 guided by SDS and other stakeholders. The roll out will initially focus on training of district biostatisticians, the HMIS focal persons as well as various district specific technical leads as trainer of trainers, who will act as training leads for each of their districts. It will also support the operationalization of national OVC MIS at the lower levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,692,690	0

Narrative:

In COP 2012, STAR-SW will aim to increase coverage of VMMC services in all 13 supported districts. The districts have high HIV prevalence in the general population, high HIV prevalence among women, and low circumcision prevalence. Interventions will focus on all eligible men (including adolescents) in the "catch up" phase to identify persons who are sexually active and at higher risk of acquiring HIV. Efforts will be made to target the hard to reach populations and communities, particularly the fishing communities. A target of 83,780 men will be circumcised by the STAR-SW project.

VMMC will be offered as part of the STAR-SW comprehensive HIV prevention package, which includes promoting delay of sexual debut, abstinence, the reduction in the number of sexual partners and being faithful, providing and promoting correct and consistent use of male condoms, providing HTC services, and the treatment of STIs and referral of HIV+ men to appropriate care and treatment services.
STAR-SW will integrate VMMC services as part of the continuum of response (COR), contributing to the accessibility of reproductive health care for men, improved male involvement in care and treatment services, and improved health-seeking behaviors of female partners for HTC, ANC, and eMTCT.

To attain the above target, the STAR-SW project will use multiple approaches to scale up VMMC

incorporating stand-alone sites with dedicated team, integrating VMMC services within 75 health facilities, and hosting outreaches/camps. STAR-SW will use the Model for Optimizing the Volume for Efficiency (MOVE) as a means to optimize the efficiencies and increase the volume safely in all VMMC service outlets. A total of 117 service providers will be trained from Rakai Health Center, Walter Reed Project and IDI/IHK (public-private partnership). Quality improvement and external quality assurance will be integrated as part of the minimum package of VMMC services. The STAR-SW project will build the capacity of providers to use the Non-surgical VMMC devices (PrePex) in the supported sites when approved by MOH.

The STAR-SW project will implement community campaigns to create acceptance and demand for VMMC through a mix of approaches: 1) a peer-to-peer strategy for interpersonal communication; 2) the use of linkage facilitators to mobilize men; 3) community mobilization; and 4) the use appropriate channels of communication including print and electronic mass media. The goal is to increase knowledge of HIV status between PHLA and their partners, reduce the risk of HIV transmission, and reduce HIV acquisition among persons at high risk for infection. Emphasis will be placed on increasing linkages of HIV+ clients from VMMC to care and treatment services as part of the COR.

STAR-SW will enhance monitoring & reporting through the MOH SMC Operational Centre and HMIS tools and periodic data quality assessments (DQA). Data use at facility level will be strengthened through supporting M&E focused in-service training for health workers to foster evidence-based decision-making and program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	599,550	0

Narrative:

The STAR-SW program will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. This program will contribute to the continuum of response by linking clients to other STAR-SW-implemented health services including HIV Care and Treatment, PMTCT, VMMC, TB, and social support services in the community with the aim of increasing demand and adherence for HIV+ clients.
During the FY 2011, a combination of strategies were used to provide HCT services including stand-alone HIV counseling and testing at various health facilities, integrating HCT into the community mobilization and demand generation campaigns and the rolling-out of PICT in four districts. There was also focus on integrating HCT in ANC, rolling-out of HCT targeting key populations and emphasis on couples HCT. Going forward, STAR-SW will provide HCT services targeting 105,000 individuals in the

following 13 southwestern districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale.
In addition to discordant couples and those with multiple concurrent partnerships, a target of 9,600 individuals of the key population group will be targeted in the following locations:
Commercial sex workers and their clients and partners in Katuna border, Kanaba, Kisoro TC, Ntungamo Municipality, Kihiihi Town Council (TC) near Ishasha border, Bwindi community, Rwenshama fishing community, Rweshamire TC, Rugaaga TC, Ndiizi, Orukiinga, Kajaahu, Rutiindo border, and Kabuyanda.
Long distance truck drivers and their partners in Katuna Border, Ntungamo TC, Mirama hills border, Rubaare town, Kisoro TC, Bunagana Border Post, Chanika TC, Kaberebere, and Isingiro TC, fisher folks/fishing communities in Katunguru, Kazinga, Kahaha, Kishenyi, Rwenshama, Rukinga, Kahirimbi, Nyanga, and Rubaare landing sites (Kiruhura)

STAR-SW will work with MOH, districts and CSOs to implement the following interventions:
1) Scale-up of HCT services through: capacity building of health workers in PICT targeting all HC IIIs, HC IVs and at least 30% of all the HC IIs in the region; conducting demand generation campaigns for HCT services; strengthening HCT information management system in the targeted facilities through the provision of newly designed MOH M&E tools including HCT registers and CUE cards.
2) Enhance couples HIV counseling and testing through: identifying discordance and provision of appropriate services (disclosure, support for disclosure, linkages to PWP services, condoms etc); increase awareness on the benefits of couples HCT and roll out interventions such as integrating couples' week campaigns into ongoing outreach services. Couples HCT will be integrated into all planned HIV prevention activities.
3) Ensuring a continuum of response from testing into care and treatment. HIV negative individuals will be targeted with preventive services including retesting for pregnant women and other populations at continued risk of acquiring HIV, behavior change communication messaging, and where discordance occurs, PwP messaging for the couples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

In the revised COP12, the key activities of the STAR-SW project aim to ensure a balanced portfolio that will address prevention needs of the primary target groups, including seniors and youth, through the implementation of high impact interventions in 13 districts in the southwestern region. In this effort, STAR-SW will focus on addressing the key bottlenecks to increasing condom use by inceasing accessibility, availability and acceptability of condoms among the target populations. STAR-SW will also implement targeted interventions for MARPS in the high-burden districts and hot spots and the PDHP in

order to ensure access to condoms and other prevention services as needed.
Deliberate efforts will be made to promote condom use among key populations, serodiscordant couples, and multi-partner relationships in rural and urban populations. STAR-SW will support condom distribution and promotion by increasing the number of distribution outlets to 250 locations at the facilities level, community level, at landing sites and hard to reach areas. STAR-SW will also engage with social marketing partners to increase distribution and promotion of condoms through the hospitality industry, particularly bars and hotels at landing sites and hot spots. The following hot spots will be targeted during FY 2013: Katuna, Kamuganguzi; Kisoro TC, Kanaba, Muhindra, Bunagana, Chanika, Mupaka ; Ntungamo Municipality; Kayonza, Kihiihi, Bwindi , Bwindi community , Rwenshama, Ruknugiri TC, Kebisoni, Buyanja ; Rweshamire TC, Rubaare, Mirama Hills, Kitwe, Ntungamo TC, Pearl Flowers; and Rugaaga T/C, Ndiizi, Orukiinga, Kajaahu, Rutiindo border, Kabuyanda, Nyakivale, Rukinga, Mabona, Nyamuyanja. In order to de-stigmatize condoms at all levels, the project's advocacy strategy will engage the religious and political leaders to establish norms that promote faithfulness in marriage and abstinence among the unmarried.
Despite the fact that STAR-SW will not receive AB funding, they will provide age- appropriate and comprehensive risk reduction strategies for young people who access their sites. Such programs will include promotion of delayed sexual debut, reduction in the number of sexual partners and being faithful, as well as providing and promoting correct and consistent use of male condoms.

Amongst the MARPS, the interventions will focus on increasing perception of HIV risk associated with sex work, strengthening PwP among infected MARPs at facility and community levels, and scale up of evidence-based behavioral interventions. STAR-SW will target all clients in care and treatment with PHDP interventions. To reach 34,813 people with prevention interventions, STAR-SW will create a demand for services by applying supportive behavior change communication. Such results will be found through community campaigns to create acceptance and demand for condoms by: 1) promoting peer-to-peer strategy for interpersonal communication; 2) using linkage facilitators to mobilize men; 3) supporting community mobilization; and 4) using appropriate channels of communication including print and electronic mass media. Program monitoring and evaluation activities will be supported within this budget to strengthen the collection of data through national HMIS tools and to improve the technical quality of data through periodic data quality assessments. Data use at facility level will be strengthened through supporting M&E/SI focused in-service training for 100 of health workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	167,616	0

Narrative:

In addition to COP2012 funds, STAR-SW will receive $1,032,384 from PMTCT Acceleration funds to

support the rollout of Option B+ in 13 districts in the southwestern region. STAR-SW will facilitate the transition of 195 eMTCT sites to Option B+ sites during the period of January 2013 to March, 2013. HIV counseling and testing services will be provided to 129,350 pregnant & lactating women, helping to identify 9,283 HIV positive pregnant women. Of those women, 7,171 will be initiated on HAAR for life while 1,266 will be provided with ARV prophylaxis. Furthermore, infant ARV prophylaxis and EID will be provided to 9,283 exposed babies. As a result of this program, the four PMTCT prongs will be supported alongside the goals of virtual elimination of MTCT and keeping mothers alive. To achieve the above, STAR-SW will implement the following:
1) Improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during ANC, L/D, and post-partum periods; 2) Decentralize treatment and Option B+ through the accreditation of all supported sites. Key activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing of M&E tools, job aides, and Option B+ guidelines, training of 1,365 service providers, and sample referrals for CD4+ and EID. The transition to Option B+ in the STAR-SW region will start initially at the ART sites followed by the accreditation of all Non-ART PMTCT sites to provide Option B+; 3) Intensive M&E at the facility and community levels at the STAR-SW supported sites through cohort tracking of mother-baby pairs and electronic data reporting for effective Option B+ monitoring and program management. Mobile phone technology will be used to remind mothers and their partners on appointments, EID results, and ARV adherence. Home visits will be conducted to trace those who are lost to follow-up; 4) STAR-SW will enhance the quality of eMTCT services through quarterly joint support mentorships at all eMTCT/ART sites. Site level support will entail cohort reviews of adherence rates and retention rates, data management, ensuring availability of supplies (commodities, HIV test kits, tools, job aides and ARVs), and addressing existing knowledge gaps on Option B+; 5) The STAR-SW project will integrate voluntary and informed family planning (FP) services based on respect, women's choices, and fulfillment of their reproductive health rights. FP sessions will be integrated into eMTCT trainings for all service providers. Futhermore, FP counseling, education, and information will be provided to all women during ANC, labor and delivery, postnatal periods and in care and treatment settings. STAR-SW will collaborate with existing FP partners (Marie Stopes Uganda, STRIDES, and UHMG) for linkage to RH/FP services. Retention of HIV positive pregnant women on ART will be enhanced through implementing a family-focused service delivery model within the PMTCT/MNCH settings and through family support groups. Village health teams will be utilized to enhance follow-ups and facility referrals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,127,196	0

Narrative:

In line with Ministry of Health and PEPFAR/Uganda's identified key strategies to advance ART scale-up

in Uganda, STAR-SW will implement the following:
Support decentralization of ART services aimed to enroll at least 10,674 new HIV positive adults on treatment and support 23,983 HIV positive adults on ART by September 2013. This number contributes to national and PEPFAR targets of 190,804 new clients and 490,028 individuals on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrollment of HIV+ pregnant women, TB/HIV patients, and key populations. STAR-SW will support the MoH roll-out of Option B+ for eMTCT through: accreditation of health facilities as per MoH accreditation scale-up plan and training, mentorship and joint PMTCT/ART support supervision. At the facility level, STAR-SW will support ART/PMTCT integration through the pilot of feasible service delivery models, such as same-day integrated HIV clinics. Linkage facilitators across difference service points in facilities and communities will strengthen COR linkages and referrals, as well as ensure early ART initiation for TB/HIV patients. Targeted community outreaches in high prevalence, hard-to-reach and underserved areas will be conducted. STAR-SW will also target key populations using innovative approaches including setting up specialized services, such as moonlight services.
STAR-SW will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; monitor treatment outcomes. Use of innovative low-cost approaches for adherence, retention and follow-up, such as phone/SMS reminders, appointment registers, and ‘alert’ stickers, will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+ and increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. STAR-SW will support the sample referral network in line with the national CD4 expansion plan and will monitor and report clients’ access to CD4 in quarterly reports.
STAR-SW will work with UHMG for provision and distribution of basic care kits to clients and work with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-SW will build the capacity for facility staff to accurately and efficiently report, forecast, quantify and order commodities, and strengthen pharmaceutical management by implementing the MOH-tool package called supervision and performance assessment strategy (SPAS). In addition, STAR-SW will work with USG partners and stakeholders for provision of required wrap-around services, particularly family planning and malaria prevention.
Funding has been provided through SDS program to support the recruitment of additional staff in STAR-SW supported districts to meet the targets. STAR-SW will integrate gender awareness and issues in programs to ensure equitable access to care and treatment services, such as identifying and addressing barriers that women and men face in adhering to treatment or receiving ongoing care.
STAR-SW will work under the guidance of MoH ACP and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	13,578	0

Narrative:

In line with Ministry of Health and PEPFAR/Uganda's identified key strategies to advance ART scale-up in Uganda, STAR-SW will support the decentralization of pediatric ART services aimed at enrollin at least 2,668 new HIV positive children on treatment and support 3,584 children on ART by September 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment. To achieve these targets, STAR-SW, working through public health facilities will leverage resources from MOH in form of human resources and infrastructure both of which are major variables in the treatment cost. Also, the pediatric treatment budget excludes commodities (drugs and lab reagents) which will be procured centrally and delivered through the National Medical Stores.

STAR –SW will enhance early identification, linkage and retention of infants and children who are exposed to or who are HIV+ into care and treatment through roll-out of proven cost effective interventions: RCT,VCT & EID for identification; use of standard referral forms, linkage facilitators and community follow-up mechanisms.

STAR-SW will also strengthen HR capacity to provide comprehensive pediatric services. Through training (including pediatric HIV counseling); integrating quality improvement approach into service provision, mentorships and in-service training.

Priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

STAR-SW will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

STAR-SW will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, STAR-SW will liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-SW will build the capacity for facility staff to accurately and timely report, forecast, quantify and order commodities by implementing the supervision and performance assessment strategy (SPAS), an MOH tool package.

In addition, STAR-SW will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-SW will work under the guidance of the MoH/AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Funding has been provided through SDS program to support the recruitment of additional staff in STAR-SW supported districts to meet the achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Implementing Mechanism Details

Mechanism ID: 9879	**Mechanism Name: STRENGTHENING TUBERCULOSIS AND HIV/AIDS RESPONSES IN THE EASTERN REGION OF UGANDA (STAR-E)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,933,588	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,933,588

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Strengthening Tuberculosis and HIV/AIDS Response in the Eastern Region (STAR-E) is a five-year USAID funded project awarded on March 9th, 2009 to empower communities in Eastern Uganda to respond effectively to the dual epidemic of HIV/AIDS and TB. The goal of the project is to increase access to, coverage of, and utilization of quality, comprehensive HIV/AIDS prevention, care, and treatment services within targeted districts in the eastern region. The specific objectives of the STAR-E project include: (1) to increase uptake of quality comprehensive HIV/AIDS and TB services at facility & community levels; (2) establish efficient & effective referral systems within and among health facilities and communities; (3) create awareness & demand for comprehensive HIV/AIDS and TB services; (4) coordinate USAID partners on the implementation of Lot Quality Assurance Sampling (LQAS) as a methodology of strengthening districts M&E systems; and (5) Health systems strengthening.

Project coverage is in 12 districts of: Budaka, Bududa, Bukwa, Busia, Butaleja, Kapchorwa Pallisa, Mbale, Sironko, Kibuku, Bulambuli and Kween. The comprehensive HIV/AIDS service package includes: PMTCT, HTC, combination prevention; Adult/Pediatric Care and Treatment, TB/HIV, OVC and Nutrition/NACS services. STAR-E project works in partnership with district local governments; civil society organizations; networks of people living with HIV; and Ministry of Health.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	9879
Mechanism Name:	STRENGTHENING TUBERCULOSIS AND HIV/AIDS RESPONSES IN THE EASTERN REGION OF UGANDA (STAR-E)
Prime Partner Name:	Management Sciences for Health

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	381,839	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. STAR-E program will support the provision of care services to 24,813 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual receiving a minimum of one clinical care service. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. STAR-E will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

STAR-E will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP); strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. STAR-E will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will need to regularly keep track and report on client waiting lists.

STAR-E will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). STAR-E will build the capacity of facility staff to accurately and timely report, forecast, quantifies and order commodities. In addition, STAR-E will work with USG partners such as PIN, SPRING, HealthQual, SIS, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of

required wrap around services including family planning, etc. will occur.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. STAR-E will work under the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.

STAR-E will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	185,329	0

Narrative:

STAR-E will focus on supporting the GoU to scale up TB/HIV integration; and specifically the PEPFAR II goals of: (i) achieving a TB screening rate of 90% (731,690) of HIV positive clients in care; and (ii) initiating 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. STAR-E will contribute to this target by screening 22,332 HIV positive clients for TB; and 744 will be started on TB treatment.

STAR-E will improve intensified case finding (ICF); increase the use of the national ICF tool; as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies i.e.GeneXpert and fluorescent microscopy. STAR-E will support MDR-TB surveillance through sputum sample transportation to Gene Xpert hubs and receipt of results at facilities.
In FY13, STAR-E will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. STAR-E will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene; cough sheds and corners; fast tracking triage by cough monitors; ensure adequate natural ventilation; etc.

The MOH/ACP and NTLP will be supported to roll out provision of Isoniazid Preventive Treatment (IPT), in line with the WHO recommendations.

In addition, STAR-E will work with USG partners such as PIN, SPRING, HEALTHQual, SIS, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. STAR-E will collaborate with other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-E will work under the guidance of MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, STAR-E will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	33,951	0

Narrative:

STAR-E will focus on supporting the GoU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. STAR-E program will target 2,233 children less than 15 years of age, thereby contributing to the overall PEPFAR target of 74,555 HIV + children receiving at minimum one clinical care service. This is a subset of the umbrella care PEPFAR target.

STAR-E will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. STAR-E will implement community mobilization and targeted activities such as “Know your child status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

STAR-E will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including, sexual and RH services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure

HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. STAR-E will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

This program will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-E will build the capacity of facility staff to accurately and timely report, forecast, quantifies and order commodities.

STAR-E will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, SIS, and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. STAR-E will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-E will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	101,652	0

Narrative:

During FY 2013, STAR-E laboratory services will be enhanced using both COP 2012 and project pipeline funds. The project will assist the ministry of health (MOH), working in collaboration with the Central Public Health Laboratories (CPHL), to establish three hubs in Kidera health center IV, Kapchorwa, and Pallisa hospitals, in Eastern Uganda. The major focus of STAR-E support will be 1) building CD4 capability, 2) strengthening specimen referral and result transmission network, 3) improved laboratory infrastructure, 4) improved facility level quantification and reporting to reduce CD4 reagent stock out and 5) assist the labs to implement the WHO recommended stepwise strengthening laboratory management towards accreditation with the aim to achieve a minimum of the World Health Organization three stars by September 2014. STAR-E will also work with the USAID/Strengthening Decentralization for Sustainability (SDS) project and district officials and relevant stakeholders to recruit five technicians and four technologists to ensure that all the three hubs have the necessary human resources required to run their laboratories at an optimal capacity. Funds for these additional human resources have been allocated through the SDS project. STAR- E will in addition, work with the Strengthening Ugandan Systems for

Treating AIDS Nationally (SUSTIAN) project and Supply Chain Management Systems (SCMS) to ensure that CD4 machines have regular preventive maintenance to reduce equipment down time.

In addition to the three hubs STAR-E will also ensure that 17 facilities in Eastern Uganda that received PIMA point of care CD4 analyzers that the Ministry of Health procured during FY2012. The project will ensure that these sites continue to receive the necessary supplies through the national medical stores, and assist facilities to quantify need and project gaps in a timely manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

Narrative:

In COP 2012, STARE is funded to support SI Pivot 3 – "Strong/robust basic M&E systems at service delivery points and districts" across 12 districts in Eastern Uganda. It aims at generating strategic information that serves to inform national policy and decision making, tracking program targets including outcome and impact measurements, evidence based programming and health systems strengthening in general. For routine project M&E activities, STAR-E will focus on strengthening the capacity of SI staff and strengthen systems for data collection, data processing, data analysis, presentation, interpretation and data quality improvement (Developing and Maintaining M&E Systems, including data quality assurance, Periodic Performance Reports) and Program evaluations. Strengthening HMIS will include indexing ART patients to eliminate double counting of patients being served at facilities and ultimately improve the quality of data being collected and, introducing the concept of the MoH electronic medical records to all health workers in the region, which will improve data storage, processing and analysis. Review meetings at district level to evaluate quarterly district performances and provide feedback for project improvement will support evidence based decision making. Data Quality Assessments along the reporting line will be conducted with GoU staff at least twice a year.
In addition to the above region-specific SI activities, the STAR-E project will continue to coordinate all USAID district-based partners to implement and institutionalize the use of Lot Quality Assurance Sampling (LQAS) in 75 districts in all 75 districts, Facility assessments The results will be used by district local governments for performance measurement, monitoring, and resource allocation, with a special focus on the low performing HC IIIs, IVs and district hospitals. Funding for the LQAS coordination activities will be through the STAR-Project pipeline funds and the USAID Strengthening Decentralization for Sustainability (SDS) project that provides grants to the districts for these activities. Review of COP 12 determined that SI activities were underfunded and recommended increased support to SI. Collection of data for monitoring of the national roll-out of PMTCT Option B+ demands a few

additional data collection tools, some minor revisions in the national HMIS form and some additional training and monitoring data acquisition and capture. USAID will shift $500K from HSS to SI for this purpose and implement the funds through STAR-E.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	343,171	0

Narrative:

The revised COP 2012 strategic pivots for VMMC in the STAR-E region will focus on increasing coverage in 12 districts that have: 1) high HIV prevalence in the general population; 2) high HIV prevalence among women; and 3) low circumcision prevalence. Traditional circumcision is practiced in seven out of 12 districts in this region. VMMC interventions will focus on all eligible men (including adolescents) in the "catch up" phase to identify persons who are sexually active and at higher risk of acquiring HIV. Efforts will be made to target the rural hard to reach populations and communities particularly the fishing communities. Additionally, males aged 30 years and above will also be deliberately targeted. A minimum of 7,566 men will be circumcised by the STAR-E project.

VMMC will be offered as part of the STAR-E comprehensive HIV prevention package, which includes: promoting delay of sexual debut; reduction in the number of sexual partners and being faithful; providing and promoting correct and consistent use of male condoms; providing HTC services; treatment of sexually transmitted infections and referring HIV+ men to appropriate care and treatment services. STAR-E will integrate VMMC services as part of the continuum of response (COR), contributing to access to reproductive health care for men; better engagement of men in care; and advocacy and better health seeking behaviors of their female partners for HTC, ANC, and eMTCT.

To attain the above target, the STAR-E project will use multiple approaches to scale up VMMC that include: stand-alone sites with dedicated teams; integrated VMMC services within 20 health facilities; and outreaches and camps. STAR-E will use the Model for Optimizing the Volume for Efficiency (MOVE) as a means to optimize the efficiencies and increase the coverage especially in high volume static and outreach sites. A total of 58 service providers will be trained from Rakai Health Center, Walter Reed Project and IDI/IHK (public-private partnership). Quality improvement and assurance will be integrated as part of the minimum package of VMMC services through the implementation of national and international quality standards; and external quality assurance (EQA). The STAR-E project will build the capacity of providers to use the Non-surgical VMMC devices (PrePex) in the supported sites when approved by MOH.

The STAR-E project will implement community campaigns to create acceptance and demand for VMMC through a mix of approaches including: 1) peer-to-peer strategy for interpersonal communication; 2) use of linkage facilitators to mobilize men; 3) community mobilization; and 4) use appropriate channels of communication including print and electronic mass media. Emphasis will be placed on increasing

linkages of HIV+ clients from VMMC to care and treatment services as part of the COR.
STAR-E will enhance monitoring and reporting through the MOH VMMC Operational Centre and HMIS tools and periodic data quality assessments (DQA). Data use at facility level will be strengthened through supporting M&E focused in-service training for health workers to foster evidence-based decision-making and program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

STAR –E wil be offering comprehensive prevention package. They will offer age appropriate risk reduction messages to the young people in the community while complementing OP activities . No funds necessary for this activity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	513,900	0

Narrative:

The STAR-E program will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up Provider-Initiated Testing and Counseling; index client testing; and targeted HTC for key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV Care and Treatment; TB; and social support services in the community with the aim of increasing demand and adherence for positive clients.

Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and high unmet need. The project will target individuals in 12 districts bordering water bodies, including: Mbale, Budaka, Pallisa, Kibuku, Butaleja, Bududa, Busia, Bukwo, Kween; Kapchorwa, Bulambuli and Sironko. The target populations in these districts will vary depending on the district-specific prevalence of Most-at-Risk Populations and the general population. Based on existing surveillance data, the program will target 90,000 individuals in the population at-large. Programs will also target 9,741 MARPs which include: commercial sex workers and their clients and partners, fishing communities, uniformed forces, and long distance truck drivers.

HTC program activities shall be conducted in partnership with district local governments under stewardship of the Ministry of Health, recognizing that the scale-up of activities will require a

medium-term commitment by the USG. PITC services will be provided in 141 health units covering all hospitals; Health Center IVs; and Health Center IIIs. Moonlight HTC will be provided in the border points in Busia to reach out to truck drivers and commercial sex workers. External quality assurance for HIV test validity will be implemented in all HTC service outlets at both community and facility level.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

In the revised COP 12 the key pivots for the STAR-E project aim to ensure a balanced portfolio that will address comprehensive prevention needs of the primary target groups e.g. MARPS, including MSMs; the older population and youths through the implementation of high impact interventions in 12 districts in the eastern region. STAR-E will focus on addressing the key bottlenecks to increasing condom use that will include accessibility; availability; and acceptability of condoms among the target populations.
Deliberate efforts will be made to promote condom use among key populations; sero discordant couples; and multiple partnerships in rural and urban populations. STAR-E will support condom distribution and promotion by increasing the number of distribution outlets at facilities; community level; fish landing sites; and rural hard to reach areas from the current 250 to 500 outlets. STAR-E will also engage with: (i) social marketing partners to increase distribution and promotion of condoms, (ii) the hospitality industry, particularly bars and hotels at fish landing sites and hot spots to ensure that condoms are readily available. An advocacy strategy will be developed to de-stigmatize condoms at all levels. The project has mapped out districts that are hot spots for MARPS that include commercial sex workers and their clients; long distance truck drivers; fisher folk ,uniformed service men; and internally displaced persons. The Hotspot marking through the PLACE methodology, will map out key populations including MSM in the various regions. This will help STAR -E tailor interventions to the identified key populations in this region.
The MARPS interventions will focus on increasing perception of HIV risk associated with sex work, and multiple partnerships, strengthening PHDP among infected MARPs at facility and community levels, and scale up evidence-based behavioral interventions. STAR-E will target all clients in care & treatment with PHDP interventions. The PHDP interventions will aim at increasing knowledge of HIV status among PHLA and their partners, reducing the risk of HIV transmission and reducing HIV acquisition among person at high risk for infection.
STAR-E will implement community campaigns to create acceptance and demand for condoms through:

1) peer-to-peer strategy for interpersonal communication; 2) use of linkage facilitators to mobilize men; and 3) use appropriate channels of communication including print and electronic mass media. The goal is to increase utilization and demand for condoms amongst the older population and youth including the MARPS and PDHP.
Program monitoring and evaluation activities will be supported to strengthen the collection of data through national HMIS tools and to improve the technical quality of data through periodic data quality assessments. Data use at facility level will be strengthened through supporting M&E/SI focused in-service training for 80 of health workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The PMTCT strategic goal for the STAR-E project during for COP 2012 is to contribute to ongoing national efforts of achieving virtual elimination of MTCT and keeping mothers alive through option B+ roll out. All the four PMTCT prongs will be supported in the 12 STAR-E supported districts that will be transitioned from Option A to Option B+ starting March, 2013. HCT services will be provided to 80,160 pregnant and lactating women in 141 health units that include five hospitals, 13 HCIVs, and 123 HC IIIs during FY 2013. A total of 2,760 HIV positive pregnant women will be identified, of whom 2,312 will be initiated on HAART for life and 408 will be provided with ARV prophylaxis. Infant ARV prophylaxis and EID will be provided to 2,720 exposed babies. To achieve the above, the STAR-E project will implement the following Ministry of Health and PEPFAR strategic pivots: 1) Improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during ANC, labor/delivery, and post-partum periods. District service uptake will be based on district-specific PMTCT burden tables and targets that will guide the intensity of service delivery; 2) Decentralize treatment and Option B+ through the accreditation of all supported sites. The project will utilize the result of the site accreditation assessments to identify Option B+ training needs; procure equipment; print M&E tools, job aides, & Option B+ guidelines; train 980 service providers; and strengthen specimen referrals for CD4+ and EID. The transition plan of Option B+ in the STAR-E region will start initially in the 32 ART sites; and will gradually be spread to the remaining 109 Non-ART PMTCT sites. Family Support groups will be established in all 141 health units to enhance retention. The FSGs will meet monthly to receive adherence counseling and psycho-social support; supported disclosure; IYCF counseling; EID; FP counseling; Couple HTC; repeat-testing; ARV refills; and link negative male partners to VMMC if required. The project will support the establishment of a PMTCT linkage facilitator per site and provide performance-based grants to Community-based organizations to enhance facility-community linkages i.e. follow-ups; facility referrals; and adherence support. 3) The project will intensify tracking of mother-baby

pairs at facility & community levels for effective Option B+ monitoring and program management. Mobile phone technology will be used to remind mothers & their partners on appointments; EID results; and ARV adherence. Home visits will be conducted to trace those who are lost to follow-up using VHT and/or midwives.4) STAR-E will enhance the quality of PMTCT services through quarterly joint support supervision & mentorships at all PMTCT/ART sites. Site level support will entail cohort reviews; adherence rates; retention rates; data management; availability of supplies (commodities, HIV test kits, tools, job aides & ARVs); and addressing of existing knowledge gaps on Option B+.5) STAR-E will integrate voluntary and informed family planning (FP) services based on respect; women's choices; and fulfillment of their reproductive health rights. FP sessions will be integrated within PMTCT trainings for all service providers. FP counseling; education, and information will be provided to all women during ANC, Labor & Delivery, and postnatal periods; and in Care and treatment settings in collaboration with existing FP partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	617,899	0

Narrative:

STAR-E will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. STAR-E program will enroll at least 4,810 new clients and support 12,655 adults on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations.

STAR-E will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of health facilities in line with MoH accreditation scale-up plan; training, mentorship and joint PMTCT/ART support supervision. It will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.

Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. STAR-E will support RH integration including family planning and cervical cancer screening at facility level through provision of the services or referrals. Targeted community outreaches in high prevalence hard to reach and underserved areas will be conducted. STAR-E will also target key populations using innovative approaches including setting up specialized services; such as moonlight services.

STAR-E will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders,

appointment registers, ‘alert’ stickers will be supported.
Special focus will be placed on adherence and retention of women enrolled under Option B+; and increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. STAR-E will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients’ access to CD4 in quarterly reports.
This program will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-E will build the capacity of facility staff to accurately and timely report, forecast, quantifies and order commodities. In addition, STAR-E will work with USG partners and other key stakeholders for provision of required wrap around services. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-E will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.
STAR-E will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	5,847	0

Narrative:

STAR-E will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. This program will enroll at least 962 new HIV positive children and support 1,891 children on ART by APR 2013 and will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment.
IN FY13, STAR-E will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under 2 years in line with the national treatment guidelines.

STAR-E will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including:

sexual and reproductive health services, psychosocial support and life skills training.
A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.
The program will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

STAR-E will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Furthermore, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). STAR-E will build the capacity of facility staff to accurately and timely reports, forecast, quantify and order commodities.

In addition, STAR-E will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, SIS, and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. STAR-E will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. STAR-E will work under the guidance of MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 10280	**Mechanism Name: Expanding Uptake for Interventions to Prevent the Transmission of HIV from mother to their children (PMTCT) by using community based strategies.**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Integrated Community Based Initiatives	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 300,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ICOBI has been implementing a five year CDC funded community project since July 2008 initially in three districts, however, it has been expanded to cover the following 10 districts: Bushenyi, Sheema, Buhweju, Rubirizi, Mitooma, Ntungamo, Mbarara, Ibanda, Isingiro and Kiruhura in South Western Uganda.

The overall objective of this project is to contribute towards the improvement of child survival through increasing the uptake of PMTCT services by using community based and family centered strategies.

1. To promote innovative community based primary prevention of HIV.
2. To prevent un-intended pregnancies among women living with HIV through use of modern family planning methods and other family planning strategies.
3. To reduce the transmission of HIV from the pregnant or lactating women living with HIV to their babies by referring them to health units for appropriate ARV prophylaxis for PMTCT.
4. To promote care, support and treatment for pregnant women living with HIV, their partners and families through active referral networks in the community and health facilities.
5. To enhance advocacy, capacity building and behavior change communication for community PMTCT interventions.

ICOBI implements the program through the existing MoH structures such as local governments, health facilities, health workers and the village health teams. The project team together with the district health team will monitor the activities of community PMTCT. ICOBI will carry out technical supportive supervision visits to the health facilities and community to ensure proper project implementation. ICOBI has purchased four vehicles under this mechanism and is not planning to purchase any additional vehicles in FY 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	55,252

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Mobile Population
TB
Family Planning

Budget Code Information

Mechanism ID:	**10280**
Mechanism Name:	**Expanding Uptake for Interventions to Prevent the Transmission of HIV from mother to their children (PMTCT) by using community based strategies.**
Prime Partner Name:	**Integrated Community Based Initiatives**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	120,102	0

Narrative:

ICOBI will identify sero-discordant couples through HIV Testing and Counseling (HTC) and continue to provide comprehensive risk reduction programs for both HIV negative and HIV positive persons, care (with emphasis on referrals for positive health dignity and prevention services and PEP interventions), clinical treatment services and community/support programs. Continuum of response will be strengthened using linkage facilitators across different service points, from the community to the clinic and from the clinic to other facilities. These linkages are aimed at improving the uptake of target and general populations to combination prevention interventions. ICOBI will work with community members and other community initiatives like health workers, expert peer educators, and Village Health Teams (VHT) to increase demand for and utilization of services. VHTs will help to promote couple counseling and testing and educate couples about HIV, support and refer HIV-infected partners identified through HBVCT services for evaluation and enrollment into care and treatment programs.

The program will provide prevention and referral to Gender Based Violence (GBV) services and will aim to strengthen care for survivors of sexual violence (SV). The program will track and strengthen referrals from the community to health facilities and to other support services; and will strengthen linkages between community and clinical services and other stakeholder groups to facilitate access to health services.

Additionally ICOBI will maintain the current condom distribution outlets. Advocacy to de-stigmatize condoms will be intensified and there will be purposeful targeting of religious and political leaders to propagate the same.

The program will target 126,663 individuals (78,195 males and 48,464 females) with combination prevention messages and referrals to appropriate interventions/services. 641 condom service outlets will be maintained in the various locations established at several sites and effort will be made to support and improve accessibility and promotion of both male and female condoms, and ensuring efficient distribution systems. VHT leaders will participate in condom distributions and give information on effective condom use to targeted populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	179,898	0

Narrative:

In FY 2013, ICOBI will facilitate the implementation of PMTCT Option B+ activities at the community level in 10 Districts in South Western Uganda.
The success of Option B+ will depend on strong community level engagement and support within the

following pivots:

Improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during pregnancy, labor, delivery and post-partum periods. To achieve this, ICOBI will mobilize and sensitize communities to support pregnant women to attend early ANC, receive HIV testing and counseling (HTC), PMTCT interventions for HIV infected pregnant mothers and to deliver the health facilities.

Secondly, ICOBI will collaborate with other implementing partners to support retention in care for HIV infected pregnant women on ART at both facility and community level by working with family support groups and peer mothers at all PMTCT sites. The family support groups will meet monthly to receive adherence counseling and psycho-social support, IYCF counseling, early infant diagnosis, family planning counseling, couple HTC and ARV refills if required. ICOBI will also support the mobilization of village health teams who will also be utilized to enhance follow-up, referral, birth registration, and adherence support.
Male partners will be mobilized to receive couple HTC, supported disclosure, condom use, STI screening and management, support for sero-discordant couples, treatment for those who are eligible and a link for negative male partners to VMMC services.
Finally ICOBI will support M&E of Option B+ roll out by tracing mother-baby pairs who miss their scheduled appointment at both facility and community level. Home visits will be conducted to trace those who are lost to follow-up.

Implementing Mechanism Details

Mechanism ID: 10281	**Mechanism Name: Technical Assistance for Data Use/M&E Systems Strenghtening for Implementing Partners**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,463,217	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,463,217

Sub Partner Name(s)

Makerere University School of Public Health	Ministry of Health- Swaziland	

Overview Narrative

The M&E Technical Assistance (META) Project is a collaboration between UCSF, Makerere University School of Public Health (MaKSPH), Ministry of Health(MOH) and Uganda AIDS Commission (UAC). In the first two years of the project, META focused on strenghtneing M&E capacity for 12 CDC supported Implementing Parters (IPs) with the goal of improving IPs ability to collect, manage, analyze, report and use data to inform decision making and evaluate impact. IP electronic data systems were strengthened to support the M&E functions of the organisation. META is currently supporting MakSPH develop a graduate M&E course in support of efforts to improve M&E human resource capacity in Uganda. In FY 2013 META will support M&E strengthening activities at the national and district level through district-based IPs. Through the National Sub-committee for M&E and Research (SMER), META will support activities towards achievement of one national M&E plan. At IP level, META will train 160 persons from both the CDC-supported IPs and districts to improve electronic data systems and support the conduct of program evaluations. META willl support IPs to roll-out training to their district staff in all regions of Uganda thus cascade training and improve resource efficiency. In the first two years, four Uganda META staff trained in evaluation methodology and will transfer these skills to MakSPH and the IPs. The Uganda HSSIP requires evaluation of programs at various stages of implementation. In FY 2013 $500,000 is earmarked from the acceleration plan for basic program evaluations including PMTCT option B+. This will support periodic assessment of the change in targeted results and link particular outcomes to specific activities and help to determine the effectiveness of programs.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,322,078

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Mobile Population

TB

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**10281**
Mechanism Name:	**Technical Assistance for Data Use/M&E Systems Strenghtening for Implementing Partners**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	1,202,078	0

Narrative:

META is funded to support SI Pivot 1 ‘Alignment to USG supported systems with the national information system’ and Pivot 3 ‘Strong/robust basic M&E systems at service delivery points and districts’ across CDC funded Implementing Partners (IPs). META will continue to support national, district and organizations in M&E. At the national level META will intervene at the work with Ministry of Health (MOH) and Uganda AIDS Commission (UAC) to actualize the ‘three ones’. This will include operationalization of national Health Sector HIV/AIDS M&E Framework, support to strengthening data collection using national tools, improve technical quality of data through periodic DQAs and improve data use at district and facility level through focused in-service training for health workers, support to program evaluations so as to foster evidence-based decision-making and program improvement. Specific focus will be on combination prevention interventions.

At the national MoH level, META will support selected activities of the national Sub-Committee on M&E and Research (SMER) and AIDS Control Program (ACP). This will include support to the development of the national Health Sector HIV/AIDS M&E framework and transitioning parallel reporting systems to the DHIS2. At district level, META will support the development of strong M&E approaches at service delivery points. Additional support will be provided through the MoH Harmonization Officer to advocate for promotion and use of standardized national tools and availability of national HMIS registers in supported districts. At organization level, META will work with CDC funded IPs to enable districts align the national information system to USG requirements. The target populations are M&E, management and program staff at IPs and within the MoH structures.

In collaboration with the IPs, META will perform M&E capacity assessments and provide M&E support to district-based staff in 53 CDC supported districts. At least 160 individuals will be supported through this effort. The training and support will emphasize implementation of M&E plans, streamlined reporting and use of data for evidenced-based decision making. As part of the national research and evaluation agenda META will support MOH and IPs to review service delivery goals, develop evaluation process and outcome protocols. Emphasis is on building national capacity for future evaluations and mainstreaming evaluation within service delivery activities.

Uganda will roll-out Option B+ in a strategic phased approach that's responsive to the challenges. Progressive scale-up of sites will enable a reflective process on implementation experiences. Key issues and lessons generated from prior phases will inform subsequent roll-out plans. For FY 2013 META will support MoH to monitor and evaluate the roll-out of PMTCT Option B+. This will include rapid and intensive monitoring system for combination prevention with Infectious Disease Institute - KCC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	141,139	0

Narrative:

With support from PEPFAR, Voluntary Medical Male Circumcision (VMMC) is being offered in Uganda as part of a comprehensive HIV prevention package with a target to circumcise 750,000 eligible men in FY 2013. UCSF/META with the funds from COP 12 will support the monitoring and evaluation activities for the VMMC program across the 53 CDC-supported districts where a target of 320,019 eligible men will be circumcised by CDC implementing partners.

UCSF/META in collaboration with the MOH, districts and CDC implementing partners will support the development of M&E tools, undertake quality improvement activities and support district staff to

accurately report on VMMC activities in the supported districts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	120,000	0

Narrative:

The M&E Technical Assistance project (META) will support the districts in collaboration with the district based CDC-supported Implementing Partners (IP)s that provide care and treatment services. The META target population consists of IP M&E staff, the District Health Officer, the District Bio-Statistician and the Records Person at facilities who must interpret and use ART data. Support to cohort analysis for MoH quarterly report will be an area of focus. Working with three additional care and treatment (C&T) partners that have large geographic coverage (MJAP, Mildmay, and TASO-main) META will support districts to improve the quality of treatment data. Currently, META is supporting Kalangala, Reach-out and Uganda Prisons and will continue to support IPs as they roll out their activities in supported districts. Supported C&T IPs are involved with the following cross-cutting issues: Kalangala Project--mobile fisherman, ReachOut - women's income generation, TASO - malaria and TB, Mildmay -women's reproductive health and TB and MJAP - malaria and TB.

A key position to support this function is the 'harmonization officer' who works closely with the AIDS Control Program at the MOH on issues of policy, guidelines, national indicators and technical working groups, and on target setting, as well as, on the development of data collection tools. This position also works closely with IPs to ensure their tools and indicators are harmonized with national tools, and that they report appropriately to the districts and the national system. The support to the C&T IPs aims at improving their ability to collect, manage, analyze, report and use their data to inform decision making and evaluate impact.

Selected IPs have a range of cross-cutting issues that will be addressed, including mobile communities, women's income generation, reproductive health, malaria and TB. META will continue to work closely with ReachOut to develop a functional and linked data system so they can better use data to evaluate their care and treatment programming. META will continue the support to Mildmay in the implementation of the program evaluation that will describe the relationship of neurocognitive disorders and treatment.

Through this effort, META will train 10 care and treatment IP staff in the following: Basics of M&E, M&E plan development, program evaluation protocols, data use for decision-making, qualitative data analyses, data management, SQL software, and basics of data system development including cohort analysis. IP

staff will draw plans to train district and health facility staff in their areas of jurisdiction.

Implementing Mechanism Details

Mechanism ID: 10326	**Mechanism Name: Strengthening Uganda''s Systems for Treating AIDS Nationally (SUSTAIN)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,486,519	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,486,519

Sub Partner Name(s)

Health Research Inc./New York AIDS Institute	Initiatives, Inc.	Integrated Community Based Initiatives
The AIDS Support Organization		

Overview Narrative

Strengthening Uganda’s systems for Treating AIDS nationally-SUSTAIN’s goal is to provide quality HIV/AIDS prevention, care and treatment services at selected regional and district hospitals in Uganda and build the capacity of the public sector to provide these services.

Objectives: Ensuring provision of comprehensive HIV services within public regional referral hospitals and district hospitals; Enhancing quality of services within regional referral and district hospitals; and Increasing stewardship by the Ministry of Health (MoH) to provide sustainable quality services within the public health system.

Coverage -19 hospitals spread across all regions of Uganda are targeted: 12 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Masaka, Kabale, Hoima, Fort Portal, Mubende, Moroto and Arua), and six General Hospitals (Moyo, Nebi, Kaboong, Gombe, Kawolo, and Entebbe). SUSTAIN will support delivery of clinical services to 55,500 HIV-positive individuals, including 30,527 individuals on ART. Cost

effectiveness and sustainability will be enhanced by improving quality of services using modern improvement methods, joint planning and implementation with the MOH and facility leadership; integrating activities into MOH systems, and optimally leveraging other resources through coordination and partnerships all principles of GHI.
Systems strengthening activities include clinical service delivery, supply chain management, laboratory equipment, human resource support, Health Information Systems, and promoting MOH leadership. Data will be strengthened by rolling-out the MoH's Open Medical Records System. Facilities will be supported to collect, analyze and report performance data.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	635,000
Human Resources for Health	1,964,700

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	10326
Mechanism Name:	Strengthening Uganda''s Systems for Treating AIDS Nationally (SUSTAIN)
Prime Partner Name:	University Research Corporation, LLC

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,311,688	0

Narrative:

SUSTAIN will support the provision of care services to 50,505 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individual receiving a minimum of one clinical care service. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. SUSTAIN will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum. This program will support delivery of adult care and support services at 17 public health care facilities: 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto) and seven General Hospitals (Moyo, Nebi, Kaboong, Gombe, Kawolo, Nsambya and Entebbe). It will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention (PHDP); strengthening linkages and referrals using linkage facilitators; implementing quality improvement for adherence and retention; pain and symptom management; and providing support to targeted community outreaches in high prevalence hard to reach and underserved areas. Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. HIV-positive individuals will be closely and regularly monitored using clinical and laboratory methods (CD4 counts), and appropriately linked to ART when they become eligible. In addition, SUSTAIN will keep track of and periodically report on client waiting lists. Linkages between facility-based and community/home-based services will be supported and enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care. Clients will be involved in their own care through innovative approaches, including a chronic care model. This includes self-management support, service delivery design, clinical information systems, decision support, and community support and health system changes. They will be motivated to care for their conditions, and manage their health. SUSTAIN will also make certain gender issues are integrated to ensure equitable access to care and treatment services by addressing barriers women and men may face in adhering to treatment or receiving ongoing care. Preventive care will be prioritized as a critical component of the program. SUSTAIN will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. It will also access other commodities like co-trimoxazole through National Medical Stores and will build capacity of facility staff to accurately and promptly report, forecast,

quantify and order commodities. Funding has been provided to support the recruitment of additional staff in the hospitals to meet the achievement of the scale-up targets.
Program Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Key areas will be patient tracking, effective referrals and linkages across COR, while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	414,531	0

Narrative:

TB/HIV services in HIV/AIDS clinics, TB clinics and general medical settings will be strengthened at 17 public health care facilities: 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto) and seven General Hospitals (Moyo, Nebi, Kaboong, Gombe, Kawolo, Nsambya and Entebbe). The target population includes adults and children accessing health care services at the supported facilities and residents in the respective catchment areas of the facilities.

Activities will include pro-active identification of HIV infected individuals in TB settings through provider-initiated HIV testing and counseling. Screening of HIV clients for TB will be promoted as a routine clinical practice in facilities using the MOH Intensified Case Finding (ICF) form. SUSTAIN will strengthen on-site laboratory services for TB (smear microscopy and chest radiography), and monitoring and documentation of TB screening and treatment for PLHIV. Capacity of RRHs will be strengthened in terms of clinical and laboratory to function more efficiently as referral sites for lower facilities. Electronic microscopes will be procured to boost the diagnostic capacity for microscopy to ensure samples are quickly processed and results dispatched to clinicians. Strengthening National logistics system for TB diagnostics will ensure continuous availability of reagents and supplies. In collaboration with the National TB and Leprosy program, laboratory personnel will be trained to support lower level facilities in the catchment regions to quantify and requisition adequate supplies for TB.
TB/HIV activities will be routinely provided in all service delivery points at each facility, including MNCH/PMTCT settings. Other proposed activities are to include infection control measures to prevent TB transmission in clinical settings. Facilities will make specific infection control plans hinging on: administrative controls such as early identification of patients with TB symptoms, separation of coughing clients; environmental controls including improved ventilation and air flows in laboratories and selected HIV clinics through renovation works and; Personal Protective Controls including patient masks for TB patients considered infectious. Isoniazid preventive therapy will be given especially children in close

contact with active TB cases. Coordination will be promoted between TB and HIV programs to ensure continuum of care for HIV-infected TB patients. Linkages between facility and community/home-based services will be enhanced through partnerships with other community based providers to ensure a continuum of care. SUSTAIN will work to improve reporting of TB/HIV activities, as well as linkages through application of quality improvement methods across clinical, laboratory and HMIS areas at each facility.
Program Strategic information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations and outcomes of interest, will be supported to foster evidence-based decision-making and program improvement. The key areas will be patient tracking, effective referrals and linkages across COR, while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	88,008	0

Narrative:

SUSTAIN will focus on supporting the GoU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. SUSTAIN program will target 4,995 children with care and support services, contributing to the overall PEPFAR target of 73,169 HIV positive children receiving at least minimum one clinical care service.

Pediatric care and support services will be supported at 17 facilities: 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto) and seven General Hospitals (Moyo, Nebi, Kaboong, Gombe, Kawolo, Nsambya and Entebbe). The target population includes children, infants and adolescents accessing health care services at the supported facilities and /or from the respective facility catchment areas. The RRHs are critical for national scale-up for pediatric services, as they are high-volume sites.

Services will mainly prioritize facility-based approaches for identifying HIV infected children/infants through Provider Initiated Testing and Counseling at points of entry and Early Infant Diagnosis (EID) through linkages with PMTCT services. Prevention, diagnosis and treatment of OIs will be prioritized by strengthening systems for drug logistics and leveraging resources from other health programs that support procurement and distribution of basic care commodities such as insecticide treated nets and safe water interventions.
Adolescent support activities will also be supported to address their unique needs through specialized

counseling and peer group support activities. SUSTAIN will strengthen technical capacity for the regional hospitals to function as regional knowledge and training hubs for pediatric HIV services. Trainings will be conducted by a pool of existing national trainers and mentors in pediatric HIV care who are based at RRHs, including those trained by SUSTAIN in FY 12. The hospitals will be critical points for the national scale up plan for pediatric HIV services. DNA PCR and viral load test samples will continue to be referred to MOH designated centers for testing within the country.

Pediatric care services will be provided within the context of general maternal, newborn and child health services, as a component of general child health services. The program will support strengthening of the Early Infant Diagnosis referral system to ensure efficiency, specifically reducing turn-around times for test results and loss to follow-up for mother-infant pairs. Linking of those who test positive to treatment will be a top priority. Linkages between facility-based and community/home-based services will be enhanced through linkage facilitators within communities and facilities to ensure continuum of care.
Funding has been provided to support the recruitment of additional new staff in the hospitals to meet the scale-up targets. Program Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations for results and outcomes of interest will be supported to foster evidence-based decision-making and program improvement. Key areas will be Patient tracking, effective referrals and linkages across COR, while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,160,579	0

Narrative:

In FY 2013, SUSTAIN will assist the ministry of health (MOH), working in collaboration with the Central Public Health Laboratories (CPHL), to establish 10 hubs at the following hospitals: Nebbi, Kaabong, Kotido, Abim, Nakapiripirit, Lwala, Entebbe, and Gombe hospitals, as well as Kawolo and Hoima regional referral hospitals. This will be in addition to 12 existing functional hubs supported by SUSTAIN.

The major foci of SUSTAIN support will be 1) building CD4 capability in three sites with no high throughput CD4 machines including Kambuga, Kisoro, and Itojo (the remaining four hubs do have existing CD4 capability, 2) strengthening specimen referral and result transmission network, 3) improving laboratory infrastructure, 4) strengthening facility level quantification and reporting to reduce CD4, hematology and chemistry reagent stock out and 5) assisting the labs to implement the World Health

Organization (WHO) recommended stepwise strengthening laboratory management towards accreditation (SLAMTA), with the aim to achieve a minimum of the WHO three stars by September 2014. SUSTAIN will also work with district officials and relevant stakeholders to recruit 51 lab technologists and 26 lab technicians to ensure that all the seven hubs have the necessary human resources required to run their laboratories at an optimal capacity.

SUSTAIN support is aimed at building the regional referral hospitals' capacity to respond to and provide services which cannot be provided at lower Health facilities. In doing so, the national response to CD4 testing and ART monitoring services will have been increased significantly.

SUSTAIN will also facilitate the operationalization seven regional workshops aimed at reducing equipment downtime. In collaboration with the MoH Infrastructure Division and the district local authorities, SUSTAIN will support installation of service equipment, procurement of assorted tools and recruitment of biomedical engineers to support both preventive and corrective maintenance at seven identified regional laboratory equipment maintenance centers. The seven regional workshops will also be used to facilitate movement of biomedical engineers to other hubs or facilities that need urgent trouble shooting on equipment maintenance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,785,664	0

Narrative:

Over the next year, SUSTAIN will introduce Voluntary male medical circumcision (VMMC) as an additional new program in its current services, thereby increasing opportunities for its clients to access a full range of clinical services. SUSTAIN will support delivery of services while simultaneously building the capacity of partner sites to deliver this service. VMMC services supported by SUSTAIN will be delivered in 18 districts of Kabale, Kabarole, Masaka, Mubende, Jinja, Butambala, Wakiso, Buikwe, Hoima, Mbale, Arua, Nebbi, Moyo, Soroti, Lira, Moroto, Gulu and Kaabong. While using dedicated teams, SUSTAIN will deliver services largely in facilities but complementary outreaches will also be done for hinterland communities. Voluntary Medical Male Circumcision will be accessed to 42,230 eligible males across the eighteen districts. Relative emphasis will be placed on districts estimated to have high HIV prevalence, especially among women and low rates of circumcision.
SUSTAIN shall prioritize the COP 2012 VMMC strategic pivots which include: establishing dedicated teams in facilities given the critical human resource shortages currently faced in these facilities, rolling out

the MOVE model in high volume sites, ensuring stable supply of VMMC kits, institutionalizing quality assurance and improvement as a routine component of service delivery and most importantly increasing community knowledge and raising demand for VMMC. SUSTAIN will support the national plan for rolling out voluntary medical male circumcision and activities will be delivered in line with the national policy, guidelines and tools.

VMMC will be promoted as part of conventional good health behavior and practice. Messages will include: the benefits it offers on general STI prevention/transmission (some of which may reduce risk of cancer and problems with fertility especially in females), improved hygiene, and reduction in risk of on HIV transmission to men (which benefits both men and women subsequently). VMMC messages will also be included in the MOH routine health education guidelines/curriculum for health care facilities. Within health care facilities, routine health education sessions shall be given to clients in various service areas – both in wards and outpatients departments. Carefully crafted VMMC promotion messages will be disseminated to health care service providers to avoid conflicting messaging by health and community workers.

Messages about benefits of VMMC will also be integrated into other USG supported programs for example SUSTAIN will collaborate with existing family planning and reproductive health USAID partners (Maries topes Uganda; STRIDES and Uganda Health Marketing Group) to increase awareness of the benefits of circumcision, safe sex, family planning, birth spacing, active linkage of adolescents, women and men to various reproductive health services and cervical cancer screening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	274,080	0

Narrative:

SUSTAIN will support key HCT pivots by increasing the availability of Provider Initiated Testing and counseling (PITC) services at 17 public hospitals supported for delivery of comprehensive HIV services. Of these, the program will support 10 Regional Referral Hospitals in Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto, and seven General Hospitals in Moyo, Nebi, Kaboong, Gombe, Kawolo, Nsambya and Entebbe. The target population will include adults and children accessing general health care services at these facilities, including those specifically seeking HIV testing services on their own (client-initiated). In the past 12 months, 115,744 individuals received HCT services at these facilities; in FY 2013, up to 60,000 individuals will be targeted. The slump in targets is a result of the need to target services at most at risk individuals and PITC as opposed to the general population. Efforts will be made to ensure that patients needing HTC shall access it.

Provider-initiated HIV Testing and Counseling will be the approach for offering HIV tests to all patients/clients as an integrated component of routine health care services. PITC will be offered in

maternal, newborn and child health clinics (including antenatal and family planning), TB and STI clinics, as well as in-patient wards and outpatient service areas for adults and children. Testing within PMTCT and TB service areas will require about 40% of level of effort for all HTC activities, with the rest (care and support, treatment, prevention with positives) taking 60%. Linking HIV-infected clients, and family members and partners into care within the facilities and other facilities will be ensured.

SUSTAIN will ensure that there is training, mentoring of staff and appropriate continuing medical education activities; and equip all service providers in different disciplines with skills for delivering quality HTC services (training, coaching and support supervision). 305 service providers will be equipped with these skills. Support will also be provided to ensure availability of testing commodities, through efficient commodity management training and support supervision for pharmacy, laboratory and stores staff. All activities for HTC will follow the national guidelines for HTC in health care facilities, including the national HIV testing algorithms for adults and children, thus ensuring the provision of WHO and Government of Uganda approved services.

HCT services will be an integral component of all health care service packages in the various service delivery points in each facility. The deliberate linking of clients, through dedicated Linkage Facilitators, will connect those who test positive, to care and treatment services (both within and outside the facilities) and for those in need of other health and social services the program will increase its partnerships with community-based support services, including health worker networks.
Program Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations on results and outcomes of interest will be supported to foster evidence-based decision-making and program improvement. The key areas will be measurable linkages to care, treatment, PMTCT, VMMC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

SUSTAIN will receive $650,000 under the PMTCT acceleration plan funds and this will go towards support of eMTCT services across 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto) and six General Hospitals (Moyo, Nebi, Kaboong, Gombe, Kawolo, and Entebbe). HIV counseling and testing services will be provided to 95,900 pregnant and lactating women, hence identifying 7,960 HIV positive pregnant women, of whom 6,766 will be initiated on HAART for life and 1,194 will be provided with ARV prophylaxis. Early Infant Diagnosis will

be provided to 7,960 exposed babies.
SUSTAIN will focus on all eMTCT prongs in line with the goals of virtual elimination of MTCT and keeping mothers alive. SUSTAIN will:
1) Improve utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during ANC, labour/Delivery, and post-partum periods;
2) Transition by the end of September 2013, all 17 sites to Option B+ through: site assessments to identify training needs, procurement of equipment, printing of M&E tools, job aides, and Option B+ guidelines; training of service providers; and provision of CD4 and EID test at the on-site laboratory hubs. Retention will be enhanced through the family- focused service delivery model within the PMTCT/MNCH settings coupled with the formation of family support groups (FSGs) at all eMTCT sites led by peer mothers and midwives. FSGs will meet monthly to receive adherence counseling and psycho-social support; supported disclosure; infant and young child feeding counseling; EID; family planning counseling; couple HTC; repeat-testing; ARV refills; and link negative male partners to VMMC if required.
3) Intensify M&E at facility and community levels in supported sites through cohort tracking of mother-baby pairs and electronic data reporting for effective Option B+ monitoring and program management. Mobile phone technology will be used to remind mothers and their partners on appointments; EID results; and ARV adherence. Home visits will be conducted to trace those lost to follow-up. Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Key areas will be tracking the implementation of Option B+ and process evaluation of phase-one Option B+ implementation.
4) Enhance the quality of eMTCT services through quarterly joint support- supervision and mentorships at all eMTCT/ART sites. Site level support will entail cohort reviews; adherence rates; retention rates; data management; availability of supplies (commodities, HIV test kits, tools, job aides & ARVs); and addressing existing knowledge gaps on Option B+.
5) Integrate voluntary and informed family planning services based on respect for women's choices and fulfillment of their reproductive health rights. FP sessions will be integrated within eMTCT trainings for all service providers. FP counseling; education, and information will be provided to all women during antenatal care, labor and delivery, and postnatal periods; and in care and treatment settings. SUSTAIN will collaborate with existing FP partners to increase awareness of the benefits of FP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,417,060	0

Narrative:

SUSTAIN program will enroll at least 11,523 new HIV positive adults and support 26,558 adults currently on ART by September 2013; contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrollment of HIV positive pregnant women, TB/HIV patients, and key populations. Adult treatment services will be supported across 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, and Moroto) and seven General Hospitals (Moyo, Nebbi, Kaboong, Gombe, Kawolo, Nsambya and Entebbe).

ART services will be delivered in accordance with the Ugandan national treatment guidelines and protocols. Continuous Quality improvement will be implemented through facility-specific quality improvement teams that cut across all HIV service areas and are therefore able to foster intra-facility linkages. The improvement teams will have their skills strengthened through support supervision and mentoring.

Through staff training and provision of appropriate HMIS tools, facilities will be further supported to ensure capacity for adequately managing data collection, documentation and reporting results, using the newly introduced MOH HMIS tools including Open MRS software.

Adherence to ART will be supported through various methods: counseling and psychological support to individual clients; client peer support group activities at facilities and communities; targeted follow-up for at-risk clients. Close linkages with other health care delivery points within each facility will be promoted to facilitate bi-directional intra-facility referrals and enhanced by linkages facilitators. Prevention with Positives activities will be integrated into all care and treatment clinics. All the 17 facilities provide ART and antenatal services, including PMTCT.

SUSTAIN will ensure gender issues are integrated in programs to ensure equitable access to care and treatment services by identifying and addressing barriers influencing adherence to care & treatment.

Preventive care will also be prioritized as a critical component of the program. SUSTAIN will liaise with PACE and UHMG for provision and distribution of basic care kits to clients, and will access other commodities like co-trimoxazole through National Medical Stores. SUSTAIN will additionally build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

Funding has been provided to support the recruitment of additional staff in the districts to meet the achievement of the scale-up treatment targets.

Program Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations on results and outcomes of interest will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient tracking, effective referrals and linkages across COR while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	34,909	0

Narrative:

SUSTAIN will enroll at least 2,281 new HIV positive children on treatment and support 3,969 children current on ART by September 2013. This will contribute to overall national and PEPFAR target of 39,799 new pediatric enrollments and a total of 64,072 children current on treatment. Pediatric treatment services will be supported at 17 facilities spread across the country, including 10 Regional Referral Hospitals (Gulu, Lira, Soroti, Mbale, Jinja, Kabale, Hoima, Fort Portal, Mubende, Moroto) and seven General Hospitals (Moyo, Nebbi, Kaboong, Gombe, Kawolo, Nsambya, Entebbe).

Service delivery activities include: early initiation of ART for HIV-infected children as per the newly revised national guidelines. This involves monitoring response to treatment and identifying treatment failure using clinical and laboratory methods (CD4 counts at regular intervals and viral load where absolutely necessary).

SUSTAIN will strengthen laboratory capacity to support pediatric ART by improving efficiency of Dried Blood Sample (DBS) testing systems. Quality Assurance systems for early infant diagnosis (EID) specimen collection and ensured through practical mentoring sessions at facilities. Service provider skills for evaluating children for ART, initialing and monitoring children on ART, and providing psychological care and support to children and their families will be strengthened through facility-based training, coaching and quality improvement approaches.

Pediatric treatment services will be integrated by: using the modified child health card to identify HIV-exposure status and PMTCT services received; provision of EID services and cotrimoxazole prophylaxis at child health clinics (immunization, well-baby and out-patient) and inpatient wards; institutionalization of PITC, preventive care, and OI treatment into routine MNCH services; collaborative planning and communication among pediatric, PMTCT and MNCH programs to ensure integration of HIV services at all levels of the health care system; screening, diagnosis and treatment of children and families with TB; and coordination with home-based care and OVC programs to foster identification of HIV infected or exposed children, care and treatment adherence support and follow-up, educational, psychological and nutritional support.

Preventive care will be prioritized as a critical component of the program. For provision and distribution of basic care kits to clients SUSTAIN will liaise with the CDC and USAID supported partners PACE and UHMG respectively. SUSTAIN will also build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In this FY, funding has been provided to support the recruitment of additional new staff in the districts to

meet the achievement of scale-up treatment and option+ targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Program Strategic Information (SI) activities will be supported to strengthen collection of data through national tools and to improve the technical quality of data through periodic DQAs. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Key areas of focus will be patient tracking, effective referrals and linkages across COR while monitoring retention in care and loss to follow up.

Implementing Mechanism Details

Mechanism ID: 11479	**Mechanism Name: State Department**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 401,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	401,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The focus of the PEPFAR Small Grants Program of the DoS – The Community Grants Program to combat HIV/AIDS is to provide care and support to OVC and Adult Care and Support. The best way to meet the needs of vulnerable children is to keep their parents alive. The Community Grants Program also provides care and support for people living with HIV/AIDS, enabling parents to resume their role as caretakers and thus allowing children to reclaim their childhood. The Community Grants Program recognizes the critical contribution played by grassroots organizations in providing care to these target populations, often in rural underserved areas. Many of these organizations do not qualify for the

million-dollar grants awarded by USAID and CDC and are unable to access the services provided by USG Implementing Partners. Grants are awarded for a one-year period to groups working in direct service delivery in one of the nine priority intervention areas that are essential to the well being of OVC: socio-economic security, food security/nutrition, care/support, mitigation of the impact of conflict, education, psychosocial support, health, child protection and legal support. Comprehensive care given by strengthening household income generation is the preferred approach. Adult Care and Support funds are used to directly serve PHAs in ways that reduce their vulnerability to opportunistic infections, improve nutritional status, provide home based care support, including social/psychological mentoring. Projects that provide economic strengthening via training, animal husbandry, or garden projects are also useful in sustaining health status of PHAs and their families. Community education and mobilization to VCT resources are the gateway to identifying PHA within the communities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	19,000
Economic Strengthening	137,000
Water	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities

Budget Code Information

Mechanism ID:	**11479**
Mechanism Name:	**State Department**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	175,000	0

Narrative:

In 2012 PEPFAR community grants will support ten local organizations in eight districts to provide social support to PHA through income-generating activities, access to clean water and strengthening of staff quarters of a health centre. All community grants will also provide psychosocial and social support to promote adherence and retention in care and treatment programs. The PEPFAR Community Grants will be implemented in Buikwe, Jinja, Kyenjojo, Lira, Luwero, Mayunge, Ngora and Wakiso.

One of the small grants in 2012 focuses on provision of prevention services to a small group of MSM through risk reduction counseling. With this grant PEPFAR contributes towards the interagency effort to increase access to HIV/AIDS prevention among MARPs, aligned with CDC and USAID support to MARPs through MARPI and UHMG. Further cooperation among the Small grants and the mentioned partners will be will be promoted particularly around condom and prevention IEC material distribution.

The grants will increase the local community organizations' capacity to reach out and support their community members, and implement innovative ideas to contribute towards achieving universal access of 80% in care by 2015.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	226,000	0

Narrative:

The Community Grants Program OVC portfolio will fund several projects to be completed within a 12 month time line and with a budget of $25,000 or less. The majority of projects will focus on economic strengthening for OVC households. The goal is for OVC educational, nutritional, and health needs to be met through the increase of household income. Economic strengthening projects will focus on increasing the income generation of households through animal husbandry, vocational or skills training to increase employment opportunities, business training with start-up materials or through co-operative small business projects in which income is shared among contributing members who are OVC caretakers. A portion of OVC projects will focus on strengthening the local government to provide better

protection services to children with a clear system for reporting abuse. Another portion of OVC projects will provide a means for OVC to access clean water at home and school through the provision of rain water collection tanks and Bio-sand water filters.

Implementing Mechanism Details

Mechanism ID: 11480	**Mechanism Name: US Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 177,800	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	177,800

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps(PC) supports the host government development Goal 1 to “help the people of interested countries in meeting their need for trained men and women.”PC has expanded its reach to meet specific country needs in HIV prevention& care.PC is uniquely positioned to add value to the core principles of the Global Health Initiative(GHI) through the placement of human resources at the grassroots.Through its comprehensive approach to integrated programming in the priority health areas& by:1)increasing knowledge on disease transmission,prevention&treatment;2)promoting behavior,social& organizational change;3)capacity building of community members,health workers& grass-roots organizations; and 4)strengthening linkages between communities& organizations& health facilities.In FY 2012,volunteers will be recruited,trained&placed in different districts in Uganda including Gulu,Kitgum,Amuru,Pader,Lira,Oyam,Apac,Dokolo,Arua,Nebbi,Yumbe,Maracha,Koboko,Soroti,Kumi,Kayunga,Mukono,Iganga,Masaka,Rakai,Kiruhura,Kabale,Bushenyi,Kasese,Fort Portal,Mityana,Mubende&Kyenjojo.Volunteer activities targeting communities will include lifeskills,condom usage,HIV/AIDS awareness,peer educator development,health workers community

support through VHT training,promotion of Counseling& Testing,educational outreach& training of counselors,developing linkages among service providers&support to PMTCT initiatives.Sports and entertainment will be used in schools to promote prevention activities focusing on youths& vulnerable children.Volunteers will be encouraged to implement activities with VAST support for community initiated activities.Programs implemented will be monitored& evaluated through PC's M&E, program management, PEPFAR management support visits,volunteer reports and the Volunteer Reporting Tool.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	79,100
Education	79,100
Gender: Reducing Violence and Coercion	63,200
Human Resources for Health	94,900

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**11480**		
Mechanism Name:	**US Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

N/A

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	177,800	0

Narrative:

PC Volunteers work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, vertical transmission from mother to child and harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts of other USG agencies and implementing partners. Programs typically include a cross-cutting focus on reduction of stigma and discrimination.

Peace Corps activities have national-level geographic area coverage and volunteers will continue to work with both government and nongovernmental organizations in their respective regions. HIV/AIDS prevention activities will be targeted to the people aged between 15-49 years and according to national strategic plan 2010-2015 these are believed to be the most sexually active and most at risk group. In FY 2012, Peace Corps volunteers will continue to support host organizations to design interventions aimed at promoting comprehensive prevention including promotion of voluntary counseling and testing and education about condoms and usage. Volunteers will be encouraged to implement activities with VAST support for community initiated health trainings, life skills activities, HIV/AIDS prevention activities and others. Throughout the Volunteer two year period of service, Peace Corps Uganda Staff will carry out PCV visits to provide technical support and guidance to Volunteers and their partners, volunteers also will be required to submit reports on a quarterly basis of all the activities and interventions implemented.

Implementing Mechanism Details

Mechanism ID: 12476	**Mechanism Name: Securing Ugandans" Right to**

	Essential Medicines (SURE)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,204,865	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,204,865

Sub Partner Name(s)

Euro Health Group	Fuel PHD	Makerere University/IDI

Overview Narrative

SURE's overall goal is to improve access to adequate quantities of high quality essential medicines and health supplies by improving the policy and regulatory framework and strengthening the capacity and performance of central and district level entities responsible for supply chain management functions. Interventions focus on all components and levels of the supply chain and covering HIV/AIDS commodities and other essential health commodities. Priority areas in FY2012 with HIV funding include: supporting the implementation of a district-level supervision, performance assessment and reporting system (SPARS) in 61 districts and providing technical support to USG and other donor partners to implement SPARS in the remaining 49 districts; funding 4 seconded staff at the MOH Pharmacy Division and AIDS Control Program (ACP) to build capacity in the Quantification and Procurement Planning Unit (QPPU) and monitor the web-based ARV logistics information system and HIV/AIDS supply chain rationalization process; strengthening the supply chains for anti-TB drugs and lab commodities and; strengthening and expanding the procurement, warehousing and distribution systems of PEPFAR service providers Joint Medical Store (JMS) and Medical Access Uganda Ltd (MAUL). For transition to the GOU, SURE focuses on building interventions that are integrated within existing platforms, human resources and frameworks wherever possible. The effectiveness of its interventions are measured through routine tracking and special studies; results are widely shared to generate greater awareness and further improvements to the national supply chain. To expand SPARS into 16 new districts, SURE needs to procure 43 motorcycles

for the Medicines Management Supervisors.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12476**		
Mechanism Name:	**Securing Ugandans'' Right to Essential Medicines (SURE)**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	3,204,865	0
Narrative:			
The MSH/SURE program has 50 staff in its Kampala office and five regional field offices overseeing activities in 45 districts. SURE's primary GoU partner is the MOH Pharmacy Division (PD) and SURE interventions are aligned with and support the Pharmaceutical Sector Strategic Plan for strengthening pharmaceutical supply chain management at central and district levels; the PD receives direct technical support with four seconded staff and operational support for the QPPU and field supervision. Technical support (training, seconded staff, other inputs) is also provided to other MOH units including the ACP,			

Resource Center, Central Public Health Laboratory and the National TB program to implement supply system strengthening activities. In the private sector, SURE is providing substantial technical assistance (TA), training and other resources to improve efficiency and expand operations of the private not-for-profit (PNFP) pharmaceutical supplier Joint Medical Store and PNFP health facilities to increase access to quality medicines throughout the country. In FY12, PEPFAR funds will support strengthening of the national supply chain through these priority activities:

1. Implementation of district-level supervision, performance assessment and reporting system (SPARS) in 61 districts to build the capacity of facility staff in health commodity management,
2. Development of SPARS training and supervision tools specifically for TB and Lab commodities,
3. Training and TA for the ACP, district personnel and Resource Center to support the national implementation of a web-based ARV ordering and reporting system, monitoring of ARV supply chain rationalization and analysis of facility logistics data for early warning and coordination of corrective actions,
4. Training and TA for the PD Quantification and Procurement Planning Unit (QPPU) to prepare national forecasts/quantifications and coordinate supply planning for HIV/AIDS and TB,
5. TA and training to the Central Public Health Lab and the National TB program to build central level management capacity and rationalize supply chain management to improve availability and efficiency,
6. TA and other resources to JMS to strengthen private not for profit sector procurement, warehousing and information systems and distribution and to MAUL to assess and strengthen warehouse and distribution business processes,
7. Introduction of a pharmaceutical management software package (RxSolution) in 10 PNFP large volume hospitals to improve product availability, efficiency and accountability in management of HIV/AIDS and other commodities,
8. Support for Makerere University to integrate modules of health commodity management and rational medicines use into the health worker pre-service curricula of key training institutions.

Implementing Mechanism Details

Mechanism ID: 12477	**Mechanism Name: Comprehensive Training - Supporting and Improving National Training Systems (SAINTS)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,414,261	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,414,261

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) received a five-year grant from CDC/PEPFAR aimed at Supporting and Improving National Training Systems for health workers in Uganda (SAINTS). The project goal is to contribute to increasing the availability and equitable distribution of well trained health care workers in Uganda. The objectives are: Support existing pre-service training institutions to increase the production of new health workers; strengthen national systems for planning, coordination, standardization, certification, accreditation and supervision of both pre- and in-service training of Health Care workers; improve the capacity of in-service training institutions for health workers and integrate standardized HIV/AIDS training curricula in their programs. SAINTS will contribute to the PEPFAR 2010-2014 target for sustainability: 'Support training and retention of more than 140,000 new health care workers to strengthen health systems.'

The project scope is national, working at regional, district and health training institution levels. The Ministries of Health (MoH) and Education and Sports (MoES) will be supported to strengthen their institutional capacity in order to maximize cost efficiencies and effectiveness of training programs in Uganda. Sustainability will be ensured by working with both the MoH and MoES, professional bodies and training institutions to enhance program ownership, visibility and influence on policies and strategies.

A Performance Monitoring and Management Plan to track progress towards indicator targets consistent with PEPFAR Next Generation Indicators, inform training needs and refine activities are in place.

Cross-Cutting Budget Attribution(s)

Education	204,261
Human Resources for Health	2,200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	**12477**
Mechanism Name:	**Comprehensive Training - Supporting and Improving National Training Systems (SAINTS)**
Prime Partner Name:	**Baylor College of Medicine Children's Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,414,261	0

Narrative:

During FY 2011 scholarships were awarded to 12 Laboratory Scientists; 73 Laboratory technicians; 31 Laboratory assistants; and 12 Allied Health Tutors in various pre service training institutions for health workers. Support will be maintained in FY 2012 to enable these students to continue with their studies.

In FY 2012 a total of 623 scholarships will be awarded to train: 283 enrolled Midwives; 187 Laboratory Assistants, 106 Laboratory Technicians, 25 Laboratory Scientists, 12 Health Tutors and 10 Clinical Mentors. Furniture, textbooks and assorted laboratory supplies will be procured for six lab training schools. Over 1,500 health workers will receive in- service training (didactic courses, mentorship and coaching) across technical areas to improve skills and quality of service delivery throughout the country. Development of pre-service curricula for, Clinical Instructors, Post Graduate Diploma in Medical Education (PGDME), Multiple Entry/Multiple Exit lab laboratory personnel, and the revision of the training curricula for a Diploma in Medical Laboratory Techniques will be finalized and support provided for orientation of trainers.

Standardization and adaption of an in-service Laboratory Quality Management Systems curriculum will be completed and support provided for training of trainers and service providers throughout the country. On-going consultancies, to develop a Laboratory Master Plan and the National In-service Training policy will be concluded and the materials will be printed and disseminated to stakeholders. A Situational Analysis of health training institutions; CPD centers and the Health Tutors' College was completed and will be disseminated to stakeholders together with other materials. Ten districts in Eastern Uganda will be supported integrate their HRH Information systems into the MoH web based electronic Human Resources Information System (HRIS). The Uganda Allied Health Examinations Board will be supported to procure equipment to regulate examinations; MoH will be supported to print over 2,500 pediatric HIV/AIDS Atlases for distribution to health facilities. Development of a comprehensive HIV/AIDS mentorship tool and guide led by MoH and supported by Baylor will completed, printed and orientation of health workers conducted.

In FY 2013, support will be provided maintain students who were enrolled in various pre-service training institutions to complete their studies. New scholarships will be provided for pre- service training including 150 Laboratory Assistants, 75 Laboratory Technicians, 10 Laboratory Scientists, 10 Clinical Mentors, 250 Enrolled Midwives, 20 Bachelors in Medical Education, 36 Clinical Instructors and 18 PGDME. Baylor-Uganda will conduct monitoring visits to schools every semester and will: conduct 15 in-service trainings, orient 60 tutors on use of revised curricula, train 30 Clinical Officers and Certify 30 Medical Lab Technologies, procure scholastic materials and assorted supplies for two midwifery training schools, support partner scholarship coordination meetings, hold project technical working group meetings and support HRIS functionality monitoring visits to 15 districts.

Implementing Mechanism Details

Mechanism ID: 12486	**Mechanism Name: Scaling Up Community**

	Based OVC Response (SCORE)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Associazione Volontari per il Servizio Internazionale, Italy	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,400,000

Sub Partner Name(s)

Care International	FHI 360	Retrack
Salvation Army	Trans cultural Pscychosocial Organisation	

Overview Narrative

The Sustainable Comprehensive Responses for Vulnerable Children and their Families (SCORE) project is implemented by a consortium including AVSI (lead agency), the Transcultural Psychosocial Organization (TPO), CARE and FHI360. The goal over the five year project is to improve the lives of more than 125,000 critically and moderately vulnerable children and household members in 35 districts. The project objectives are to improve the socio-economic status of vulnerable households; improve the food security and nutrition status of vulnerable children and their families; increase availability of protection and legal services for vulnerable children and their families; and increase capacity of vulnerable women and children and their households to access, acquire or provide critical services. Implementation of SCORE activities is aligned with the Government of Uganda's policy on OVC and the recently reviewed National Strategic Plan of Intervention for OVC (NSPPI-2).

In FY 2012, interventions will reach 20,000 households and 84,505 OVC with activities meant to strengthen the family and improve their ability to access other social services like education and health. Psychosocial support will be an integral part of all activities. Beneficiary identification will be carried out through community systems and interactions with the relevant Technical Support Organizations (TSOs) in each district. SCORE partners will coordinate closely with TSOs in their areas to allow effective referrals

to existing services for OVC.
SCORE strategies to ensure cost efficiency over time and transition are: use of quality programmatic standards and tools developed by an interagency technical team and service delivery to beneficiaries through local CSOs that are well-embedded in the communities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	350,573
Food and Nutrition: Commodities	17,528
Food and Nutrition: Policy, Tools, and Service Delivery	17,528
Gender: Reducing Violence and Coercion	26,908

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	**12486**

Mechanism Name:	Scaling Up Community Based OVC Response (SCORE)		
Prime Partner Name:	Associazione Volontari per il Servizio Internazionale, Italy		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	6,400,000	0

Narrative:

SCORE will implement activities in 35 districts to reach an estimated 84,505 OVC with a comprehensive package of support services. The target beneficiaries, critically and moderately vulnerable households, will be identified through community structures and individual household needs assessments. Unique household intervention plans will be developed based on identified resource gaps and build on the household contribution in terms of time, commitment to specific behaviors and other resources. This approach will increase responsibility of caregivers and sustainability of the household interventions.

Major strategies and activities planned for FY 2012 will focus on empowering households and families with economic strengthening interventions. This focus on family livelihood will enable caregivers to support their children. Activities will include the establishment of Village Saving Loans Associations, promotion of social insurance schemes, market-oriented skills development, development of enterprise and market opportunities, establishment of Farmer Field Schools and urban horticulture, Behavior Change Communication on food consumption and nutritional practices, and linkages with nutrition and health services. The second strategy is to empower communities with knowledge and skills to handle vulnerable household issues in their localities and to create an environment conducive to a reduction of the causes of family economic vulnerability. This will be implemented through mapping of existing traditional child protection structures in each target community, linkages with the SUNRISE project to train community focal persons, establishment of child protection activities in schools, and support for households with legal issues to access legal support. SCORE will conduct discussions and interactive learning sessions with guardians and parents on the educative role of parents and guardians, child protection issues, inheritance and succession planning, and promotion of birth registration. The youth participants will be empowered with knowledge in prevention of HIV/AIDS, hygiene and health education, and life skills. Emergency support will be provided to critically vulnerable families after which they will be taken through a model where they will be prepared to start economic activities. SCORE will coordinate with other USG-supported district-based HIV programs to strengthen referrals and linkages which is key to ensuring a comprehensive continuum of response. HIV-positive children identified at facilities will be referred to SCORE for OVC services and those identified at the community in need of health services will be referred. All targeted households will be linked to other essential health and education services through creation of effective referral systems. SCORE will foster partnerships for vulnerable households with private firms to increase economic and social opportunities by building on models of partnership with

the private sector already developed and tested by the USAID project Health Initiatives for the Private Sector (HIPS) .

Implementing Mechanism Details

Mechanism ID: 12496	**Mechanism Name: Monitoring and Evaluation of Emergency Plan Progress– Phase Two (MEEPP II)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Social and Scientific Systems	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,927,752	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,927,752

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of MEEPP II is to strengthen HIV/AIDS-related national monitoring and evaluation systems to support the collection of complete, accurate, and timely data that can meet GOU, PEPFAR, and other development partner data requirements. The primary objective is to implement and maintain a comprehensive PEPFAR program performance management system through improved PEPFAR data collection, management, and analysis for program planning and reporting to OGAC and the USG Agencies. Three of the four FY12 SI pivots will be supported by MEEPP II: (1) Alignment of USG-supported systems with the national information system; (2) Strong/robust M&E systems at service delivery points and districts, and; (3) Increased use of data for evidence-based planning and decision-making at all levels in all HIV/AIDS program areas. MEEPP's coverage is national, collecting, managing, and analyzing HIV/AIDS data from all regions in the country. MEEPP activities cover public and private sector health facilities that benefit from PEPFAR support and national-level technical and

policy agenda.

Broad MEEPP activities include data collection, collation and aggregation, semi-annual and annual report compilation, data quality assessments, TA for data quality improvement, TA/training for improved M&E systems, special studies, and analysis of program data.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12496**
Mechanism Name:	**Monitoring and Evaluation of Emergency Plan Progress– Phase Two (MEEPP II)**
Prime Partner Name:	**Social and Scientific Systems**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,927,752	0

Narrative:

FY12 funding to MEEPP will support three SIpivots. Pivot 1 is an alignment of US-supported systems with the national information system. Since the beginning of FY12, MEEPP has undertaken to align the President Emergency Plan Performance Management Information System (PEPMIS) to the national system. In FY2013, this activity will be prioritized and fast-tracked. It is expected that at end of the next two years PEPFAR will rely on the national system for almost all its data needs.

To ensure sustainability, MEEPP works in collaboration with other development partners supporting national M&E systems, such as DFID, GF, UNAIDS, and WHO to improve national data management systems while continuing to use the current system to report progress. The recent decision of the MOH/Resource Center to adopt the District Health Information Software (DHIS2) was an important breakthrough in the use of the web-based/enabled reporting system. By supporting the national rollout of DHIS-2, MEEPP will be able to compare the outputs from the two systems to determine when the majority of the required reports can be fully generated from the national system. MEEPP will also serve as a key resource partner in the national effort to develop and operationalize the health sector HIV/AIDS M&E framework. In addition, MEEPP will strengthen district-based reporting through the effective use of national tools and adherence to national processes.

Advancing alignment to the national information system supports SI Pivot 2: Create strong/robust M&E systems at service delivery points and districts. MEEPP will continue to mentor all PEPFAR partners on NGIs and national HIV/AIDS related M&E tools, and implement data quality assessments and improvement through this activity.

To support SI Pivot 3 increased use of data for evidence-based planning and decision making at all levels in all HIV/AIDS program areas -MEEPP will collect, analyze, and disseminate quality data to national stakeholders to contribute to effective monitoring of the national HIV/AIDS response. Analysis will be done using district burden tables to facilitate monitoring rational use of resources based on district need and coverage. Following the results of the 2011 Uganda AIDS Indicator Survey, leaders as well as program planners have expressed the need and desire to understand trends and early prediction of outcome indicators more frequently than national population-based surveys can provide. USG will play its part through MEEPP's implementation of continuous surveillance through studies of smaller magnitude around key populations coupled with rigorous analysis of routine program data. Activities in MEEPP's FY13 workplan include development and implementation of an analytical agenda for secondary data analysis, simulation modeling and epi-analysis to monitor program impact, conduct in-depth studies to explain quantitative findings and disseminate to stakeholders.
By the end of FY 2013, PEPFAR funded IPs will report on a quarterly basis using national tools in line with the national system. At the end of FY 2014, a comparative analysis of data from the two systems (the national system and the MEEPP PEPPMIS) will be completed and a decision made on the

appropriate timing and/or criteria for full transition to the national system. By the end of FY 2015, the national system will be the main source of PEPFAR performance data reported to OGAC.

Implementing Mechanism Details

Mechanism ID: 12801	**Mechanism Name: Strengthening Decentralization for Sustainability (SDS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Cardno Emerging Markets	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,062,753	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,062,753

Sub Partner Name(s)

Budaka District Local Government	Bududa District Local Government	Bugiri Local Government, Uganda
Bukwo District Local Government	Bushenyi District Local Government	Busia District Local Government
Butaleja District Local Government	Ibanda District	Iganga District Hospital
Infectious Disease Institute	Isingiro Local government, Uganda	Kalangala District Local Government
Kaliro Local government, Uganda	Kamuli Local Government, Uganda	Kamwenge District Health Office
Kapchorwa District Local Government	Kasese District Health Services	Kiruhura District
Kisoro District	Kumi District Local Government	Kyenjojo Local Government, Uganda

Luwero Local Government	Mayuge Local Government	Mbale District Local Government
Mityana District Local Government	Mpigi District Health Services	Nakasongola Local Government
Namutumba District Health Office	Ntungamo District Health Services	Pallisa District
Rukungiri District	Sembabule District Health Services	Sironko District Local Government

Overview Narrative

Strengthening decentralization for sustainability (SDS) is a USAID funded systems strengthening program aiming at improving local governments leadership and governance role in sustainable decentralized HIV/AIDS service delivery through:. Activities focus in 35 Districts in East, West, and Central Uganda, where its co-located with USAID district based technical assistance partners (DBTAs) like the strengthening tuberculosis and AIDS response (STAR) programs and strengthening the Uganda national response for implementation of services for orphans and other vulnerable children (SUNRISE) operate. SDS provides TA to local governments and service delivery grants. TA is centered on planning and resource mobilization for HIV, M/E, accountability for HIV program performance based on agreed district HIV service targets, enacting ordinances relevant to uptake of HIV services (e.g. delivery in health facilities) and community mobilization. Grants are focused on standardized operational costs for HIV services, district capacity building, and innovative projects across all 35 districts. Grants supplement district budgets for HIV prevention, PMTCT, care and treatment (including recruitment of health workers), M&E and OVC capacity building. Grants support district operational and administrative costs including fuel, communication, district transportation of lab samples to hubs, printing materials, district-led monitoring and mentorship, coordination and planning meetings, waste management, and community mobilization for HIV including outreaches. This is part of the larger aggregate comprehensive HIV support that DBTAs provide to districts. SDS' scope strengthens district systems; improves responsiveness and accountability and promotes country ownership and alignment of support.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing women's legal rights and protection

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**12801**
Mechanism Name:	**Strengthening Decentralization for Sustainability (SDS)**
Prime Partner Name:	**Cardno Emerging Markets**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,490,853	0

Narrative:

SDS will award service delivery grants to 35 districts where the STAR E, EC and SW programs operate and these will support districts in weekly transportation of CD4 and DBS samples to reference Labs and hubs where they exist. During FY 2013, SDS will additionally support the recruitment of critical health workers, including medical officers, clinical Officers, midwives, nurses, pharmacists, laboratory and strategic information officer cadre in its districts for both public and PNFP facilities based on the new scale up targets and the current staffing level, in the particular districts. A total of about 420 health workers shall be recruited by this mechanism in about 35 districts and include mainly doctors, nurses, midwives, clinical officers and dispensers. The additional human resources will support the districts to enhance their ability to enroll all the HIV positive clients identified through HTC, medical male circumcision, PMTCT and ensure retention over a long term. Funding for HRH will be managed by SDS with the local governments and in close collaboration with STAR SW, STAR E and STAR EC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,000,000	0

Narrative:

SDS will continue to provide 35 districts with Grants for service delivery support aimed at strengthening:
1. coordination of district and sub-county OVC committees,
2. support supervision and monitoring at sub county levels,
3. OVC-Management information system (MIS),
4. Referrals between different OVC service providers identified through the district mapping exercise
5. district leadership's role in supporting child protection activities

These performance based grants will improve cross cutting issues that affect delivery of OVC interventions and direct integrated HIV/AIDS services that are necessary for improved health status of HIV infected and affected children and other vulnerable households. The OVC services shall be complimented by health services those are supported through USAID district based programs, the STAR programs. HIV services include EID, PMTCT, pediatric HCT, pediatric HIV care, and treatment including access to ARV drugs, HIV/TB care, psycho-social support and nutrition. SDS will facilitate districts to strengthen their role to coordinate stakeholders including all USAID implementing partners providing OVC services, and include other non-USG donor partners particularly those supporting HIV/AIDS, health, economic strengthening and OVC programs. Coordination meetings will enable the IPs to participate actively in the local government planning and budgeting processes, map out IP interventions and support in the development of district integrated work plans to minimize duplication. OVC activities for funding under performance based grants will be developed with the USAID OVC district based technical assistance program-SUNRISE.

SDS will also facilitate coordination meetings between all (health and HIV/AIDS) USAID implementing partners per district/region, and this will assist USAID partners to harmonize their roles and responsibilities, and identify opportunities for synergies especially in those program areas where services need integration. . SDS will facilitate all the 35 districts to receive Grant B which will focus on capacity building of districts. Key grant B activities include:
1. in-service training for social services workforce,
2. skills development for community based groups
3. community based M &E (CBME).

As a strategy for improving cost efficiency and effectiveness of programs, performance of districts will be measured using performance based indicators and these will provide basis for grant disbursements. Although SDS does not directly implement activities that are specific to targeted service delivery in specific program areas, their activities support in improving the enabling environment necessary for achieving sustained results in HIV/AIDS as they complement efforts by service delivery partners like SUNRISE and STAR programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

SDS will facilitate district TB supervisors and sub-country health workers to refer sputum samples for TB including suspected cases of MDR TB to regional and national referral Labs. SDS will also support Sub County Health Workers and health assistants follow up of HIV/TB co-infected patients not routinely returning for TB treatment at community level. In order to minimize loss to follow up, SDS grants will facilitate district TB nurses and community health workers to carry out Community Based-Directly observed treatment short course CB-DOTS. Districts will be supported to conduct quarterly integrated support supervision (District Health Teams to Health Sub Districts (HSD); HSD to lower level health facilities); and assisted to conduct TB/HIV coordination meetings both at the health sub-districts and district bi-annual reviews. The technical support for these services will be provided by the STAR programs that are co-located where SDS operates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

SDS will award service delivery grants to 35 districts where the STAR E, EC and SW programs operate and these will support districts in the weekly transportation of CD4 and DBS samples to reference Labs and hubs where they exist. SDS will additionally support the recruitment of critical health workers, including medical officers, clinical Officers, midwives, nurses, pharmacists, laboratory and strategic information officer cadre in its districts for both public and PNFP facilities based on the new scale up targets and the current staffing level. A total of about 420 health workers shall be recruited by this mechanism in 35 districts. This initiative will enhance the ability of lower level facilities to provide quality pediatric care and support services as the MOH scales up option B+. Funding for HRH will be managed by SDS with the local governments particularly in close collaboration with STAR SW, STAR E and STAR EC implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

In FY 2013, SDS is funded to contribute to SI pivot three – “Strong/robust basic M&E systems at service delivery points and districts”, in over 35 districts. This will be through performance based grants for capacity building. SDS will facilitate districts to take lead to strengthen coordination of all implementing

partners (IPs) supporting HIV/AIDS, health and OVC programs. Districts will be provided with a tool for mapping activities of IPs to enhance coordination, efficient planning, and effective use of resources. Coordination meetings will enable the IPs to participate actively in the local government planning and budgeting processes and support in the development of district integrated work plans.

In the past year , SDS conducted district baseline assessments (BA) and the results were disseminated to all districts in FY 2012. Districts have been guided to develop District Management Improvement Plans (DMIPS) that highlight district capacity building needs, priorities and gaps identified in assessments for improved service delivery. Proposed DMIPs interventions will be funded through performance based grants to districts. Grants will focus on capacity building of district leaders/health facility supervisors on financial management, leadership, governance, planning, Monitoring and Evaluation (M&E). Capacity building shall be tailored to address specific district needs identified from assessments to improve service delivery. As a strategy for improving cost efficiency and effectiveness of programs, performance of districts will be measured using performance based indicators and these will provide basis for subsequent grant disbursements. An M&E framework was revised in line with current program changes, and will provide a basis for setting grant performance criteria, evaluating and monitoring performance of districts and the overall program and providing feedback to stakeholders. SDS, and The Uganda Capacity Project and district staff will conduct a needs assessment in districts and support the recruitment and remuneration of key identify SI staff over the next three years, in the most needy districts, with the understanding that these staff will be transitioned to the government pay roll by year three. These staff will contribute to strengthening M&E systems at service delivery points and districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

SDS, a systems strengthening project focusing at improving local Government's ability to mobilize, manage, and sustain resources for effective and efficient delivery of HIV/AIDS and OVC projects at district level. SDS will provide technical assistance (TA) in areas of coordination, leadership and governance, planning and budgeting, Ffnancial management, human resource management, monitoring and evaluation. SDS will also provide 35 districts with service delivery grants that support:

1. district led support supervision and monitoring
2. information systems ,
3. coordination of key health/HIV stakeholders
4. District / local government capacity building for better service delivery

These performance based grants will improve cross cutting issues affecting delivery of high impact and

evidence based HIV/AIDS services.. SDS will strengthen districts to coordinate USAID and donor partners supporting HIV/AIDS., and support IPs participation in local government planning and budgeting processes to facilitate harmonized district planning.
Grant activities are developed with district leadership and implementing partners (STARs/SUNRISE projects).. District coordination meetings will assist in identifying synergies across program areas for better integration (PMTCT and MNCH). Last year, SDS conducted district baseline assessments and the results were used to develop district management improvement plans (DMIPS) that highlighted district capacity building needs, priorities and gaps relevant to service delivery. During FY 2013 proposed DMIPs interventions will be funded through Grants, with a focus on capacity building of district leaders/health facility managers on financial management, leadership, governance, planning, Monitoring and Evaluation (M&E).

As a strategy for improving cost efficiency and effectiveness of programs, performance of districts will be measured using performance indicators and these will provide basis for subsequent grant disbursements. An M&E framework was revised in line with current program changes, and will provide the basis for setting grant performance criteria, evaluating and monitoring performance of districts and providing feedback to stakeholders. Although SDS does not directly provide interventions that are specific to targeted service delivery in specific program areas, their activities support in improving enabling environment necessary for achieving the results in integrated HIV service provision as they complement efforts by service delivery partners like SUNRISE and STAR programs.

A new activity for SDS in this FY will entail support of the USG initiative to recruit and second health workers as part of its HRH strengthening support. This will focus in 35 districts where the USAID STAR E, EC and SW programs are operating. Approximately 420 health workers shall be recruited to support the scale up of PMTCT, care and treatment services in both public and private health facilities. SDS will work closely with the district local governments and the STAR programs through the district service commissions to facilitate the recruitment of these critical staff for improved services. At a minimum, each of the supported districts will have at least 12-16 seconded staff to boost human resources needed for quality and comprehensive health services including HIV service delivery. SDS will also support HRH performance reviews in districts of operation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

SDS program will contribute to HTC service delivery through district performance-based grants that increase access to and use of essential HIV counseling and testing services for key populations

determined by existing data on HIV prevalence in the districts. SDS, through its district grants, will support the 35 districts to conduct HTC outreaches that focused on selected communities with high HIV prevalence.. SDS will also support health providers in the 35 districts to focus on couple testing campaigns, and outreaches for index client follow-up as identified from the provider initiated counseling and testing data. This will be complementary to targeted outreaches/camps supported by STAR programs for the other key populations (commercial sex workers, fisher folks, uniformed forces, truckers and others). Clients identified through these testing approaches shall be connected to care and support services by linkage facilitators to ensure support throughout the HIV service and community responses (continuum of response).

Given that there are multiple players in the HIV response and the need for partnership, SDS will provide technical assistance to districts to improve their coordination of all the key players in HTC. This takes into account the important role of the Government of Uganda and USAID's dedication to partnership with district local governments under stewardship of the Ministry of Health.

Lastly, SDS will support districts with their annual planning process. The results of the performance based grants will be used to hold districts accountable for HTC outputs and allow them to maximize program success by using program results in planning, decision making and resource allocation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

SDS, will work with the district political and technical leadership to promote other prevention services especially condoms. In the 35 districts of operation, SDS in collaboration with the USAID programs STAR E, EC and SW, will identify key district forums to promote the need for uptake and use of condoms among the affected communities. In particular, SDS will use the lot quality assurance survey (LQAS) generated data to guide the districts to know where there are potential "hotspots" in the districts that require more condom distribution points. SDS will work with the STAR programs and district political leadership to come up with ordinances that encourage hospitality industries to have condoms on a regular basis so as to increase access and facilitate use among those engaging in high risk sex. SDS will also work with the districts to identify influential leaders to be "champions" and these will promote behavior change among the communities, and support the national campaigns for voluntary medical male circumcision among other prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

SDS will provide performance based grants for HIV/AIDS service delivery including PMTCT in 35 districts of operation. The grants will support health workers from the 35 local governments to implement the following PMTCT services: facilitate EID transportation costs for the health workers from PMTCT sites to the labs/hubs; in the event of option B+ roll out, grants will facilitate district led on-site mentorship and supervision costs for district officials to visit each PMTCT site; facilitate PMTCT DQA activity costs for district and health sub-district PMTCT focal persons; and support districts to hold PMTCT quarterly performance reviews. The DBTAs (STAR projects) will provide the technical assistance and oversight for these grant activities and will be working closely with the districts and the ministry of health as they roll out option B+. In a few selected districts, the grants will facilitate monthly PMTCT outreaches by health sub-district PMTCT teams to high volume or hard to reach HCIIs not yet offering PMTCT but close to key population areas. Program support grants will support district leadership (political and technical) to develop ordinances and by-laws promoting delivery of women in facilities and strengthen enacting of these bylaws, in anticipation of national roll up of option B+.

Only 55% of the health worker positions are filled against the norms in the districts. Human resources for health is critical for successful scale up of PMTCT services. During this COP, SDS will additionally support the recruitment of critical health workers, including medical officers, clinical Officers, midwives, nurses, pharmacists, laboratory and strategic information officer cadres in its districts for both public and private not for profit (PNFP) facilities based on the new scale up targets and the current staffing level, in the particular districts. A total of about 420 health workers shall be recruited by this mechanism in 35 districts. Funding for human resource for health (HRH) will be managed by SDS with the local governments in close collaboration with STAR SW, STAR E and STAR EC implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	571,900	0

Narrative:

SDS will provide comprehensive service delivery grants to the 35 local governments where the STARs operate and these will: support quarterly integrated support supervision (District health teams- DHT to Health Sub-district- HSD, and HSD teams to lower level HC IV and IIIs) to especially facilities providing treatment services that is critical for this planning period as option B+ is rolled out to the lower level facilities including H/C IIIs. This district site supervision will be done jointly with the technical assistance partners (STAR SW, E and EC). In addition, SDS will facilitate through the grants the district quality improvement mentorship teams and meetings at lower level facilities that are accredited to offer option B+ and ART. It will support onsite mentorship for ART by district mentors both in the old and newly accredited sites. The grants will also facilitate districts to hold coordination meetings to review program performance and assess progress of care and treatment services. Grants will also support the installation

of treatment software at district hospitals for medicines and patient monitoring in selected districts identified by the MoH in collaboration with the STARs and SURE program.
SDS will additionally support the recruitment of critical health workers, including medical officers, clinical Officers, midwives, nurses, pharmacists, laboratory and strategic information officers in its districts for both public and PNFP facilities based on the new scale up targets and the current staffing level. A total of about 420 health workers shall be recruited by this mechanism in 35 districts. Funding for HRH will be managed by SDS with the local governments particularly in close collaboration with STAR SW, STAR E and STAR EC implementing partners.

In terms of accountability, SDS will, in collaboration with the district local governments, the STAR programs, and other stakeholders, facilitate a quarterly district performance review meeting to ensure that bottlenecks to ART scale up are addressed. In this forum, districts will also account for funds disbursed through the grants and the outputs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

SDS will support the recruitment of critical health workers, including medical officers, clinical Officers, midwives, nurses, pharmacists, laboratory and strategic information officers for both public and PNFP facilities based on the new scale up targets and the current staffing level, in the particular districts. A total of about 420 health workers shall be recruited by this mechanism in 35 districts. Funding for HRH will be managed by SDS with the local governments particularly in close collaboration with STAR SW, STAR E and STAR EC implementing partners. This initiative will allow PEPFAR Uganda to scale up pediatric care and treatment along with the option B+ rollout.

Implementing Mechanism Details

Mechanism ID: 12835	**Mechanism Name: Strengthening the Uganda National Response for Implementation for Services for Orphans and Other Vulnerable Children (SUNRISE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,000,000

Sub Partner Name(s)

Africare	Agency for Cooperation in Research and Development, Nakapiripirit	Associazione Volontari Per Il Servizio Internazionale, Uganda
Child Fund International	Friends of Christ Revival Ministries	Management Sciences for Health
Save the Children in Uganda	Transcultural Psychosocial Organization	Uganda Women's Efforts to Save Orphans
World Education 's Batwana Initiative		

Overview Narrative

SUNRISE-OVC started in June 2010 and is anticipated to close out in 2015. The purpose of the project is to strengthen local government (LG) and community systems that will improve coverage and utilization of as well as access to quality services for OVC in 80 districts. SUNRISE envisions that by the end of the project: 1,000,000 OVC will be supported indirectly through strengthened systems; 250,000 OVC will be served directly; districts will prioritize OVC programs and measure and monitor quality of services; data analysis and information management will improve; and resources for OVC activities will increase.These include linking the formal and non-formal systems of care and protection for OVC, community OVC mapping and action, enhancing the protective capacity of key LG departments responsible for OVC, integration of OVC in broader development programming, and partnerships between the public sector and CSOs. SUNRISE supports four broad system areas:1) social services workforce strengthening, 2) planning, coordination and implementation of services for OVC, 3) enhancing OVC data demand, analysis and MIS for quality assurance, monitoring and measurement of services, 4) enhancing advocacy and funding for OVC. Support is provided through a five-year, $22.9 million USD cooperative agreement implemented by the International HIV/AIDS Alliance (IHAA) and its partners: UWESO and MSH. The project works through the Ministry of Gender, Labor and Social Development and its eight zonal Technical Service Organizations (TSOs). IHAA manages eight sub-grants to the TSOs to deliver SUNRISE activities in districts. This year the project will also procure three motor vehicles for TSOs at an estimated cost of $

105,000 USD.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	289,600
Human Resources for Health	852,614

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12835**
Mechanism Name:	**Strengthening the Uganda National Response for Implementation for Services for Orphans and Other Vulnerable Children (SUNRISE)**
Prime Partner Name:	**International HIV/AIDS Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,000,000	0

Narrative:

During FY 2013, the project will provide 100,000 OVC with direct access to two or more essential

services, particularly legal support, care and child protection services (including psychosocial support) by the district probation officers and sub-county community development officers in 80 districts. The specific services within legal support, care and child protection involve attending courts and conducting social inquiries; provision of family counselling services and arbitration to solve family problems that include gender based-violence, child neglect and abuse, evacuation/ rescue of abandoned children and children held under unlicensed facilities or without adults; routine monitoring and supportive supervision of children's homes, remand homes and foster parents;sensitization of local communities and nongovernmental, faith based and community based organizations on child care and protection; and support of the referral mechanism for handling cases of child abuse. OVC will be linked to essential services and routinely followed up and monitored by the community development officers, probation officers and community members. One-thousand local government staff will be trained and mentored in care and protection for vulnerable children using an in-service accredited training program. In addition, 1,000 community-based child care workers will be trained in care and protection for OVC using a tailor-made training program approved by Ministry of Gender, Labour, and Social Development. In 80 target districts there will be updated district OVC plans that will be integrated in the district development plans. There will be routine OVC data collection, use, reporting and functional management of the OVC management information system (MIS) at sub-county and district levels among civil society organizations (CSOs) and local governments in 80 districts. Local government, public sector and civil society service providers in 64 districts will institutionalize quality assessments and supportive supervision for measurement, monitoring and improvement of quality of services for OVC through implementation of national service quality standards, tools and checklists. Districts will develop and implement advocacy and resource mobilization plans. Forty districts will hold semi-annual cluster based dialogues and information sharing for CSOs at sub-county and district levels.

SUNRISE's major challenges include limited evidence on the effective interventions to prevent and mitigate large numberss of vulnerable children, low understanding of the impact of inaction on OVC by all sectors on other development goals, and the wage bill ceiling and limited funding for OVC in districts. The project continues to proactively support efforts for integration of OVC in other sectors through generating and sharing evidence on the positive impact of OVC programming on other sectoral targets and goals.

Last year's achievements include: 35 of the target 80 districts-integrated OVC in district development plans; 1,500 sub-county staff in 40 of the target 80 districts were trained in key methods and tools for OVC care & protection; 31 of the target 80 districts are now report using OVC MIS; and 8 districts completed lot quality sampling application surveys.

Implementing Mechanism Details

Mechanism ID: 12935	**Mechanism Name: AFFORD Health Marketing Initiative**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,888,764	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,888,764

Sub Partner Name(s)

Uganda Health Marketing Group		

Overview Narrative

AFFORD strengthened the Uganda Health Marketing Group (UHMG) to accelerate the growth of the health market in Uganda through innovative health marketing approaches. Since 2005, AFFORD has supported UHMG to implement strategies that support the health sector strategic investment plan (HSSIP) goals of a 40% reduction in new HIV infections and increased access to care and treatment among people living with HIV (PLHIV). AFFORD supports distribution of health products and provision of quality services for HIV/AIDS, maternal and child health (MCH), family planning (FP) and Malaria through a network of 200 private clinics which are branded as the “Good Life” clinics (GLC). AFFORD also designs and disseminates research and theory-based prevention communication in 45 districts. AFFORD’s FY 2013 combination HIV prevention, care and support activities target sexually active 15–49 year olds; married/co-habiting couples; youth out of school; commercial sex workers and their clients; fisher folks; truckers; and (PLHIV) through: HCT services in private clinics and outreach; Mobilization for voluntary medical male circumcision (VMMC) in collaboration with other USG funded partners; PMTCT services in selected private clinics; Social marketing affordable and high impact through private drug shops, general merchandise outlets, pharmacies, & GLCs; Provision of care and support and positive health dignity and prevention (PHDP) services through PLHIV networks; and multi-channel communication promoting HCT, consistent condom use and partner reduction.

Afford will monitor and evaluate its interventions through regular support supervision, retail audits, quarterly reports and other evaluation studies. No vehicle procurement planned in this COP.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	200,000
Human Resources for Health	150,000
Water	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Malaria (PMI)
Child Survival Activities
Mobile Population
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12935**
Mechanism Name:	**AFFORD Health Marketing Initiative**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	977,455	0

Narrative:

AFFORD will support 14 ART accredited Good Life clinics (GLCs) to provide HIV/AIDS care and support to HIV positive women under Option B+ and their HIV positive partners. The pre-ART clinics will be integrated with Option B+ services to be provided using a family-centered approach. AFFORD will implement approaches to promote an effective Continuum of Response (CoR) model and monitor key indicators along the continuum. The project will provide on-site mentorship and training of private health providers in HIV care and support, in line with Ministry of Health (MOH) guidelines and policies.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for early/timely ART initiation, in line with MoH guidance. This has been a major bottleneck for treatment scale up in the PEPFAR program. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. AFFORD will support a sample referral network from supported sites to identified CD4 hubs under the national CD4 expansion plan. AFFORD will monitor and report clients' access to CD4 in quarterly reports to USAID.

Due to capacity limitations, AFFORD's GLCs will refer HIV positive clients identified through their outreach HTC services to other USG comprehensive partners with larger capacity. AFFORD will establish formal referral network mechanisms with other partners so as to ensure the clients referred are enrolled in care and receive services. AFFORD will provide basic care kits to clients within the GLCs. Additionally, AFFORD will liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for other HIV commodities (cotrimoxazole, lab reagents). AFFORD will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In addition, AFFORD will work with USG partners to support integration with other health and nutritional services. AFFORD will collaborate with other key stakeholders to provide required wrap around services.

AFFORD will ensure gender awareness and issues are integrated into its programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,494	0

Narrative:

AFFORD will leverage private sector funds and support the GOU to scale up TB/HIV integration in the private sector. AFFORD will contribute to this target by screening 180 HIV positive clients for TB; and at least 6 will be started on TB treatment.

The project will support improved intensified case finding (ICF) within the supported facilities; increase the use of the national ICF tool and improve the diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB.

In FY12, AFFORD will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. AFFORD will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as cough hygiene, cough sheds and corners, fast tracking triage by cough monitors, ensured adequate natural ventilation, etc.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. AFFORD will work under the guidance of the MoH AIDS Control Program, National TB and Leprosy Program and Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision. Additionally, AFFORD will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	186,923	0

Narrative:

AFFORD will contribute to HCT goals by increasing demand for and utilization of HCT services by MARPs (commercial sex workers and their clients, long distance truck drivers and fisher folk). Additionally, AFFORD will target couples and young people out of school, especially motorcycle taxi drivers. These populations will be addressed throughout the program's 45 implementation districts, with particular attention paid to high prevalence communities.

AFFORD has the benefit of being located in the same districts as the USAID-supported, comprehensive STAR programs. This arrangement provides the client the benefit of being referred to a quality health provider for HIV Care and Treatment or other health services. Through initiatives like community health fairs, AFFORD collaborates closely with the STARs and other district comprehensive program to enhance the continuum of response to those clients that may need, treatment , VMMC and other

services that AFFORD doesn't offer.Through their 200 Good Life Clinics (GLCs), AFFORD will be able to scale up the HTC pivots, namely PITC scale-up. AFFORD will use targeted outreach to reach MARPs, couples and young people out of school. To this end, AFFORD will also work with district hospitals, Health Center IVs and other USG-supported HCT outlets and implementing partners to scale up HCT services and ensure their quality and accessibility. These partnerships will also increase the provision of referral information, support for increased early diagnosis, and initiation of treatment and follow-up care for HIV positive individuals and VMMC. AFFORD will address institution-level needs by strengthening the systems and capacity of the 200 GLCs to integrate successful HIV/AIDS and health network models. Activities will largely feature workplace support for HTC through media campaigns and testing events, as well as the development of workplace policies. In FY 2013, AFFORD expects to counsel, test and provide results to 115,640 people, including couples and MARPs.
Other non-biomedical activities will involve advocacy, formal community-facility linkages and staff training to ensure continuum of HIV services in key catchment areas. Special attention will be directed towardsthe 16 fish boat landing sites outside urban settings through outreach camps to meet the unmet demand for HCT among MARPs. In all interventions, efforts will be made to bring VCT services as close to the workplace or community as possible.

A total of 200 health workers from GLCs will be trained on approved national HCT protocols and approaches including child counseling and testing, home-based counseling and nutritional counseling so as to increase opportunities and coverage among target groups. For Quality Assurance, re-testing with the use of panels will be done quarterly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,715,092	0

Narrative:

AFFORD services target MARPs including fisher folk, truckers, CSW and their partners, and out of school youth. Truckers are supported in West Nile, where there is much cross border movement. AFFORD targets CSW and their partners at major transit points on routes in Migyera and will extend to Kasese. AFFORD will continue to provide condoms to the Most at Risk Population Initiative (MARPI), an initiative that offers services to MARPS including MSM. Additionally, AFFORD will be providing condoms to all organizations that have been trained to offer services to MSM
AFFORD targets 16 landing sites in the Kalangala, Masaka, Mpigi and Wakiso districts. The total fisher folk population in the central region is 55,523, with a sexually active adult population of 27,762. AFFORD will reach 18,000 fisher folk (65% of the total sexually active population). AFFORD will reach 3,500 truckers (11% of the estimated 31,588 truckers nationally) through interventions in West Nile.

AFFORD will reach 1,000 CSWs, their clients and surrounding communities with HIV prevention and risk reduction services in West Nile, Kalangala, Kasese and Migyera. AFFORD aims to reach 68% (50,000) of the 73,300 youth out of school in Oyam and Nebbi districts.
MARP and youth services will be supported by peer educators who engage targeted beneficiaries through small group discussions to increase their personal assessment of HIV risk and encourage appropriate behavior change. This is a continuation of activities implemented in the previous year. Volunteers will engage truckers, fisher folk and CSW in discussions to increase their HIV risk perception and encourage appropriate behavior change, including reduction in numbers of sexual partners and casual sex, consistent and appropriate condom use, referral for sexually transmitted infections (STI) management, MMC and HCT, and provision of condoms. Truckers will be provided tailored HIV prevention materials. For CSW, issues of alcohol abuse and unprotected sex will be discussed as key sources of vulnerabilities to HIV infection, and CSWs will be encouraged to adopt risk reduction behaviors including persistent condom use with clients, referral for HCT and STI management, and counseling on alternative livelihoods. Fisher folk will be engaged in discussions about transactional sex, sharing partners and partner reduction, condom use, and referrals for HCT, STI management and MMC (for men). AFFORD will also distribute condoms in these communities.
AFFORD promotes HIV prevention among out of school youth through youth clubs formed by trained peer educators. Youth are engaged in assessing their HIV risk and to adopt risk reduction strategies through repeated contacts with the peer counselors. This approach will be continued in FY 2012. In addition, youth will be targeted through motor cycle riders (bodaboda) associations, where HIV prevention and utilization of GLC prevention services will be promoted. Peer educators will promote HCT, abstinence, consistent condom use for the sexually active, faithfulness for those in relationships, and referral for MMC. AFFORD will also provide HIV prevention education for men and women living in communities surrounding truck stops, fish landing sites, and bodaboda stages.
The National HIV/AIDS response identifies key populations where the epidemic is more concentrated. In Uganda this includes youth out of school, especially those who operate bodaboda transport, truckers, CSW, and fisher folks.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,800	0

Narrative:

AFFORD will support 14 ART accredited Good Life Clinics (GLCs) to provide HIV/AIDS treatment to HIV positive women under Option B+ and their HIV positive partners who are eligible. The ART clinics will be integrated with Option B+ services and provided using a family-centered approach. AFFORD will be expected to implement approaches to promote an effective Continuum of Response (CoR) model and monitor key indicators along the continuum. The project will provide on-site mentorship and training for

private health providers in HIV care and treatment, in line with Ministry of Health guidelines and policies.

AFFORD will support all private sector ART accredited sites. The program will enroll at least 2,749 new HIV positive adults on treatment and support 5,722 HIV positive adults on ART by September 2013, contributing to an overall national and PEPFAR target of 190,804 new clients and 490,028 individuals on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority in enrollment will be given to HIV positive pregnant women and their families.

Due to capacity limitations, AFFORD's GLCs will refer HIV positive clients identified through their outreach HTC services to other USG comprehensive partners with larger capacities. AFFORD will establish formal referral network mechanisms with other partners so as to ensure the clients referred are enrolled in care and receive services. AFFORD will provide basic care kits to clients within the GLCs. Additionally, AFFORD will liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for other HIV commodities (cotrimoxazole, lab reagents). AFFORD will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In addition, AFFORD will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. AFFORD will collaborate with other key stakeholders for provision of required wrap around services.

AFFORD will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.

Implementing Mechanism Details

Mechanism ID: 12981	**Mechanism Name: Strengthening capacity through improved management and coordination of laboratory, surveillance, and epidemiology activities, public health evaluations and training in Uganda – Lab Quality Assurance**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Virus Research Institute	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UVRI is the National entity mandated by the MoH to carry out all HIV Reference Laboratory related activities at the National Level. Working with the MoH and the Central Public Health Laboratory (CPHL), UVRI will support the expansion of the National Quality Assurance Program to include all other HIV-related testing. This is aimed strengthening the MoH capacity to deliver Quality Assured (QA) HIV-related laboratory services. UVRI will assist the MoH to capture, analyze and use quality assurance data for quality improvement. With FY 2013 funding UVRI will conduct training in Good Clinical Laboratory Practice (GCLP) and Quality Assurance for HIV-related testing using the stepwise WHO approach to Strengthen Laboratory Management Towards Accreditation (SLMTA), participate in mentoring and monitoring lab performance, support the HIV drug resistance monitoring unit, the Early Infant Diagnosis (EID) program, surveillance and survey activities, conduct innovative implementation science, assist in developing and executing implementation science priorities and lay the foundation for a laboratory training center. The project conforms to PEPFAR principles of country ownership by supporting the MoH implement the National Health Laboratory Strategic Plan as a tool for the National Health Laboratory Policy 2010-2015 implementation. These activities include assisting to increase access to testing through the specimen referral and testing hub network, data collection, analysis and utilization to inform program implementation, health system strengthening for sustainability, increasing impact through strategic partnerships, linkages and coordination integration with other Implementing partners.

Vehicles for the movement of staff and supplies may be procured under this FOA.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**12981**
Mechanism Name:	**Strengthening capacity through improved management and coordination of laboratory, surveillance, and epidemiology activities, public health evaluations and training in Uganda – Lab Quality Assurance**
Prime Partner Name:	**Uganda Virus Research Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	2,280,000	0

Narrative:

The project has national coverage & will be conducted in collaboration with other MOH institutions,

particularly the Central Public Health Laboratory (transitioning to the National Health Laboratories), District Health Offices & IPs, including WHO & NIH, funded under separate arrangements. Activities to be carried out include; assistance with the development & implementation of national safety & infrastructure standards; implementation of a customized LIMS with linkages to the MOH Resource Centre; support for training & strengthening regional medical equipment workshops; building the capacity of UVRI by hiring experienced technical & management staff; expansion & implementation of a national comprehensive QA plan for lab services including blood banks; lab support for implementation science; assistance in the implementation/coordination of a specimen/patient referral & reporting system; support for the National HIVDR Coordination Unit & the National EID Program; introduction of GCLP courses as a first step in developing a Center for Integrated Laboratory Training & support for the National Specimen Referral System. The project will be managed by MOH staff & monitored by CDC technical & finance staff. UVRI is now a parastatal organization & has the authority to manage its own finances & this should improve performance. CDC will work with UVRI to improve management and performance of all USG-supported labs on the UVRI campus strengthening the capacity of MOH to respond to epidemics and outbreaks. This will ensure that all USG programs are supported by the same high-quality lab performance. At the same time UVRI & CDC staff will be encouraged to rotate through any of the jointly-managed labs to broaden their exposure to quality lab work, both technical & managerial. CDC Uganda intends downsizing its lab staff as UVRI engages additional staff in a phased approach to ensure continuity of services. This strategy of merging CDC lab activities with those of MOH & the gradual replacement of CDC with UVRI staff is intended to promote Ugandan Government ownership. Uganda now has a NHLSP & a costed strategic plan for its implementation. An inventory of all lab activities in the country is near completion & will enable MOH to identify the gaps where donor support is needed. In this way, it is hoped that more donors will be encouraged to support the lab system strengthening activities in the country, reducing the burden on USG. Data will be collected routinely & measured against targets for project evaluation & cost-effectiveness. Other measures will include; sensitization of district health teams on the program & their role; building capacity in data collection, processing, analyzing & utilizing & the integration of data in the HMIS for planning & training managers in quality lab management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	750,000	0

Narrative:

The main activity here is to conduct an impact evaluation of combination prevention interventions – ART for Prevention, male circumcision and PMTCT - in the RHSP cohort in collaboration with NIH and other partners. Other activities to be carried out include; support for HIV surveillance & surveys, including HIVDR; collection & analysis of data to inform the development and conduct of implementation science;

assistance in building the national IT infrastructure to link all health facilities; development of information systems to support surveillance, QA, curative, preventive and promotive services; building capacity for conducting evaluations; assistance in defining the distribution of human resources for health and for HIV disease surveillance, support for informatics & epidemiological aspects of SI in order to improve data usage, through effective monitoring & evaluation activities particularly at the district level using the new DHIS software. Other measures will include; sensitization of district health teams on the program & their role; building capacity in data collection, processing, analyzing & utilizing & the integration of data in the HMIS for planning & training managers in quality lab management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

N/A

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	400,000	0

Narrative:

With USG funding, the HIV Reference and Quality Assurance Laboratory at UVRI has established a national laboratory QA program focused specifically on HIV serological testing. This activity will continue and will be expanded to include all HIV-related testing at all testing sites in the country and will focus on ensuring that lay & community health workers, in addition to counselors and lab staff, who take samples for testing are providing quality services to the client, notably obtaining and providing quality samples following national SOPs. In FY 2012 training in QA/QC will be conducted for testing personnel in both government & non-government laboratories and those offering community based testing. SOPs for laboratory safety, sample processing, Rapid and ELISA HIV testing, rapid syphilis testing and proficiency panel preparations for HIV will be reviewed and updated. Adherence to SOPs and their availability will be assessed. The Rapid HIV test kit evaluation will be finalized and new national testing algorithm formulated. Sites will be further assessed for compliance with good clinical laboratory practice, waste disposal and the availability of requirements to conduct quality HIV testing. This information will be shared with partners and sites during support supervision visits, workshops and a regular newsletter. The training to be provided will include: conducting supervisory visits, preparation & characterization of HIV serologic PT panels & distribution & interpretation of results. UVRI will work with DFLPs and CPHL to ensure that their activities, especially support supervision visits, are incorporated in the annual district work-plan, & engage with the district leaders on the importance of high-quality lab results. While the existing M & E plan drawn from national and USG requirements and tools will guide implementation of

activities, more partnerships will be established with government and non-government organizations, plus the new districts. UVRI will develop a quality assurance plan that takes advantage of joint supervisory visits and PT panel distribution with partners. Accredited labs using national/international standards will be documented and others registered for the accreditation process. The program will continue to provide apprenticeship to both counselors and lab trainees at the UVRI clinic (HC 2). For efficient and cost-effective management of the program, there will be a need to support organizational, financial and administrative structures and mechanisms with UVRI, necessary to carry out the program activities. A semi-annual report that disseminates the findings of the support supervision visits, resolution of discordant results, PT and evaluations of performance characteristics will be provided to MOH, implementing partners and testing sites. To achieve this, there is need to task-shift by training lay and community health workers in quality HIV testing throughout the country & maintaining and improving on linkages with key service providers and trainers. UVRI will support integrated training especially in the diagnostics of HIV, malaria, syphilis and tuberculosis thus maximizing the benefits out of the available resources. The training provided to this cadre of personnel will ensure provision of high quality support supervision of laboratories throughout the country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	70,000	0

Narrative:

The project will support HIV prevention efforts among MARPs in Uganda including fishing communities. These communities are among the HIV high-risk groups in Uganda characterized by engaging in high-risk sexual behaviors, in unprotected sex, sexual networking and high alcohol consumption resulting in high HIV prevalence compared to the general population. The project will provide; HIV testing and counseling services; linkage of HIV-infected persons to care; HIV treatment services to eligible persons; conduct STI diagnosis and treatment; provide male and female condoms; conduct intensive risk-reduction education to the target population to reduce new infections & provide services to improve the quality of life for those who are infected and affected. The program will collaborate with the leadership of health facilities in the catchment area to implement and monitor project activities. The program will design innovative approaches to improve uptake of services in the community, put in place strategies for improving adherence to care and treatment services and help communities to adopt less-risky sexual behaviors in an effort to control and prevent HIV transmission in these communities. The program will collaborate with other prevention service providers to implement other HIV prevention services like PMTCT, SMC and treatment for prevention and in other instances, link the clients to service providers. The program will also plan and conduct evaluations to assess the impact of the program in reducing the incidence of HIV among most-at-risk communities.

Implementing Mechanism Details

Mechanism ID: 13002	**Mechanism Name: Supporting the Continuity of HIV/AIDS prevention and care programs for refugees in Uganda**
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 242,707	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	242,707

Sub Partner Name(s)

German Technical Coorperation		

Overview Narrative

UNHCR is a UN agency mandated to provide international protection to refugees, asylum seekers, and Internally Displaced Persons. The project will be implemented in Kyaka II (Kyegegwa District), Nakivale and Oruchinga Refugee settlements (Isingiro District). The beneficiaries include 74,421 refugees and 70,000 nationals living in and around the settlements.

Under Abstinence, Be faithful and Condom use, 1 youth centre will be established supported by the community peer groups, behavior change communication will be done through religious leaders, peers educators, puppetry, IEC, and mass media. Other prevention will support Universal precautions, strengthen the SMC program through staff training and equipment and working with traditional circumcisers. Interzonal drama and sports competitions during which period HIV/AIDS themes will be discussed and condoms distributed to the right group. The number of persons reached through small group messages will be addressed by a network of 102 peer educators in the 3 settlements. As part of the HIV dissemination teams, religious leaders will be supported with bicycles to disseminate HIV/AIDS information during sermons but also during home visits.

The day-to-day monitoring of the project is done by the health coordinators of the implementing partners, support supervision is provided by both UNHCR and District Health Office. The activity outputs and indicators are generated on a monthly basis through the UNHCR Health Information System, monthly situation reports, and support supervision reports. Planning and implementation of the project is done together with the beneficiaries. Building the capacity and working with community own resource persons and volunteers is part and parcel of project implementation.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	8,124
Education	49,593
Food and Nutrition: Commodities	5,288
Gender: Reducing Violence and Coercion	1,107
Human Resources for Health	59,380

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB

Family Planning

Budget Code Information

Mechanism ID:	**13002**
Mechanism Name:	**Supporting the Continuity of HIV/AIDS prevention and care programs for refugees in Uganda**
Prime Partner Name:	**United Nations High Commissioner for Refugees**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	5,751	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. UNHCR program will support the provision of care services to 1,000 individuals as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to refugees. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UNHCR will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum. UNHCR will work in II (Kyegegwa District), Nakivale and Oruchinga Refugee settlements (Isingiro District).

UNHCR will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP); strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management. Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. UNHCR will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

UNHCR will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). UNHCR will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. UNHCR will work under

the guidance of MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	52,191	0

Narrative:

Support care including OVC (Achievement: 537 OVCs were profiled of which 406 were each supported in primary school with bags, books, pens, shoes, 2 pairs of uniforms (with 3 emerging the best candidates in the Kyegegwa district), 50 benefited from the secondary school scholarships, 79 foster families have so far been supported with Income generation activities as means of encouraging fostering of OVC by families but also to improve the family's wellbeing. 30 caregivers trained in comprehensive HIV management and 1 laptop computer was procured to support the identification and documentation of all orphans and vulnerable children by community services department in Kyaka II. Parts of the OVCs supported are 50 Secondary school scholarships that are benefiting 25 boys and 25girls. The other OVC comprehensive program areas are adequately covered by UNHCR.
All the activities under a specific program were developed guided by the existing gaps, various national policies, strategic plans, priority plans and guidelines and are therefore linked to the various program areas of Elimination of Mother to Child Transmission of HIV, HCT, OVC, Abstinence and Be faithful, Other prevention, TB and HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	7,469	0

Narrative:

TB/HIV (100% of HIV positive persons are screened for TB and vice versa; 538 persons living with HIV are accessing services) - 450 minimum packages consisting of a jerry cans, water treatment chemicals, LLITNs, drinking water storage containers for each of the HIV positive clients, 1 CD4 machine is in place for patient monitoring, 7 active post-test clubs were supported with revolving income generation (piggery and seedlings) and IEC materials so as to disseminate HIV/AIDS related information. Routine TB quality control is supported by the Ministry of Health while Integrated TB and HIV services are being carried out through active case finding among HIV positive and those on TB treatment. Families of persons with TB are screened using integrated case finding form. TB/HIV co-morbidity management training also held for 30 health workers. In order to improve the quality of care, an assortment of drugs for opportunistic infections was procured to support the services during the drug stock outs from both the national medial stores and UNHCR.
All the activities under a specific program were developed guided by the existing gaps, various national

policies, strategic plans, priority plans and guidelines and are therefore linked to the various program areas of Elimination of Mother to Child Transmission of HIV, HCT, OVC, Abstinence and Be faithful, Other prevention, TB and HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	29,949	0

Narrative:

Sexual and behaviour risk prevention (Achieved 9299, (Target 9000): – Many community opinion leaders were trained to transmit the information in their constituencies. These include: 48 teachers (38 males; 10 females) and 33 community workers trained on general HIV prevention, 25 peer educators trained and supported to disseminate HIV/AIDS and SGBV information, 33 community leaders (32 males; 1 female) and 76 Religious leaders (70 males; 6 females) were trained on general HIV/AIDS and new initiatives to address control HIV infections. 35 influential community members trained on the revised referral pathway to enhance timely referral of SGBV cases for medical care. 4 AIDS clubs formed in primary schools and 1 life skills club formed in Bujubuli secondary this was further followed by procurement of an assortment of Sports equipments procured to support HIV information dissemination through sports, 390 t-shirts distributed to post test clubs, drama clubs, PLHIV and school aids. 500 small posters distributed to the community and health centers and 82 sex workers were profiled and followed up on a quarterly basis with screening for HIV, STI, family planning and condom refills. The Multi functional team that addresses SGBV and sex work interventions was formed in Kyaka II and underwent orientation. This team is responsible for addressing the medical, social and protection concerns of sex workers.
All the activities under a specific program were developed guided by the existing gaps, various national policies, strategic plans, priority plans and guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	47,408	0

Narrative:

HIV Counseling and Testing - (Achieved 5319 (Target 6000) – 1 counselor, 1 laboratory staff, 2 motorcycles to support outreaches and SGBV response in Kyaka II, 24,500 HCT kits and consumables were procured, 114 t-shirts were printed as motivation packages for couple counseling and testing and IEC (10 billboards, 2 banners, 500 posters, 300 t-shirts) to increase demand creation. The project will support daily HCT outreaches to the refugee settlements and surrounding host population as part of achieving universal access to HIV counseling and testing. To make these outreaches integrated with other maternal and child health services, 2 outreach tents and tables were procured so as to start a one

stop centre during the outreaches.
All the activities under a specific program were developed guided by the existing gaps, various national policies, strategic plans, priority plans and guidelines and are therefore linked to the various program areas of Elimination of Mother to Child Transmission of HIV, HCT, OVC, Abstinence and Be faithful, Other prevention, TB and HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	24,506	0

Narrative:

Other Prevention: The project support procurement an assortment of laboratory reagents and drugs for sexually transmitted infections, universal precaution commodities like gloves (surgical & disposable), syringes and needles, mackintosh. 15 health workers were trained on universal precautions, 3 health workers received a certified training in Safe Male Circumcision at Rakai Health Sciences Program to roll-out SMC package in Kyaka II refugee settlement. 220,824 male condoms were distributed during the period and 25 discordant couples and followed them up with regular counseling and testing. 296 safe blood units were transfused to the deserving patients and PEP kits were procured for the clinical management of rape survivors.
All the activities under a specific program were developed guided by the existing gaps, various national policies, strategic plans, priority plans and guidelines and are therefore linked to the various program areas of Elimination of Mother to Child Transmission of HIV, HCT, OVC, Abstinence and Be faithful, Other prevention, TB and HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

EMTCT - Achieved 2,069 (Target- 1700) – 3 midwives were recruited, 7 groups of HIV positive mothers formed that provide the follow-up, 22 health workers in infant and young child feeding, 34 peer educators recruited – who disseminate HIV/AIDS messages through peer-to-peer approach, distribute condoms, and help to profile the sex workers in the settlement., 37 positive women supported with food stuffs, and 1 maternity ward extension with a minor theatre for safe male circumcision. Procurement of supplementary pediatric ARV formulations during the case of raptures in the national supply system. All family planning options were procured to improve access to family planning services for both HIV positive couples and the general population and family planning outreaches arranged in the community. As part of improving maternity services, staff received a certified training in EMoNC using the ALARM approach

as well as postpartum insertion of IUCD and other long term methods of contraception.
All the activities under a specific program were developed guided by the existing gaps, various national policies, strategic plans, priority plans and guidelines and are therefore linked to the various program areas of Elimination of Mother to Child Transmission of HIV. The day-to-day monitoring of the project is done by the health coordinators of the implementing partners, support supervision is provided by both UNHCR and District Health office. The activity outputs and indicators are generated on a monthly basis through the UNHCR Health Information System, monthly situation reports, and support supervision reports. Planning and implementation of the project is done together with the beneficiaries. Capacity building and working with community own resource persons and volunteers is part and parcel of project implementation. Some services are linked to the government services, while others are integrated into the ongoing UNHCR activities to minimize duplication as a means of ensuring sustainability. The implementation will take place in 2 districts of Kyegegwa and Isingiro that covers three refugee settlements with about 74,421 refugees and 70,000 nationals living in and around the settlements. Although the entire refugee community and surrounding national community is targeted, specifically, youth in and out of school, women of the reproductive age group, pregnant women, their spouses and their unborn & newborn babies, commercial sex workers, persons living with HIV/AIDS (family planning) and men in the reproductive age group.
Although the budget is zero, these activities will be carried out using the acceleration money received.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	75,433	0

Narrative:

UNHCR will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. UNHCR program will enroll at least 1,000 new clients and support 900 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. UNHCR will work in II (Kyegegwa District), Nakivale and Oruchinga Refugee settlements (Isingiro District).
UNHCR will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of xxx additional health facilities; training, mentorship and joint PMTCT/ART support supervision. UNHCR will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.
Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration

to ensure early ART initiation for TB/HIV patients. UNHCR will support RH integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.

UNHCR will implement: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers, 'alert' stickers will be supported.
Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. UNHCR will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). UNHCR will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.
In addition, UNHCR will work with USG partners and other key stakeholders for provision of required wrap around services.

Implementing Mechanism Details

Mechanism ID: 13026	**Mechanism Name: Purchase, Distribution and Tracking of Cotrimoxazole, HIV/AIDS Related Laboratory Commodities and Supplies in the Republic of Uganda under the Presidents" Emergency Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Medical Stores	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,225,943	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	5,225,943

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Medical Stores (NMS) is an autonomous government corporation established in 1993 to procure, store and distribute essential medicines and medical supplies to government health facilities in Uganda. In October 2010, CDC awarded NMS a five year grant for the procurement storage and distribution of Cotrimoxazole and HIV/AIDS related laboratory supplies in Uganda.

The overall goal of the project is to sustain a supply chain for HIV test kits and related laboratory supplies and reagents for other HIV- related test as well as Cotrimoxazole. These supplies are intended to contribute to the care and treatment needs at public health facilities in Uganda.

NMS supplies public health facilities from Health Center (HC) III level and above including: one national referral institute, three national referral hospitals, 13 Regional referral hospitals, 57 general hospitals, 160 HC IVs, and 855 HC IIIs. NMS also serves the needs of 21 NGO and Community Based Organisations (CBOs) and two HC IIs accredited to provide HIV/AIDS treatment. The total number of health facilities served by NMS is 1,112.

NMS intends to reach all the eligible health facilities with project supplies by the end of FY 2013 and minimize laboratory commodity stock outs from the current 20% to 5% or less. This will be achieved through health systems strengthening efforts in collaboration with MoH and implementing partners to ensure accurate and timely submission of orders to NMS and also through the last mile delivery of supplies to the beneficiary facilities.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HTXD		0	Warehousing and distribution of Global Fund supplies including ARVs, ACTs and HIV test kits

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**13026**
Mechanism Name:	**Purchase, Distribution and Tracking of Cotrimoxazole, HIV/AIDS Related Laboratory Commodities and Supplies in the Republic of Uganda under the Presidents'' Emergency Plan for AIDS Relief**
Prime Partner Name:	**National Medical Stores**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	732,702	0

Narrative:

The National Medical Stores (NMS) is mandated to procure, warehouse and distribute health commodities and supplies for all public health facilities in Uganda. In FY 2013, PEPFAR will support the Government of Uganda (GOU) to further expand access to adult HIV care, support and treatment services with the goal to achieve universal access by 2015. Over the next 12 months, the national and PEPFAR targets for provision of HIV positive adults with clinical care services and maintenance on ART is at least 739,820 and 426,324 adults respectively. Working on the well-established ware houses and the last mile distribution system, NMS will warehouse and distribute HIV commodities including cotrimoxazole, ARV drugs, laboratory reagents and accessories procured by PEPFAR procurement mechanisms as a contribution to the achievement of these targets.

Essential laboratory tests for the delivery of HIV prevention, care and treatment services include testing for HIV, CD4, hemoglobin assessment and viral load estimation for suspected treatment failure amongst adults on treatment. Current estimates show that only 60% of individuals in pre-ART care are able to access CD4 testing, this has been a major challenge to treatment scale up nationally. In addition, CD4 access for ART client monitoring is also less the optimal. Increasing access to CD4 assessment among pre-ART and ART clients in line with MoH guidelines is a priority. PEPFAR working with MoH/Central Public Health Laborator (CPHL) and other stakeholders will work to improve CD4 coverage the current 60% to 100% over the next 12 months. Laboratory reagents for CD4 testing and other tests required for HIV care and treatment services for the set targets have been fully funded, and NMS will warehouse and distribute to health facilities in the public sector.

As a national distribution entity, NMS will work with the Ministry of Health (MoH)/Pharmacy division and AIDS Control Program, Joint Medical Stores, Supply Chain Management Systems, SURE and Medical Access Uganda Limited to strengthen the national health commodities supply chain system through information sharing, joint forecasting and quantification of the national commodity needs. The program will also coordinate with MoH, USG and PEPFAR implementing partners who will support the accreditation of about 883 additional health facilities, and work to build the capacity of health facility staff to accurately and timely report, quantify and order commodities.

Funding has been allocated to build internal capacity for warehousing and distribution, as well as, monitoring and evaluation of the supply chain in the public health facilities. All these activities will mitigate stock outs of HIV commodities that have affected the scale up and quality of care and treatment services.

This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); supports and strengthens the national M&E systems; and works to support district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,071,554	0

Narrative:

Quantification for all the laboratory supplies will be conducted in collaboration with the Central Public Health Laboratory (CPHL). This will ensure that whatever is procured is in line with the national needs. NMS has the mandate to procure, warehouse and distribute health commodities for the public sector in thee country and handles donated health supplies and commodities. NMS is involved in Global Fund commodity programming and is a critical partner in efforts to harmonize procurement and distribution of health supplies and commodities in liaison with the Global Fund, and other partners in Uganda.
NMS will provide technical assistance to district level supply chain management stakeholders providing mentorship and coaching to improve the efficient requisition, acquisition, storage and distribution of commodities. National Medical Stores will support MoH, CPHL and district authorities to coordinate and implement training in supply chain management system for districts in Uganda. This will equip health care personnel, particularly laboratory staff, with the required skills for accurate ordering and tracking consumption of commodities, which in turn will lead to optimal forecasting and quantification at national level, and eventually to reduction of stock out of lab reagents and supplies.

The plan in the revised COP is to continue to stream line procurement of laboratory commodities through centralization and maximizing efficiencies. It is expected that the National Medical Stores will support warehousing and distribution of these commodities in view of NMS's unique capabilities, capacity and experience in this area. It is anticipated that a system will be developed with all stakeholders by which NMS will provide the needed logistics including the 'last mile system' for distribution of laboratory reagents to all end user health facilities supported by PEPFAR in both public and private not-for profit facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	952,812	0

Narrative:

The National Medical Stores (NMS) is mandated to procure, warehouse and distribute health commodities and supplies for all public health facilities in Uganda. In FY 2013, PEPFAR will support the

Government of Uganda (GOU) to further expand access to HIV Testing and Counseling (HTC) services with the goal to achieve universal access by 2015. Over the next 12 months, the national and PEPFAR targets for provision of HTC is to reach over three million individuals with HTC including all pregnant women and their babies and partners, clients seeking Voluntary Medical Male Circumcision (VMMC) services, and the most at risk populations. Working on the well-established ware houses and the last mile distribution system, NMS will warehouse and distribute HIV commodities including HIV test kits, cotrimoxazole, ARV drugs, laboratory reagents and accessories procured by PEPFAR procurement mechanisms as a contribution to the achievement of these targets.

Essential laboratory tests for the delivery of HIV prevention, care and treatment services include testing for HIV, CD4, hemoglobin assessment and viral load estimation for suspected treatment failure amongst adults on treatment. Increasing access to HTC among women, adults and children in line with MoH guidelines is a priority. PEPFAR collaborating with MoH/Central Public Health Laboratory (CPHL), Global fund and other stakeholders will work to improve coverage for HTC in 12 months. Laboratory reagents and HIV test kits for the set targets have been fully funded, and NMS will warehouse and distribute to health facilities in the public sector.

As a national distribution entity, NMS will work with the MoH/Pharmacy division and AIDS Control Program, Joint Medical Stores, Supply Chain Management Systems, SURE and Medical Access Uganda Limited to strengthen the national health commodities supply chain system through information sharing, joint forecasting and quantification of the national commodity needs. The program will also coordinate with MoH, USG and PEPFAR implementing partners who will support the accreditation of about 883 additional health facilities, and work to build the capacity of health facility staff to accurately and timely report, quantify and order commodities.

Funding has been allocated to build internal capacity for warehousing and distribution, as well as, monitoring and evaluation of the supply chain in the public health facilities. All these activities will mitigate stock outs of HIV commodities that have affected the scale up and quality of care and treatment services.

This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); supports and strengthens the national M&E systems; and work to support district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	309,866	0

Narrative:

The National Medical Stores (NMS) is mandated to procure, warehouse and distribute health commodities and supplies for all public health facilities in Uganda. In FY 2013, PEPFAR will support the Government of Uganda (GOU) to further expand access to adult HIV care, support and treatment services with the goal to achieve universal access by 2015. Over the next 12 months, the national and PEPFAR targets for provision of HIV positive adults with clinical care services and maintenance on ART is at least 739,820 and 426,324 adults respectively. Working on the well-established ware houses and the last mile distribution system, NMS will warehouse and distribute HIV commodities including cotrimoxazole, ARV drugs, laboratory reagents and accessories procured by PEPFAR procurement mechanisms as a contribution to the achievement of these targets.

Essential laboratory tests for the delivery of HIV prevention, care and treatment services include testing for HIV, CD4, hemoglobin assessment and viral load estimation for suspected treatment failure amongst adults on treatment. Current estimates show that only 60% of individuals in pre-ART care are able to access CD4 testing, this has been a major challenge to treatment scale up nationally. In addition, CD4 access for ART client monitoring is also less than optimal. Increasing access to CD4 assessment among pre-ART and ART clients in line with MoH guidelines is a priority. PEPFAR working with MOH/ Central Public Health Laboratories and other stakeholders will work to improve CD4 coverage the current 60% to 100% over the next 12 months. Laboratory reagents for CD4 testing and other tests required for HIV care and treatment services for the set targets have been fully funded, and NMS will warehouse and distribute to health facilities in the public sector.

As a national distribution entity, NMS will work with the MoH/Pharmacy division and AIDS Control Program, Joint Medical Stores, Supply Chain Management Systems, SURE and Medical Access Uganda Limited to strengthen the national health commodities supply chain system through information sharing, joint forecasting and quantification of the national commodity needs. The program will also coordinate with MoH, USG and PEPFAR implementing partners who will support the accreditation of about 883 additional health facilities, and work to build the capacity of health facility staff to accurately and timely report, quantify and order commodities.

Funding has been allocated to build internal capacity for warehousing and distribution, as well as monitoring and evaluation of the supply chain in the public health facilities. All these activities will mitigate stock outs of HIV commodities that have affected the scale up and quality of care and treatment services.

This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); supports and strengthens the national M&E systems; and works to support district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXS	1,947,831	0

Narrative:

The National Medical Stores (NMS) is mandated to procure, warehouse and distribute health commodities and supplies for all public health facilities in Uganda. In FY 2013, PEPFAR will support the Government of Uganda (GOU) to further expand access to adult HIV care, support and treatment services with the goal to achieve universal access by 2015. Over the next 12 months, the national and PEPFAR targets for provision of HIV positive adults with clinical care services and maintenance on ART is at least 739,820 and 426,324 adults respectively. Working on the well-established ware houses and the last mile distribution system, NMS will warehouse and distribute HIV commodities including cotrimoxazole, ARV drugs, laboratory reagents and accessories procured by PEPFAR procurement mechanisms as a contribution to the achievement of these targets.

Essential laboratory tests for the delivery of HIV prevention, care and treatment services include testing for HIV, CD4, hemoglobin assessment and viral load estimation for suspected treatment failure amongst adults on treatment. Current estimates show that only 60% of individuals in pre-ART care are able to access CD4 testing, this has been a major challenge to treatment scale up nationally. In addition, CD4 access for ART client monitoring is also less the optimal. Increasing access to CD4 assessment among pre-ART and ART clients in line with MoH guidelines is a priority. PEPFAR working with MoH/ Central Public Health Laboratories and other stakeholders will work to improve CD4 coverage the current 60% to 100% over the next 12 months. Laboratory reagents for CD4 testing and other tests required for HIV care and treatment services for the set targets have been fully funded, and NMS will warehouse and distribute to health facilities in the public sector.

As a national distribution entity, NMS will work with the MoH/Pharmacy division and AIDS Control Program, Joint Medical Stores, Supply Chain Management Systems, SURE and Medical Access Uganda Limited to strengthen the national health commodities supply chain system through information sharing, joint forecasting and quantification of the national commodity needs. The program will also coordinate with MOH, USG and PEPFAR implementing partners who will support the accreditation of about 883 additional health facilities, and work to build the capacity of health facility staff to accurately and timely report, quantify and order commodities.

Funding has been allocated to build internal capacity for warehousing and distribution, as well as, monitoring and evaluation of the supply chain in the public health facilities. All these activities will mitigate stock outs of HIV commodities that have affected the scale up and quality of care and treatment services.

This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); supports and

strengthens the national M&E systems; and works to support district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	211,178	0

Narrative:

The National Medical Stores (NMS) is mandated to procure, warehouse and distribute health commodities and supplies for all public health facilities in Uganda. I n FY 2013, PEPFAR will support the Government of Uganda (GOU) to further expand access to pediatric HIV care, support and treatment services with the goal to achieve universal access by 2015. Over the next 12 months, the national and PEPFAR targets for provision of HIV positive children with clinical care services and maintenance on treatment is at least 73,169 and 63,704 children respectively. NMS will warehouse and distribute HIV commodities including cotrimoxazole, ARV drugs, laboratory reagents and accessories procured by PEPFAR procurement mechanisms to all health facilities providing HIV care and treatment services in the public sector as a contribution to the achievement of these targets. NMS will warehouse and distribute to health facilities in the public sector.

Essential laboratory tests for the delivery of pediatric HIV prevention, care and treatment services include testing for HIV, CD4, hemoglobin assessment, screening for HIV in exposed infants by polymerized chain reaction (DNA PCR) technology and viral load estimation for suspected treatment failure amongst clients on treatment. Although the national Early Infant Diagnosis (EID) program has made gains in delivery of quality and timely services, in contrast only 60% of individuals in pre-ART care are currently accessing CD4 testing which is a major challenge to treatment scale up nationally. CD4 access for ART client monitoring is also below the recommended MOH guidelines. As a priority, PEPFAR will work with MoH/Central Public Health Laboratory and other stakeholders to improve CD4 access from the current 60% to 100% over the next 12 months. Funded for laboratory reagents for CD4 testing and other tests required for HIV care and treatment services to meet the targets are available.

NMS will work with the MoH/Pharmacy division and AIDS Control Program, Joint Medical Stores, Supply Chain Management Systems, SURE and Medical Access Uganda Limited to strengthen the national health commodities supply chain system through information sharing, joint forecasting and quantification of the national commodity needs. NMS will also coordinate with MOH, USG and PEPFAR implementing partners who will support the accreditation of about 883 additional health facilities, and work to build the capacity of health facility staff to accurately and timely report, quantify and order commodities.

Internal capacity of the program for warehousing and distribution will be built, and monitoring and evaluation of the supply chain in the public health facilities strengthened. All these activities will minimize

stock outs of HIV commodities that have affected the scale up and quality of care and treatment services. This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); supports and strengthens the national M&E systems; and works to support district health plans.

Implementing Mechanism Details

Mechanism ID: 13029	**Mechanism Name: National Lab Infrastruture Initiative**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: Regional Procurement Support Office/Frankfurt	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

In FY 2011, the Regional Support and Procurement Office (RPSO) will continue to receive funding to complete laboratory rehabilitation and construction throughout Uganda. RPSO in collaboration with CDC-Uganda will complete infrastructure improvements at the district laboratories that were started by the Regional Procurement and Support Office [RPSO], based on the Ministry of Health (MoH) laboratory service and equipment standards. These improvements will ensure that district laboratory capacity will meet the national standards. The laboratories must be able to support HIV/AIDS care and treatment services, HIV-testing to support VCT, TB screening and other key tests related to opportunistic infections diagnosis.

In FY2011 $2,500,000 will be programmed to State/RPSO for the construction of a new NTRL. There is a growing realization on the part of Ministries of Health that laboratories are one of the weakest links in health systems in a country (2008 Maputo Declaration on Strengthening of Laboratory Systems). An efficient public health laboratory system is critical for: supporting integrated disease surveillance; complying with International Health Regulations and conducting clinical diagnosis, guiding treatment, and managing the spread of drug resistance.

CDC has supported the National TB Reference Lab during the emergency-response phase of PEPFAR through: renovations to the training and diagnostic labs, including an air-filtration system to bring the lab to BSL 3 standards, required for handling drug-resistant TB; support for Quality Assurance (QA) activities and a national specimen referral system with POSTA Uganda and the mapping of TB microscopy sites in the country using GIS.

There is only one TB reference lab in Uganda.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13029**
Mechanism Name:	**National Lab Infrastruture Initiative**
Prime Partner Name:	**Regional Procurement Support Office/Frankfurt**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	2,500,000	0

Narrative:

1. Target populations and coverage of target population or geographic area
National
Provides reference facilities for the whole country and as a WHO supra-national lab, for the whole EAC.

2. Description of service delivery or other activity carried out

The funding is for the construction of a new NTRL .

3. Integration with other health activities

Under the World Bank TB Laboratory Strengthening Program for East Africa (Uganda, Kenya, Tanzania and Rwanda) and as part of a 'two for one' funding arrangement with the Uganda Government ($10M in total), regional TB reference labs will be established in Arua, Fort Portal, Mbale and Mbarara – AISPO will fund a further lab at Lacor Hospital in Gulu and CDC will build a new NTRL in Port Bell, Kampala, allowing the existing lab at Wandegeya, Kampala to assume reference responsibilities for the central region.

4. Relation to the national program
There is a growing realization on the part of Ministries of Health that laboratories are one of the weakest links in health systems in a country (2008 Maputo Declaration on Strengthening of Laboratory Systems). An efficient national public health laboratory system is critical for: supporting integrated disease surveillance; complying with International Health Regulations and conducting clinical diagnosis, guiding treatment, and managing the spread of drug resistance. The existing NTRL is more than 50 years old and is inadequate to meet the expanded needs of a national reference lab in the 21st century

5. Health Systems Strengthening and Human Resources for Health

New NTRL to coordinate activities of 6 TB reference labs Rapid determination of TBDR enabling fast response De-centralized QA for TB smear microscopy building regional capacity

Implementing Mechanism Details

Mechanism ID: 13047	**Mechanism Name: Scaling up comprehensive HIV/AIDS Services at Mulago and Mbarara University Teaching Hospitals**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,066,780	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,066,780

Sub Partner Name(s)

Central Public Health Laboratories	Mbarara University Teaching Hospital	Most At Risk Populations Initiative (MARPI)
Mulago Hospital, Uganda	National TB Reference Laboratory (NTRL)	

Overview Narrative

The Makerere University School of Medicine (MUSOM) will provide comprehensive HIV and AIDS services in Mulago, Butabika and Mbarara national referral Hospitals and their catchment areas.

MUSOM goals are mainly to contribute to primary prevention of HIV through the expansion of Provider Initiated Testing and Counseling (PITC) and scaling up PMTCT. Persons identified through PITC will be

linked into care using linkage facilitators and using the new WHO guidelines; they will be assessed for eligibility and given ARVs as detailed in the narrative. This will ensure a continuum of response and contribute towards improving the quality of care of people living with HIV, which is the second goal of the program.

The program will also strengthen health systems for HIV prevention, care and treatment.
With the new pivots MUSOM will continue offering comprehensive HIV and AIDS services especially focusing on PITC as an entry point, ART using the new WHO guidelines, Option B+ using the test and treat approach and Voluntary Medical Male Circumcision (VMMC). The program will improve targeted HTC outreach activities to most at risk populations in their catchment areas: commercial sex workers, their clients, uniformed forces and incarcerated populations. Other services will include TB management, continuing ART to the existing ART clients and care to OVC.

Cost efficient strategies include; leveraging resources from the GOU and other partners for, integration, task shifting and involvement of PLHIV in tracing patients lost to follow up. Capacity building of HCWs in various program areas will be enhanced including Option B+, HMIS and logistics management in supported facilities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	2,488,296

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)
TB
Family Planning

Budget Code Information

Mechanism ID:	**13047**
Mechanism Name:	**Scaling up comprehensive HIV/AIDS Services at Mulago and Mbarara University Teaching Hospitals**
Prime Partner Name:	**Makerere University School of Medicine**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	503,941	0

Narrative:

In line with PEPFAR's focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015, the MUSOM program will support provision of care and support services to at least 38,136 individuals including 34,704 adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care. This target was derived at using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations, such as, truck drivers, commercial sex workers (CSW) and men who have sex with men (MSM).

The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. MUSOM will implement approaches to promote an effective CoR model and monitor key indicators along the continuum. The project will be implemented in two districts of Mbarara and Kampala in Uganda in Mulago, Butabika and Mbarara teaching referral hospitals and their catchment areas. MUSOM will support facilities to provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP), strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, pain and symptom management and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

The project will place focus on increasing access to six-monthly CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage in

the districts will be improved over the next 12 months. MUSOM will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports. In addition, facilities will be supported to regularly keep track and report on client waiting lists for CD4 testing.

MUSOM will liaise with PACE for provision and distribution of basic care kits to clients through PHA and VHT networks. Additionally, liaise with National Medical Stores and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents. MUSOM will build the capacity of facility staff to accurately forecast, quantify and order commodities as well as timely reporting.

The MUSOM program will further work with USG partners such as PIN, SPRING, HEALTHQUAL, ASSIST and Hospice Africa Uganda in their related technical areas to support integration of HIV services with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning will occur.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems including ensuring the availability of tools; and work within district health plans. MUSOM will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

Narrative:

MUSOM OVC program targets children of HIV infected patients within the program supported clinics. Children receiving HIV care and treatment in the MUSOM supported clinics and HIV exposed infants are followed up within the PMTCT-EID clinics.

Effective July 2011, MUSOM expanded the scope of OVC interventions from the previous three core programming areas health, education and food and nutrition security to providing CPAs the including: health water and sanitation, child protection and legal support, legal policy and institutional mechanisms as stated in the 2011/12-2015/16 National OVC Strategic Plan. The core programming areas provided are tailored to the need of the OVC household. This modification followed experience sharing visits to OVC service implementing partners and was modelled on the Ministry of Gender, Labor and Social (MoGLS)development strategy.

MUSOM social workers worked closely with health care providers, particularly the nurse counsellors to

identify OVC through the patients receiving care within the MUSOM supported clinics. Given that MUSOM cannot provide all the OVC needs, the team contacted several organizations within the catchment area and the district probation, welfare and community development officers in order to establish functional referrals and linkages. Some OVC are still supported with tuition and scholastic materials for retention in school. All the identified OVC are provided with clinical care at MUSOM supported clinics using the family care model.

In FY 2012, MUSOM will consolidate the above activities and reach 2100 OVC with the interventions. The OVC will be identified using the vulnerability index as well as the priority intervention areas. MUSOM will continue to work with the microfinance institutions to promote saving among OVC households and support more OVC households to access loans in order to start or expand income generating activities. MUSOM will train more OVC and their care takers on child protection and some of the older OVC will be attached to various facilities such as salons, motor garages and tailoring groups among others for apprentices.

Both HIV positive and HIV negative OVC will continue to receive medical services such as Immunization for those under five years, routine de-worming and treatment for common childhood infections. Identified HIV positive OVC will get comprehensive HIV care either from MUSOM supported clinics or referred to specialized paediatric HIV facilities.

MUSOM OVC activities will be aligned to the MoGLS development strategy. MUSOM social workers will continue to work closely with the structures at the supported facilities supported to build a sustainable OVC function and linkages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	364,154	0

Narrative:

The MUSOM program will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. The program will contribute to this target by screening 34,322 HIV positive clients for TB; and 1,144 of these will be started on TB treatment in Mbarara, Mulago and Butabika teaching referral hospitals and their catchment areas. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

The program will strive to improve Intensified Case Findings (ICF) and the use of national ICF tool as well

as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- GeneXpert and fluorescent microscopy. MUSOM will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, MUSOM will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. The MUSOM program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage including cough monitors and ensure adequate natural ventilation. MUSOM will support MOH/ACP and National TB and Leprosy Program (NTLP) to roll out provision of IPT, in line with the WHO recommendations.

MUSOM will work with USG partners such as PIN, SPRING, HEALTH QUAL, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUSOM will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision. Additionally, MUSOM will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	12,278	0

Narrative:

The MUSOM program will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The program will contribute at least 38,136 to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services. At least 3,432 children will be provided with care and support services contributing to the national target of 73,169 children. MUSOM will support Mulago, Butabika and Mbarara national referral hospitals with their catchment areas in Kampala and Mbarara districts.

The MUSOM program will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and

referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches to the key populations. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. MUSOM will implement community mobilization and targeted activities such as 'Know Your Child's status' campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

The MUSOM program will prioritize support for retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. Adolescents will be provided with positive health dignity and prevention services including, sexual and RH services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in these activities.

A key priority will be to establish strong referrals between OVC care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. MUSOM will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MUSOM will liaise with PACE for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores and Medical Access Uganda Limited for other HIV commodities including ARVs, cotrimoxazole and lab reagents. Capacity of facility staff will be built to accurately forecast, quantify and order commodities as well as timely reporting.

The MUSOM program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS, support and strengthen the national M&E systems and work within district health plans. MUSOM will work under the guidance of MoH/ACP and the Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HLAB	289,458	0

Systems			

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early Infant Diagnosis (EID) hubs there will be an increase in the number of hubs for from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests to increase coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers. Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities.

In FY 2013, MUSOM will, in collaboration with the infrastructure division at the MoH and Central Public Health Laboratory (CPHL), refurbish the Mbarara Regional Referral Hospital laboratory to the required standard and ensure installation and equipping for CD4+, clinical chemistry and hematology. In addition MUSOM will support the district in the recruitment of two laboratory technologists and three laboratory technicians for Mbarara RRH laboratory with the aim of providing quality laboratory services. Training of new and existing laboratory staff will be done using MoH approved curriculum. The program will also continue to support internal and external quality control systems and ensure the laboratory implements the WHO recommended strengthening laboratory management towards accreditation (SLMTA) process with the aim to achieve a minimum of WHO stars for that level of facility by end of 2014.

Additional efforts will be undertaken towards promoting and strengthening laboratory services at HC III and HC IVs in Mbarara. The program is setting up an electronic laboratory records system intended to improve lab records management in Mulago and Butabika hospitals. Through collaboration with CPHL, MUSOM will support coordination of partner activities. MUSOM will continue to support the health facilities to strengthen infection control and medical waste management. For EID, the program will refer samples to CPHL and advocate for an EID hub in Mbarara. The program will also continue to support internal and external quality control systems. The program will facilitate referral of EID samples to the National EID laboratory at CPHL and maintain the hospital as an EID hub in Mbarara.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	330,743	0

Narrative:

The national Voluntary Medical Male Circumcision (VMMC) interventions are geared towards contributing to the Uganda National HIV/AIDS Strategic Plan goal 'To reduce the incidence rate of HIV by 40% by the year 2012' and also to objective 5 'To promote use of new prevention technologies and approaches proven to be effective'. Given the results of the USAIS (2010/2011) with alarming increase in HIV prevalence and very low circumcision prevalence (approx 25%). In March 2010, the Ministry of Health (MoH) launched the Safe Male Circumcision policy to guide the integration of VCCM services in Uganda's national health system to reduce the number of new HIV infections. PEPFAR Uganda is prioritizing VCCM as a major pivot to reduce the number of new HIV infections.
VCCM is being offered in Uganda as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and be faithful; providing and promoting correct and consistent use of male condoms, providing HIV testing and counseling services and refer to appropriate care and treatment if necessary, and providing services for the treatment of sexually transmitted infections. VMMC presents a unique opportunity to engage female partners to advocate, mobilize men and involve women in seeking HTC with appropriate referrals, including ANC and PMTCT care (and treatment where necessary).

MUSOM will target Males aged 15 years and above in the catchment areas of Makerere University Hospital. It will also support Pre and in-service training in VCCM for Medical School Interns, Clinical officers and Nurses.

MUSOM will use multiple delivery approaches; dedicated VMMC teams, static and VMMC seasonal outreaches to offer services in Makerere University hospital. MUSOM will use the Model for Optimizing the Volume for Efficiency (MOVE) to optimize on efficiencies and increase the volume safely. MUSOM will pay special focus on quality assurance and quality assessments (internal and external) which will be conducted on a regular basis.

Demand creation strategies undertaken will be community mobilization through health talks and radio programs, as well as, IEC materials. These strategies will be in line with guidelines from WHO, UNAIDS and the Uganda National Communication Strategy on VCCM. The program will strengthen peer recommendation by actively encouraging already served clients to inform their peers about the service and its advantages to target men (and female partners to increase testing uptake). MUSOM will engage community mobilisers to target localities with high numbers of men like taxi parks and 'Boda Boda' stages.

The Program will work with partners such as Walter Reed to develop a pool of trainers that will target both pre-service trainees and teams from health facilities. These teams will be supported to scale up VCCM in their facilities.
MUSOM will continue to report to the VMMC National Operational Center as required by MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	42,295	0

Narrative:

Routine Provider Initiated Testing and Counseling (PITC) is offered to all patients in the health facilities and their family members. TB screening and prevention counseling is offered to all patients. Couples HIV Counseling and Testing (HCT) is also provided and the identified discordant couples are referred to discordant couple clubs at HIV clinics. Identified HIV persons are linked to care. The program supplements the supplies, equipment and furniture to the health units and strengthens HMIS, logistics management and laboratory quality assurance systems in the health units. The program target is to reach a minimum 64,208 with testing and counseling modalities mentioned above.

The program will increase access to and use of essential counseling and testing services for key populations. Activities will include scaling up PITC to the 13 Health Center III in Mbarara as well as connecting clients to HIV Care and Treatment and social support services, through linkage facilitators. These activities have the aim of increasing demand and accessibility for HTC, and identifying and retaining positive clients for care and treatment services.
The key populations in MUSOM supported districts are mainly sex workers, their clients and partners; men who have sex with men; uniformed forces; and long distance truck drivers. In addition, there will be targeted HCT outreaches for these populations to increase awareness and accessibility of services. The MARPI clinic in Mulago Hospital, staffed with personnel specifically trained to deal with key populations, will continue to appropriately link clients to HIV and other health services at their preferred sites.

HTC program activities shall be conducted in partnership with district local governments under the stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term commitment by the USG.

The program will work in partnership with the Medical Access Uganda Limited; a central procuring mechanism, to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.

Additionally, in order to maximize program success, this program will work towards evidence gathering

for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	90,000	0

Narrative:

Routine Provider Initiated Testing and Counseling (PITC) is offered to all patients in the health facilities and their family members. TB screening and prevention counseling is offered to all patients. Couples HIV Counseling and Testing (HCT) is also provided and the identified discordant couples are referred to discordant couple clubs at HIV clinics. Identified HIV persons are linked to care. The program supplements the supplies, equipment and furniture to the health units and strengthens HMIS, logistics management and laboratory quality assurance systems in the health units. The program target is to reach a minimum 64,208 with testing and counseling modalities mentioned above.

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Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	51,279	0

Narrative:

In FY 2013, MUSOM will facilitate the implementation of PMTCT Option B+ activities in Mulago, Mbarara national referral hospitals and their catchment areas.

Key strategic pivots for PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. This will be done through provision of universal HIV Testing and Counseling (HTC) services during ANC, labor/delivery and community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites up to Health Center IIIs. Activities will include site assessments; identification of training needs; procurement of equipment, printing M&E tools, job aides, and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition to Option B+ in will be done in accordance with MOH guidance and a total of 18 sites will be accredited by end of FY 2013.

MUSOM will support the delivery Option B+ services using a Family focused model within MNCH settings. Through monthly meetings, clients will receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCF) counseling, EID, Family Planning (FP) counseling, Couple (HTC), supported disclosure and ARV refills. Village health teams will be utilized to enhance follow-up, referral, adherence support. Male partners will receive condoms, STI screening and management, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC) for the HIV negative men. At least 23,000 partners of pregnant women will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Using phone technology, mothers will be reminded about their appointments, EID results and ARV adherence. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development Partners, Districts, USG, and implementing partner staff in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5) Integrating voluntary and informed FP services with PMTCT services. MUSOM will ensure FP sessions are integrated within PMTCT trainings, counseling; education, and information during ANC, labor and delivery, and postnatal periods, as well as for women in care and treatment. FP services will be based on respect, women's choices and fulfillment of their reproductive health rights. Finally MJAP will support the establishment of a Lab hub at Mbarara regional referral hospital to facilitate EID sample collection and transportation.

MUSOM will provide HIV counseling and testing to 46,465 pregnant women in 18 service outlets during FY 2013. A total of 4,707 HIV positive pregnant women will be identified, of which 4,001 will be initiated on HAART for life and 706 provided with ARV prophylaxis; 4,584 babies will receive infant ARV prophylaxis and a DNA/PCR test.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

N/A

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,141,276	0

Narrative:

The MUSOM program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 4,225 new adult clients on ART and support 31,314 adults and children on ART by APR 2013 including 27,243 adults, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. This support will cover two districts of Mbarara and Kampala; Mbarara, Mulago and Butabika teaching referral hospitals and their catchment areas..

The MUSOM program will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of 11 additional health facilities, training, mentorship and joint PMTCT/ART support supervision. MUSOM will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. Continum of Response (CoR) linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for

TB/HIV patients. MUSOM will support RH integration including family planning and cervical cancer screening at facility level through provision of the services or referrals. Key populations will be targeted using innovative approaches including setting up specialized services; such as moonlight services.

Facilities will be supported to implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment, improve adherence and retention and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone calls, SMS reminders, appointment registers and 'alert' stickers will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+. Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. The sample referral network will be supported in line with the national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

MUSOM will liaise with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. MUSOM will build the capacity of facility staff to accurately, forecast, quantify and order commodities as well as timely reporting.

In addition, MUSOM will work with USG partners and other key stakeholders for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUSOM will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	41,356	0

Narrative:

The MUSOM program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. This program will enroll at least 1,056 new HIV positive children and support 4,071 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 38,161 new children on ART and 63,704 children current on treatment. This support will be provided to Mbarara, Mulago and Butabika teaching referral hospitals and their catchment areas.

In FY 2013, MUSOM will support the national program scale up of pediatric treatment through

strengthening the identification, follow up and treatment for all infants through early infant diagnosis focal persons, peer mothers, SMS messages, phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive infants under two years in line with the national treatment guidelines.

The MUSOM program will support early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. The program will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MUSOM will liaise with PACE for provision and distribution of basic care kits to clients. In addition MUSOM will work with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including ARVs, cotrimoxazole and lab reagents. MUSOM will endeavor to build the capacity of facility staff to accurately, forecast, quantify and order commodities as well as timely reporting.

MUSOM will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans.
MUSOM will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 13093	**Mechanism Name: Provision of the Basic Care Package in the Republic of Uganda under the President''s Emmergency Plan for AIDS Relief**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: PACE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,082,536	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,082,536

Sub Partner Name(s)

Ministry of Health, Uganda	Population Services International	

Overview Narrative

Program for Accessible Health Communication and Education (PACE) is a local NGO that aims at improving the health of Ugandans through improving knowledge and use of the Basic care package,promotion of positive behavior change and strengthening positive health dignity and prevention (PHDP). PACE is implementing the Positive Living Project (PLP) through strategic partnerships with care and support organizations and PHA groups to achieve an efficient and sustainable delivery of Basic Care Package (BCP) with an overall goal of improving the health status of people living with HIV/AIDS in Uganda. PLP addresses HIV Prevention, Care and Support as well as Health Systems Strengthening. In FY 2013, 150,000 PLHIV will be reached with preventive care kits, 10,500 refills of LLINs, overall 400,000 PLHIVs will be reached with messaging on septrin prophylaxis, TB prevention, palliative care, alcohol abuse and other cross cutting issues such as family planning. District structures of PLHIV and Village Health Team (VHT)s will be actively involved in program implementation so as to create a sustainable and cost efficient mechanism of reaching PLHIV. FY 2013 will focus on shifting the ownership, management and coordination to the government, districts and communities especially among the PLHIV fora. PLP indicators will be integrated into the national HMIS; monitoring and supervision will be led by district teams. PACE will also advocate for inclusion of point of use water treatment products on the national essential drug list; BCP will be included in the training curriculum for pre-service medical and paramedical practitioners and CME programming.

No new vehicles will be purchased under this program.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HBHC	Children under five years of age	3167239	Procurements, loading and delivery of LLINs to sub-county stores and distribution to the end user. 510,845 Insecticide treated mosquito nets were distributed among children under five. 510,845 Insecticide treated mosquito nets were distributed among children under five
PDCS	Pregnant women	428823	Procurements, loading and delivery of LLINs to sub-county stores and distribution to the end user. 69,165 Insecticide treated mosquito nets were distributed among pregnant women.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	144,522
Water	461,787

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13093**
Mechanism Name:	**Provision of the Basic Care Package in the Republic of Uganda under the President''s Emmergency Plan for AIDS Relief**
Prime Partner Name:	**PACE**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	3,082,536	0

Narrative:

The program will support the MoH to further expand access to HIV care and support with a goal to achieve universal access to care of 80% by 2015. The PACE Program will procure and distribute Basic Care Packages (BCP) for 400,000 individuals as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving care. Specific attention will be given to areas with key populations such as truck drivers, fishermen, commercial sex workers and men who have sex with men. 225 BCP sites in 85 districts will be expected to implement approaches to promote an effective Continuum of Response (CoR) model and monitor key indicators along the continuum.

Working through districts and implementing partners the basic preventive care package and basic care commodities will be provided in line with national guidelines and PEPFAR guidance The service package will include information on: strengthening positive health dignity and prevention (PHDP); strengthening linkages and referrals; adherence and retention; strengthening pain and symptom management; and strengthening community support systems.

Together with other providers like UHMG, PACE will directly provide and distribute basic care kits to districts from where service outlets will access them through the district distribution network. Additionally, PACE will liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited to ensure all other HIV commodities especially cotrimoxazole is available at these service outlets. PACE will build the capacity of facility staff, Peer educators to accurately report, forecast, quantify and order basic care commodities in a timely manner.

In addition, PACE will work with USG partners care and treatment implementing partners such as TASO, MildMay, Baylor, MJAP, IDI, ROM,UEC,UPMB, CAF,MAUL,NMS, SUSTAIN, THALAS, IRCU, HIPS, MUWRP the STARs, NUHITES and Hospice Africa Uganda in their geographical areas to support integration of basic care services with other HIV/AIDS services. These partners will ensure adherence to the 13 behaviors in the Positive prevention life style distributed with the BCP kit that includes:

1. Respecting, supporting, encouraging partners to test for HIV and adopt HIV risk reduction behaviors
2. Accepting HIV positive status, disclosing and linkage to community support groups
3. Visiting a health facility whenever there's an illness
4. Using condoms to avoid re infection and prevent infecting others with HIV
5. Immediately seeking Prevention of Mother to Child transmission services when pregnant
6. Having a balanced diet and exercise regularly
7. Drinking clean safe water
8. Sleeping under a long lasting insecticide treated mosquito net
9. Taking ART daily at the right time in the right dosage as prescribed
10. Taking cotrimoxazole every day as prescribed by the health worker
11. Setting future goals and discussing how they will be achieved
12. Discussing sexual reproductive health options with the health worker
13. Avoiding alcohol and any form of substance abuse

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); will support and strengthen reporting through the national M&E systems; and work within district health plans. PACE will work under the guidance of DHO's, MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

PACE will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. PACE will procure and distribute Basic Care Package (BCP) commodities for 75,000 children as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving the basic preventive care package and commodities. PACE will support 225 BCP sites in 85 PEPFAR supported districts of Uganda.

Working with districts and implementing partners, comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance will be provided to improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Using peer educators, access to early infant diagnosis services and focal points at facilities will be promoted to ensure active follow up of exposed children in facilities and communities to enable early enrolment of children and retention in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. Using village health teams s and peer educators PACE will mobilize communities for BCP activities.

Through the z-cards in the basic care package children and care takers will be provided with positive health dignity and prevention messages including, sexual and reproductive health services, psycho-social support and life skills.

In addition, PACE will work with USG care and treatment implementing partners such as TASO, MildMay, Baylor, MJAP, IDI, ROM,UEC,UPMB, CAF,MAUL, NMS, SUSTAIN, THALAS, IRCU, HIPS, MUWRP the STARs, NUHITES and Hospice Africa Uganda in their geographical areas to support integration of basic care services with other HIV/AIDS services. These partners will ensure collaboration with other key stakeholders at all levels for provision of required wrap around services and promotion of the 13 behaviors in the positive prevention life style

Together with other providers like UHMG, PACE will directly procure and distribute basic care kits to districts from where service outlets will access them through the district distribution network. Additionally, PACE will liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited to ensure all other HIV commodities especially cotrimoxazole is available at these service outlets. PACE will build the capacity of facility staff, peer educators to accurately report, forecast, quantify and order basic care commodities in a timely manner.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen reporting through the national M&E systems and work within district health plans. PACE will

work under the guidance of DHO's, MoH/ACP and the Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Implementing Mechanism Details

Mechanism ID: 13102	**Mechanism Name: Supporting the National Blood Transfusion Service (NBTS) in the Implementation and Strengthening of Blood Safety Activities in the Republic of Uganda under the President''s Emergency Plan for AIDS Relief (PEPFAR)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Blood Transfusion Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

Uganda Red Cross Society		

Overview Narrative

Uganda Blood Transfusion Service (UBTS) objective is to ensure safe and adequate quantities of blood and blood products to all hospitals for the management of patients in need throughout the country. The program will increase safe blood collection to 220,000 units. In combination prevention, males identified as positives during blood donor screening who may have pregnant partners will be encouraged to refer them for PMTCT services. HIV negative males will be linked to Voluntary Medical Male Circumcision (VMMC) at health facilities. UBTS operates seven Regional Blood Banks in Arua, Fort-portal, Gulu,

Kitovu, Mbale, Mbarara and Nakasero supported by six blood collection centers in Hoima, Masaka, Kabale, Rukungiri, Jinja and Soroti.

UBTS works closely with Uganda Red Cross Society (URCS) as a sub-grantee for donor recruitment. The program will work with MoH to develop a cost recovery system for Blood Transfusion Services (BTS) for sustainability and encourage private sector to participate in HIV and other Transfusion Transmissible Infections (TTIs) blood safety drives. This also includes capacity building for UBTS staff in HIV and other TTIs prevention, M&E, finance and programming. UBTS will build government capacity to maintain and renovate and equip buildings in at least four regional referral hospitals to host blood bank services. Lobby and advocate addition Uganda government funding for blood safety activities at national and district level. Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's Blood safety Quality Assurance/Quality Improvement guidelines. No vehicle purchases are planned in FY2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**13102**
Mechanism Name:	**Supporting the National Blood Transfusion Service (NBTS) in the Implementation and Strengthening of Blood Safety Activities in the Republic of Uganda under the President''s Emergency Plan for AIDS Relief (PEPFAR)**
Prime Partner Name:	**Uganda Blood Transfusion Services**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	2,000,000	0

Narrative:

Safe blood is used for transfusion in the health facilities across the country. Children are the largest consumers of the blood, accounting for 50% of all blood collected, while 25% of the blood is required to treat pregnant women with anemia and complications of child birth. The remaining blood (25%) is used in treatment of other medical emergencies including HIV/AIDS induced anemia, accidents, and surgical emergencies.

UBTS will undertake the following activities specified in FY 2012:

- Blood donor mobilization and recruitment
- Blood collection and testing,
- Procurement and distribution of blood collection supplies and equipment,
- Installation and connectivity of IT systems,
- Monitoring & Evaluation of the UBTS plan implementation,
- Develop a cost recovery system for Blood Transfusion Services (BTS).

UBTS intends to scale up safe blood collection by 18% this will increase the number of persons counseled, tested and received results by about 20,000 and an average of 0.1% of HIV averted. UBTS will continue to mobilize more blood donors countrywide through mini drives, pledge 25 and donor clubs. UBTS will also institute mechanisms for donor recruitment, tracking, and retention. They will also insure that all collected blood is tested for Transfusion Transmission Infections (TTIs). They plan to roll out the laboratory management information system (LMIS) and Blood Bank Management Information System (BBMIS) in all the seven regional blood banks. UBTS will continue to build the capacity of UBTS staff in the use of LMIS and HMIS, IT, bio-safety and waste management, and establish hospital transfusion committees in at least 20 hospitals to track and monitor best use of blood and blood products

(heamovigilance).

Another major area of focus is the procurement and installation of IT equipment. The process is already under way to connect all the seven regional blood banks to the headquarters at Nakasero. This activity will be completed in the third quarter. Program M&E activities will be implemented to assess progress towards achievement of program goals and objectives. An M&E plan has been developed and will be implemented accordingly. UBTS has a new database which was developed with support from CDC Uganda.

Through an integrated approach, UBTS has partnered with other MoH programs like HIV/AIDS, Malaria, Maternal and Child Health in service delivery. The program contributes to the Government of Uganda's strategy and framework for HIV/AIDS by providing safe blood that has been tested for HIV; Hepatitis B, C, and Syphilis to all hospitals and health center IVs including the most remote areas of the country. HIV/AIDS health education has been included in donor recruitment materials, allowing UBTS to educate the public about the transmission of HIV as well as general health education. The program will strive to strengthen referral and linkage of eligible HIV negative males to male circumcision services and HIV-infected individuals to appropriate care and treatment services. Integrated support supervision has been instituted, replacing the individual departmental model. This has improved service delivery, feedback, and efficient use of resources. Lobby and advocate addition Uganda government funding for blood safety activities at national and district level. The program will work with MoH to develop a cost recovery system for BTS for sustainability.

Implementing Mechanism Details

Mechanism ID: 13104	**Mechanism Name: Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and ART for Adults and children in Eastern and West Nile regions in Uganda under the PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 8,987,842	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	8,987,842

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is a national not-for-profit, child health and development organization providing family centered pediatric HIV prevention, care and treatment services, health professional training and clinical research. The program "Scaling up Comprehensive HIV/AIDS Services including Provider Initiated Testing and Counseling, TB/HIV, OVC, Care and ART for Adults and Children in Eastern and West Nile Regions" will now operate in 16 and not 19 districts, the three districts will receive PEPFAR support through another mechanism. These 16 districts include: Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo districts. By September 2011, 21,642 patients received clinical care, and 9,666 clients received treatment from 47 health facilities. Targets for this program for the next 12 months were derived using burden tables based on HIV prevalence and services need in the 16 program districts. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. The program's coverage will expand to additional health facilities to achieve the targets, and support will now include PMTCT services. Baylor-Uganda's main strategy is to improve the Ministry of Health system at district and health facility levels using a health system strengthening approach. In this regard, Baylor-Uganda will provide sub grants to the 16 districts for planning and coordination, and to also support health facilities provide comprehensive HIV prevention, care and treatment services. Five double cabin pickups have been purchased to-date and two additional vehicles will be procures in FY 2013.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	349,800
Economic Strengthening	81,054
Education	541,682
Food and Nutrition: Policy, Tools, and Service	12,090

Delivery	
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	764,220

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13104**
Mechanism Name:	**Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and ART for Adults and children in Eastern and West Nile regions in Uganda under the PEPFAR**
Prime Partner Name:	**Baylor College of Medicine Children's Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,156,973	0

Narrative:

PEPFAR will support the Government of Uganda to expand access to HIV care and support with the goal to achieve universal access to care and support by 2015. Scaling up Comprehensive HIV/AIDS Services including Provider Initiated Testing and Counseling (PITC), TB/HIV, OVC, Care and ART for adults and children in Eastern and West Nile regions program will support the provision of care services to 60,075 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care and support services in FY 2013. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations. Baylor-Uganda, the partner implementing this program will be expected to use approaches to promote an effective Continuum of Response model and monitor key indicators along the continuum. They will work in 16 districts in Uganda.

Baylor-Uganda will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP), strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, pain and symptom management, and provide support to targeted community outreach activities in high prevalence, hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with Ministry of Health (MOH) guidance. This has been a major challenge to treatment scale up nationally. Working with the Central Public Health Laboratory (CPHL) and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. Baylor-Uganda will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will regularly track and report on potential client waiting lists making sure they do not develop. Gender will be integrated in existing services, with provision of GBV services or referral of clients as well as training of providers.

Baylor-Uganda will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). They will build the capacity of facility staff to accurately and timely report, quantify and order commodities.

In addition, Baylor-Uganda will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning will occur.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15); support and strengthen the national M&E systems; and work within district health plans. Baylor-Uganda will work under the guidance of MOH/ACP and Quality Assurance Department for trainings, mentorship, quality improvement and supportive supervision.

Funding has been provided to support the recruitment of 135 additional staff of varying cadres in the districts to meet the achievement of the targets. This will be done working with the PEPFAR Health

Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	600,000	0

Narrative:

The Baylor-Uganda supported program Scaling up Comprehensive HIV/AIDS Services including Provider Initiated Testing and Counseling (PITC), TB/HIV, OVC, Care and Treatment for adults and children in Eastern and West Nile regions in Uganda VC program plans to scale-up access to comprehensive OVC services to 11,154 OVCs and their households in FY 2013. Focus will be put on the following program areas under OVC as stipulated in the current OVC strategic plan. Identification of vulnerable children will be done using the vulnerability index tool; economic strengthening, food security and nutrition, education support, child protection, health care and psycho social and spiritual support.

The OVC program plans to provide: supportive supervision to caregivers implementing OVC activities, community growth monitoring, school-based monitoring of youths and children at risk of dropping out, continuous follow up of OVCs, quarterly support supervision for households trained in agronomic practices and support mapping of OVC households. Working with the district staff, Baylor-Uganda will also support planning and quarterly review meetings for community based organizations, trainings in agronomic practices for 180 OVC heads of households, nutrition care for the chronically ill, and income generation activities and small loan management will be carried out. The program will provide: improved seeds and hybrid animals, revolving loans to PHA/Caregiver through village savings schemes, short term care packages for children and vulnerable households as determined by the vulnerability index identification process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	493,069	0

Narrative:

The Baylor-Uganda program, Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and ART for adults and children in Eastern and West Nile regions in Uganda will support Ministry of Health (MOH) to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, the plan is to initiate about 24,390 HIV positive clients in care on TB treatment in FY 13. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

Baylor-Uganda working in 16 districts will contribute to this target by screening 59,414 HIV positive clients for TB, and 1,980 will be started on TB treatment. The program will improve Intensified Case Finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies-GeneXpert and fluorescent microscopy. Baylor-Uganda will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, the program will ensure early initiation of all HIV positive TB patients on treatment through the use of linkage facilitators and/or the provision of treatment in TB clinics. This program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be identified to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations; they will in turn support Baylor-Uganda to implement IPT at facility level.

In addition, Baylor-Uganda will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services in the target districts.

This program is aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. Baylor-Uganda will work under the guidance of MOH/ACP, NTLP and Quality Assurance Department in trainings, quality improvement, TB/HIV mentorship and support supervision. Additionally, Baylor-Uganda will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	108,958	0

Narrative:

Baylor-Uganda will support Ministry of Health (MOH) expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. Scaling up Comprehensive HIV/AIDS Services including

Provider Initiated Testing and Counseling (PITC), TB/HIV, OVC, Care and ART for adults and children in Eastern and West Nile regions in Uganda program working in 16 districts will support enrolment of 5,941 children contributing to the overall PEPFAR target of 812,989 individuals in care, including 74,555 children in FY13. Targets were derived using burden tables based on district HIV prevalence and treatment need.

Baylor-Uganda will provide child friendly care services in line with national guidelines, PEPFAR guidance and Continuum of Response model. Key activities include: improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, and provide support to targeted community outreaches in high prevalence, underserved areas. Early infant diagnosis services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. Baylor-Uganda will implement community mobilization and targeted activities such as “Know Your Child’s Status” (KYCS) campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility for timely initiation on treatment in line with MOH guidance. Efforts will be made to scale up low cost approaches such as use of care taker support groups to support retention in care.

Baylor-Uganda will support retention of adolescents in care using expert peers and support groups. They will be provided with positive, health, dignity and prevention services including, sexual/ reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be adopted.

Key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children receiving OVC services are screened for HIV and appropriately linked to care. Baylor-Uganda will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

Baylor-Uganda will liaise with PACE and UHMG for provision basic care kits to clients; and work with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). The program will build the capacity of facility staff to accurately and timely report, quantify and order commodities.

Baylor-Uganda will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with nutrition, OVC and other services. As well as collaborate with UNICEF and key stakeholders at all levels for provision of wrap around services.

Baylor-Uganda will work with MOH and PEPFAR to support the recruitment of about 135 additional district staff of varying cadres to achieve the targets. This program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15) and will support and strengthen the national M&E systems and work within district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	269,446	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of early infant diagnosis hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This effort is aimed at the ART targeted population receiving CD4 tests and improving coverage from 60% to 100%, therefore, improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, result transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities.

Baylor-Uganda will support development and strengthening of laboratory systems and facilities to support HIV/AIDS-related activities. It will establish five new hubs in Adjumani and Yumbe hospitals in the West Nile region and Atutur Hospital in Eastern Uganda, as well as, Katakwi and Kapelebyong Health Center (HC) IVs in North Eastern Uganda. Major renovations will be done at Kapelebyong HC IV while Katakwi, Yumbe and Adjumani will receive minor renovations to accommodate CD4 testing equipment. Baylor-Uganda will work with the district authorities to ensure recruitment of three laboratory technologists at Yumbe hospital, two laboratory technologists and one laboratory technician at Atutur

hospital, two laboratory technicians at Katakwi HC IV and one laboratory technician at Kapelebyong HC IV. Baylor will support all the five hubs with the procurement of CD4, clinical chemistry and hematology testing capacities. In addition, Baylor will support Strengthening Laboratory Management Towards Accreditation (SLMTA) including distributing MoH standard operating procedures to all Baylor supported facility laboratories and training health workers in Good Laboratory Practices (GLP).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,435,121	0

Narrative:

The results of the Uganda AIDS Indicator Survey 2010/2011 show an increase in HIV prevalence and very low circumcision prevalence (approximately 25%). USG has prioritized Voluntary Medical Male Circumcision (VMMC) a prevention intervention, as a major pivot to reduce the number of new HIV infections. SMC/VMMC is being offered in Uganda as part of a comprehensive HIV prevention package, which includes: 1) promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners, and be faithful; 2) providing and promoting correct and consistent use of male condoms; 3) providing HIV testing and counseling (HTC) services and referral to appropriate care and treatment services if necessary, and also providing services for the treatment of sexually transmitted infections.

The Baylor-Uganda program, Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and Treatment for Adults and children in Eastern and West Nile regions in Uganda will support provision of VMMC services targeting about 44,652 men in 16 districts in Uganda. This will contribute to the national VMMC target of one million procedures in 2012/2013. Baylor-Uganda will recommend VMMC along with HTC as this presents as an opportunity to offer reproductive health care, and appropriately refer to HIV services. Female partners will be engaged to advocate, mobilize men and involve women in seeking HTC with appropriate referrals, including ANC and PMTCT services. The program will target eligible men (adolescents and male) 15 years and above who are likely to be sexual active and at higher risk of acquiring HIV. Additionally, multiple delivery approaches will be employed to ensure safe scale up of services including: standalone sites; integrated services within existing health facilities, seasonal outreaches, mobile and camps service delivery.

Baylor-Uganda will implement the Model for Optimizing the Volume for Efficiency (MOVE) to optimize the efficiencies and increase the volume safely. Special focus will be placed on quality assurance and regular internal and external quality assessments of the VMMC program will be done. Baylor-Uganda will create acceptance and demand for VMMC through community campaigns based on information from the

Uganda National Communication Strategy on VMMC employing both media campaigns and person to person communication targeting localities with high numbers of men like markets, churches, taxi parks, “boda boda” stages, etc. The program will support provider training and will liaise with Medical Access Uganda Limited to obtain VMMC supplies and commodities. Baylor-Uganda will report to the VCCM National Operational Center as required by MOH. The program’s VMMC interventions are geared towards contributing to goal one of Uganda National HIV/AIDS Strategic Plan “To reduce the incidence rate of HIV by 40% by the year 2012” and to objective 5 “To promote use of new prevention technologies and approaches proven to be effective”.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,403,383	0

Narrative:

The Baylor-Uganda supported program Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and Treatment for adults and children in Eastern and West Nile regions in Uganda has a goal is to reduce HIV related morbidity and mortality among infected and affected children, adolescents and their families in Africa. The program area of coverage includes 16 districts in two regions: Eastern region; Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido and Amuria; and West Nile region; Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo.

Baylor-Uganda will increase coverage and utilization for up to 90% of clients accessing services at supported health facilities. By using Provider Initiated Testing and Counseling (PITC) services within health facilities, pregnant and breast feeding mothers and male partners in ANC settings, at labor, delivery and post-partum will be targeted. The general population including children will also be targeted based on existing HIV prevalence data and unmet need using VCT outreaches, routine HTC for safe medical male circumcision and “Know Your Child HIV Status” (KYCS) campaigns. Innovative VCT outreaches like Peer to Peer, mobile clinics and special events will be used to target key populations (commercial Sex workers and Fisher Folks). The program will support districts and health facilities to program and conduct targeted home-based outreaches and support health facilities to mobilize children for HCT using the KYCS strategy. In FY 2013, the program will offer HTC services to at least 125,000 individuals using the national testing algorithm as prescribed by the Ministry of Health (MOH) standards. Activities to strengthen successful referrals and linkages will include use of linkage facilitators to track or follow-up HIV positive individuals not enrolled in care or treatment services.

Training in Routine counseling and testing trainings (at least one per region), data management (HMIS)

for district health workers, training on MOH tools and data management for district health workers will be conducted. Quality assurance of both testing and counseling, and monitoring and evaluation of HTC, including incorporation of couples HTC indicator and other new PEPFAR and WHO recommendations will be implemented. Baylor-Uganda will work in collaboration with Medical Access Uganda Limited, National Medical Stores and Joint Medical Stores to ensure availability of HTC test kits and other required reagents so as to minimize stock outs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	386,377	0

Narrative:

In FY 2013, Baylor-Uganda will facilitate implementation of PMTCT Option B+ activities in 16 districts of Eastern and West Nile regions.

Key strategic pivots for PMTCT focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this Baylor-Uganda will ensure provision of universal HIV Testing and Counseling (HTC) services during ANC, labor and delivery, and community mobilization.

2) Decentralizing treatment and Option B+ through accreditation of all PMTCT sites at hospital, Health Center (HC) IV and HC III levels. Activities will include: site assessments for accreditation, identification of training needs, procurement of equipment, printing M&E tools, job aides, and Option B+ guidelines, training of service providers, and sample referral system for CD4+ and Early Infant Diagnosis (EID). Transition of Option B+ in Baylor-Uganda sites will be done in accordance with MOH guidance, and a total of 88 facilities will be accredited by end of FY 2013. Baylor-Uganda will support the delivery Option B+ services using a family focused model within MNCH settings. In this model, family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, IYCF counseling, EID, family planning (FP) counseling, couple HTC, supported disclosure and ARV drug refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for sero-discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 100,000 partners of pregnant women will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results, and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint supportive supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development Partners, Districts, USG, and implementing partner staffs in accordance with MOH guidance.

5) Integrating voluntary and informed FP services with PMTCT services. Baylor-Uganda will ensure FP sessions are integrated within PMTCT trainings, counseling, education and information during ANC, labor, delivery and postnatal periods, as well as, for women in care and treatment based on respect, women's choices and fulfillment of their reproductive health rights.

6) The program will support the recruitment of 124 critical cadres of health staff in the 16 districts including midwives, clinical officers and laboratory technicians. Additionally establish 11 laboratory hubs to facilitate EID sample collection and transportation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,938,542	0

Narrative:

Baylor-Uganda will support the National Strategic Plan 2011/12-2014/15 objective to increase access to treatment from 57% to 80% by 2015. This will e done through Scaling up Comprehensive HIV/AIDS Services including Provider Initiated Testing and Counseling (PITC), TB/HIV, OVC, Care and ART for adults and children in Eastern and West Nile regions program. Baylor-Uganda will support the enrollment of at least 11,662 new adults and maintain 31,362 adults on treatment in 16 districts. These targets contribute to overall national and PEPFAR targets of 190,804 new clients and 490,028 individuals currently on treatment. Specific attention will be given to key populations including truck drivers, fisherman, commercial sex workers and men who have sex with men. These targets were derived using burden tables based on district HIV prevalence and treatment need, and are flexible, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of pregnant

women, TB/HIV patients and key populations.

Baylor-Uganda will support Ministry of Health (MOH) roll out of Option B+ through: accreditation of at least 88 additional health facilities, training, mentorship and joint PMTCT/ART supportive supervision. Baylor-Uganda will support ART/PMTCT integration at facilities piloting feasible service delivery models. Continuum of response linkages and referrals will be strengthened using linkage facilitators in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. Baylor-Uganda will support family planning and cervical cancer screening integration at facilities through service provision or referrals. Gender will be integrated in existing services, with provision of GBV services or referral of clients as well as training of providers.

Baylor-Uganda will work with MOH/ ACP and Quality Assurance Department to implement quality improvement initiatives for the ART framework including: early initiation of ART eligible clients, improve adherence and retention and monitor treatment outcomes. The use of innovative, low cost approaches for adherence, retention and follow up e.g. mobile phone technology, appointment registers, and 'alert' stickers will be strengthened. Emphasis will be placed on adherence and retention of women enrolled under Option B+.

Increasing access to CD4 for routine monitoring of clients in line with MOH guidelines will be prioritized. Baylor-Uganda will support the sample referral network in line with the national CD4 expansion plan; and monitor and report clients' access to CD4 in quarterly reports.

The program will liaise with PACE and UHMG for provision basic care kits, and with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities. Baylor-Uganda will build the capacity of facility staff to accurately and timely report, quantify and order commodities. In addition, they will work with USG partners and other key stakeholders for provision of required wrap around services.

Recruitment of about 135 additional district staff of varying cadres will be funded to achieve targets, with guidance from MOH and PEPFAR Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	195,973	0

Narrative:

Baylor-Uganda will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to

increase access to treatment from 57% to 80% by 2015. Scaling up Comprehensive HIV/AIDS Services including Provider Initiated Testing and Counseling (PITC), TB/HIV, OVC, Care and ART for adults and children in Eastern and West Nile regions in Uganda program operating in 16 districts will enroll at least 2,915 new HIV positive children and maintain 4,686 children on treatment. This will contribute to overall national and PEPFAR target of at least 38,161 new clients and 63,704 children current on treatment over the next 12 months.

In FY 2013, Baylor-Uganda will support the national pediatric treatment scale up through strengthening identification, follow up and treatment for infants using EID focal persons, peer mothers, SMS messages/phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive children under two years in line with the national treatment guidelines.

The program will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive, health, dignity and prevention services including sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

Baylor-Uganda will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

Baylor-Uganda will coordinate with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). The program will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Baylor-Uganda will build the capacity of facility staff to report, quantify and order commodities both accurately and timely. In addition, the program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration of nutrition, OVC and other health services. Baylor-Uganda will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services in the districts of operation. These districts will be supported to recruit about 135 additional staff of varying cadres so as to achieve the targets. This will be done working with MOH and PEPFAR Health Systems Strengthening technical working group.

The program is aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), supports and strengthens the national M&E systems and works within district health plans. Baylor-Uganda work under the guidance of MOH/ACP and Quality Assurance Department to support pediatric trainings, quality improvement, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 13135	**Mechanism Name: Fogarty**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: THE JOHN E. FOGARTY INTERNATIONAL CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Institutes of Health (NIH) and the Fogarty International Center (FIC) - AIDS International Training and Research Program (AITRP) will support the provision of specialized public health training to qualified public health personnel working with USG Agencies, PEPFAR Partners and the Government of Uganda and the Ministry of Health implementing evidence based interventions to address the HIV epidemic in Uganda.

The program is intended to support capacity building for Ugandan nationals working in the HIV/AIDS field to acquire knowledge and skills in Strategic Information (SI) necessary for planning and implementation of evidence based interventions to address the HIV epidemic in Uganda. Specific areas targeted for capacity building include: training in advanced specialized courses in epidemiology, informatics/health

information Systems, surveillance/surveys, operational research, program management, monitoring and evaluation and in related fields. Training will be done through the NIH-Fogarty International Centre AIDS International Training and Research Program (AITRP). Funds will be used to support scholars to receive short-term or graduate level training in partnering Fogarty Universities in the United States. In addition to academic program support, scholars will receive post-program mentorship from the Universities as well as the CDC-Uganda staff.
This mechanism will not purchase any vehicles using this funding

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13135**
Mechanism Name:	**Fogarty**
Prime Partner Name:	**THE JOHN E. FOGARTY INTERNATIONAL CENTER**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HVSI	250,000	0

Systems			

Narrative:

This activity targets graduates and upon completion of the program, fellows will be re-integrated into the national system. CDC-Uganda will also foster integration of returned fellows into existing alumni networks, professional associations, and international public health fora.

This human resource development activity is intended to make the nationals efficient and effective, capable of initiating/implementing policies and running successful national and district programs including planning supporting and implementation of strong and robust basic M&E systems at service delivery points and districts. The scholar will also mentor and develop capacity within programs they are involved. Candidates will be chosen based on a rigorous application and evaluation process that will assess technical skills, personal motivation, and their potential contribution to the Ugandan health system. The program will accommodate about 5-10 fellows per year, for a total of at most 30 fellows by the end of the program in 2013/14. Support for selected scholars will cover the cost of university tuition and fees, monthly stipend for living expenses, health insurance and return air ticket from Uganda to the participating University. Each fellow will also be provided with a laptop and a book allowance per semester.

The program will consist of short term trainings designed to further the professional development of public health practitioners in Uganda. Successful applicants will be supported for training at an AITRP collaborating US University for a period not exceeding six months.

Funds will also be used to support one fellow annually from Uganda to undertake a complete Masters training program. This program will recruit university graduates currently working in the field of public health and PEPFAR programs. The duration of training for the Masters level fellowship will not exceed two years.

This project will contribute to the PEPFAR target of having 140,000 healthcare workers trained for 6 months or more.

Implementing Mechanism Details

Mechanism ID: 13136	**Mechanism Name: Scaling up comprehensive HIV/ Aids Services Including Provider Initiated Testing and Counseling (PITC), MARPI, SGBV at KCC Clinics**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Infectious Disease Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,972,006	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,972,006

Sub Partner Name(s)

Kampala District Health Office		

Overview Narrative

The Infectious Disease Institute - Kampala City Council Authority (IDI-KCCA) will provide comprehensive HIV prevention, care, support and treatment services to HIV positive individuals in Kampala District which comprises of five divisions: Central, Nakawa, Makindye, Kawempe, and Rubaga. IDI-KCCA will support a total of 10 facilities: eight public health facilities including Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu HealthCcenters and two Private Not-For Profit (PNFP) Kawempe Home Care and Hope Clinic Lukuli to provide HIV/AIDS services in FY 2013.

IDI-KCCA will scale up Provider Initiated HIV Testing and Counseling (PITC) in the out-patients departments in-patients wards, TB, STI and ANC clinics in all the supported facilities and scale-up Voluntary Medical Male Circumcision (VMMC) using the public private partnership with International Hospital Kampala (IHK).

IDI-KCCA will accelerate the scale-up of VMMC using the public private partnership with International Hospital Kampala (IHK) and will create demand in identified densely populated areas with high HIV prevalence within Kampala District. There will be two VMMC teams including the dedicated teams in the facilities and roving teams using the Model for Optimizing the Volume for Efficiency (MOVE). The teams will report to the VMMC Operational Center daily. HIV Testing and Counseling (HTC) will be offered to VMMC clients all HIV positive identified clients will be linked to care and treatment using HTC volunteers.

VMMC kits will be provided through Medical Access Uganda Limited.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	300,000
Education	43,166
Food and Nutrition: Policy, Tools, and Service Delivery	200,000
Gender: Reducing Violence and Coercion	40,000
Human Resources for Health	1,600,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13136**
Mechanism Name:	**Scaling up comprehensive HIV/ Aids Services Including Provider Initiated Testing and Counseling (PITC), MARPI, SGBV at KCC Clinics**
Prime Partner Name:	**Infectious Disease Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	265,028	0

Narrative:

IDI-KCCA will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. IDI-KCCA program will support the provision of care services to 20,698 as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals into care. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations, such as, truck drivers, fishermen, commercial sex workers and men who have sex with men. The Continuum of Response (CoR) model was applied to ensure improved referrals and linkages which IDI-KCCA will implement by monitoring key indicators along the continuum.

IDI-KCCA will support Kampala district which comprises five divisions of Central, Nakawa, Makindye, Kawempe, and Rubaga. IDI-KCCA will support 10 accredited KCCA health facilities in Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu, Kawempe Home Care and Hope Clinic Lukuli to provide HIV/AIDS care and treatment.

The key strategic pivots for Adult Care and Support will focus on:

1) Providing comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention, strengthen linkages and referrals using linkage facilitators, implementing quality improvement for adherence and retention, pain and symptom management and providing support to targeted community outreach activities in high prevalence hard to reach and underserved areas to serve key populations.

2) Increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the CPHL

and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. IDI-KCCA will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports. In addition, the partner will regularly track and ensure there will be no client wait lists.

IDI-KCCA will support integration of voluntary family planning and cervical cancer screening services at the facility level and refer complicated cases.
IDI-KCCA will liaise with PACE for provision and distribution of basic care kits and UHMG for provision of family planning commodities to clients. Additionally IDI-KCCA will liaise with National Medical Stores and Medical Access Uganda Limited for other HIV commodities (Cotrimoxazole, lab reagents) for the public and public health facilities respectively. IDI-KCCA will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

IDI-KCCA will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Wrap around services will be provided in collaboration with other key stakeholders. IDI-KCCA will support facilities to address linkages between gender based violence and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of STI, and reproductive health counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

Narrative:

In FY 2013, IDI-KCCA plans to pursue interventional strategies to help families and communities in Kampala District to care for children living with and affected by HIV/AIDS. The program will provide OVC services in five divisions namely: Central, Nakawa, Makindye, Kawempe, and Rubaga. Specific support will include: caregiver training, targeted nutritional support, medical care and economic empowerment through training in income generating activities. Linkages and partnerships with organizations that provide food (packages) and food security will be pursued. Other linkages will include education, life skills and vocational training, child protection and legal aid services.

In FY 2013 IDI-KCCA will identify and support an estimated a total of 3,163 OVCs from the supported health facilities. The core program areas for support are health care, therapeutic feeds for malnourished children and economic empowerment through training and facilitation on income generating activities. IDI-KCCA will continue to provide psycho social and spiritual support to individuals and groups in care

and treatment. Facilitating of peer support group, care giver and adolescent meetings will be supported.

These IDI-KCCA efforts are consistent with the strategies for achieving goal three 'To mitigate social, cultural and economic effects of HIV and AIDS at individual, household and community levels' and specifically geared towards contributing to objective 12 'To increase provision of quality psychosocial support to PHAs, OVCs, PWDs and other disadvantaged groups affected by HIV and AIDS by 2012' and Objective 15 'Increase access to basic entitlements for PHAs and OVCs' of the National HIV/AIDS Strategic Plan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	154,596	0

Narrative:

IDI-KCCA will focus on supporting the GOU to scale up TB/HIV integration and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

IDI-KCCA will contribute to this target by screening 18,628 HIV positive clients for TB; and 621 will be started on TB treatment. IDI-KCCA will support Kampala District which comprises five divisions of Central, Nakawa, Makindye, Kawempe, and Rubaga. IDI-KCCA will support 10 accredited KCCA Health Facilities of Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu, Kawempe Home Care and Hope Clinic Lukuli to TB/HIV services.

The key strategic pivots for TB/HIV will focus on:

1) Improving Intensified Case Finding (ICF) and the use of the national ICF tools to improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies like GeneXpert and fluorescent microscopy. IDI-KCCA will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

2) Ensuring early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. IDI-KCCA will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal

person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensuring adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of Isoniazid Preventive Therapy, in line with the WHO recommendations.

In addition, IDI-KCCA will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. IDI-KCCA will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15) to support and strengthen the national M&E systems and work within district health plans. IDI-KCCA will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, IDI-KCCA will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	8,876	0

Narrative:

IDI-KCCA will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. IDI-KCCA program will contribute 1,863 children to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 73,169 are children. The funds for HIV commodities (ARVs, test kits and lab reagents); equipment; and additional human resource have been included in budgets of other procurement mechanisms and as a result the targets and budgets for this program are not aligned. IDI-KCCA will support Kampala district which comprises five divisions of Central, Nakawa, Makindye, Kawempe, and Rubaga. IDI-KCCA will support 10 accredited KCCA health facilities of Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu, Kawempe home care and Hope clinic Lukuli to provide HIV/AIDS care and treatment.

The key strategic pivots for Pediatric Care and Support will focus on:1) Providing comprehensive child friendly care and support services in line with the national guidelines and PEPFAR guidance, improving adolescent services, strengthening linkages and referrals using linkage facilitators, implementing quality improvement for adherence and retention and providing support to targeted community outreaches in

high prevalence hard to reach and underserved areas.

2) Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. IDI-KCC will scale up low cost approaches, such as use of care taker support groups so as to support retention in care.

3) Implementing community outreach activities and targeted activities such as “Know Your Child’s status” campaigns to identify more children. Pre-ART assessment of children for ART eligibility will be improved to ensure timely initiation on treatment in line with MoH guidance.

4) Supporting retention of adolescents in care as well as ensuring a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.
5) Establishing strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services and that children provided with OVC services are screened for HIV and appropriately linked to care and support. IDI-KCCA will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

IDI-KCCA will liaise with PACE for provision and distribution of basic care kits and UHMG for provision of voluntary family planning commodities to adolescents. Additionally IDI-KCCA will liaise with National Medical Stores and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents for the public and private facilities respectively. IDI-KCCA will build the capacity of facility staff to accurately report, forecast, quantify and order these commodities in a timely manner.

IDI-KCCA will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	211,111	0

Narrative:

During FY2013, changes will be made in PEPFAR support for the laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of early infant diagnosis hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at the population receiving ART to improve CD4 testing coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, result transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

In FY 2013, in collaboration with the Central Public Health Laboratory (CPHL) and the infrastructure division at the MoH, IDI-KCCA will support equipment installation, procurement of associated workshop tools, a mobile equipment maintenance unit and the recruitment of at least two biomedical engineers for the optimum functioning of the equipment and maintenance workshops and aimed at reducing equipment down time in Kampala District.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

IDI-KCCA has been instrumental in assisting Kampala City Council Authority Health Facilities to ensure that the MoH/HMIS tools are readily available, fully and correctly utilized and all reports are completed and submitted on time. However, there are many remaining challenges and weaknesses in performance monitoring and health information systems across all implementation levels in both the public and private sectors. Some of the challenges include: inadequate use of data for evidence based planning and decision making at all levels, insufficient capacity for M&E at all levels, and limited skills for

analyzing data at service delivery and supervisory levels.

In FY 2013 IDI-KCCA will take full advantage of the GOU existing district based health information system to improve the quality and effectiveness of health and HIV/AIDS programs. One area that IDI-KCCA will focus on is the intensive and rapid monitoring of the roll-out of Option B+. The service package for Option B+ will encompass the WHO comprehensive approach of early identification of HIV infection in women, initiation of ART treatment as early as possible during pregnancy, through labor/delivery and in postpartum and ART treatment for life. Furthermore, roll-out of Option B+ implementation starts with the high HIV burden regions in order to minimizes expiry of commodities for option A and allows existing implementing partners to roll out quickly eventually covering 1,600 PMTCT facilities. It is precisely in this context of rapid roll-out that IDI-KCCA will support internet-based District Health Information Software II (DHIS II) which will accommodate the rapid dissemination of information to national program managers, district health staff, and facility managers on the following PMTCT indicators:

initiating Option B+
of positive pregnant women
retained in B+ monthly - return visits, drug pickup, other
women monitored for adherence (e.g. self-report, pill count, Viral Load, CD4)
women given adherence counseling/support activities (booster counseling, other)
women successfully transferred to Care and Treatment for illness (need definition)

IDI-KCCA will support the training of facility based health care workers on the DHIS II and also train them on how to analyze and use data in real time (daily, weekly or monthly). The dashboard within DHIS II will be designed to plot data against some standards/benchmarks that will be developed by PMTCT Technical Working Group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,663,361	0

Narrative:

In March 2010, the Ministry of Health (MoH) launched the Safe Male Circumcision policy to guide the integration of Voluntary Medical Male Circumcision (VMMC) services in Uganda's national health system to reduce the number of new HIV infections. This followed a WHO recommendation that male circumcision be considered as part of a comprehensive HIV prevention package (based on the clinical trial conducted in Uganda, Kenya and South Africa.

Key conclusions from the modeling conducted in Uganda are that scaling up the program would result in averting 428,000 adult HIV infections from 2009 to 2015. In order to achieve this impact approximately 4,200,000 circumcisions would be performed by 2014/2015.
Given the results of the UAIS (2010/2011) with alarming increase in HIV prevalence and very low circumcision prevalence (26%), PEPFAR Uganda has prioritized this prevention intervention as a major pivot to reduce the number of new HIV infections.
VMMC is being offered in Uganda as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and being faithful; providing and promoting correct and consistent use of male condoms; providing HIV testing and counseling services and referral to appropriate care and treatment if necessary and providing services for the treatment of sexually transmitted infections. Circumcision offers a unique opportunity for entry into care following HIV Testing and Counseling (HTC), once the men are identified and engages female partners to advocate, mobilize men and involve women in seeking HTC with appropriate referrals, including ANC and PMTCT care.
The pivots for VMMC will be:
1) Use of the Model for Optimizing the Volume for Efficiency (MOVE) as a menu to increase the number of men for VMMC. Multiple delivery approaches to ensure safe scale up of services will be used. Dedicated VMMC teams will provide integrated services in two supported health facilities both Kisenyi and International Hospital Kampala (IHK). Roving teams will conduct outreaches in the rest of the eight facilities targeting densely populated areas.
2) Creating acceptance and demand for VMMC should be generated through a series of community campaigns based on information from WHO, UNAIDS and the Uganda National Communication Strategy on VMMC. In FY 2013, IDI-KCCA will employ both media campaigns and person to person message packaging to target men. The program will continue to provide daily reports to the SMC/VMMC National Operational Center as required by MoH.
IDI-KCCA will scale-up VMMC with a contribution of 60,206 circumcised men towards the national target of 750,000.
IDI-KCCA will pay special focus on quality assurance and quality assessments on a regular basis and will liaise with Medical Access Uganda Limited for provision of VMMC kits.

The project's VMMC interventions in Uganda are geared towards contributing to goal one of Uganda's National HIV/AIDS Strategic Plan 'To reduce the incidence rate of HIV by 40% by the year 2012' and objective five 'To promote use of new prevention technologies and approaches proven to be effective'.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	261,906	0

Narrative:

HIV Testing and Counseling (HTC) is a critical bridge to HIV treatment, care and support services. The IDI-KCCA Project will support the provision of Provider Initiated Testing and Counseling (PITC) to over 45,868 individuals in a total of 10 facilities including eight local government (public) Clinics: Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe and Kisugu and two Private not-for Profit clinics Kawempe Home Care and Hope Clinic Lukuli.

Innovative Community outreach activities will target key populations like commercial sex workers in Kawempe and Kisenyi Health Centers. In addition male partners, families and the general population will be targeted based on existing HIV prevalence data and unmet HTC need.

The project will focus on the integration of RCT/PITC approaches into out-patient department OPD and ANC points at all implementing health facilities thereby contributing to overall PEPFAR goals of increasing access to and use of essential HTC services to pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum. Innovative models in which opinion leaders, special outreaches and Peer to Peer networks will be used to mobilize communities to utilize HTC services thus reducing missed opportunities for HTC.

IDI-KCCA does not have any specific program targeting MSMs but if they are referred to the clinics for HIV services they will be served the same way any other clients are supported.

IDI-KCCA will work with a centralized procurement mechanism Medical Access Uganda Limited to ensure regular supply of HIV test kits as per the MoH guidelines. Linkage facilitators will be used to strengthen linkages, referrals and follow up along the continuum of response in a bid to optimize enrolment of identified and retain HIV positives in care.

IDI-KCCA proposes to strengthen the documentation system of referrals and adopt models of care that will address long waiting times in the clinics.

Routine quality data will be collected and analyzed to generate periodic progress reports that will be shared with stake holders including local governments, partners and MoH. Regular data quality audits will be conducted in line with WHO HTC Quality Assurance/ Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,338	0

Narrative:

In FY 2013, IDI-KCCA will facilitate the implementation of PMTCT Option B+ activities in 10 PMTCT sites in Kampala district.

Key strategic pivots for PMTCT will focus on:

1 Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this IDI- KCCA will ensure provision of universal HIV Testing and Counseling (HTC) services during antenatal, labor and delivery, and community mobilization.

2 Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites at hospital, Health Center IV and Health Center III levels. Activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing M&E tools, job aides, and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). IDI-KCCA will support delivery of Option B+ services using a Family Focused model within MNCH settings. In this model Family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, IYCF counseling, EID, family planning, counseling, couples HTC, supported disclosure and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). IDI-KCCA will provide HIV counseling and testing to 50,697 pregnant women in 10 service outlets during FY 2013. A total of 5,100 HIV positive pregnant women will be identified, of which 4,335 will be initiated on HAART for life and 765 will be provided with ARV prophylaxis because Option B+ will be implemented in a phased approach. In addition 4,947 exposed will receive ARV and cotrimoxazole prophylaxis, as well as, DNA/PCR test for EID. At least 25,000 partners of pregnant women will be tested within the MNCH setting.

3 Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results, and ARV adherence. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4 Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development partners, districts, USG, and implementing partner staff in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5 Integrating voluntary and informed Family Planning (FP) services with PMTCT service. IDI-KCCA

will ensure FP sessions are integrated within PMTCT trainings, counseling, education, and information during ANC, labor and delivery, and postnatal periods, as well as, for women in care and treatment, based on respect and women's choices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

All ARV drug procurement has now been centralized. Only minor typographical changes were made to this IM narrative for COP 12

In FY 2011, rapid assessments were carried out to document the current situation on ground, identify the gaps and plan for essential needs including the activities that are required to be implemented. This assessment formed a basis for strengthening the procurement and supply chain management systems and processes at the supported KCCA facilities.

a) Training of Health Care Workers (HCWs) in medicines logistics management: The project conducted a training of 20 HCWs in medicines logistics management done in collaboration with the MoH. The HCWs targeted included those who were in the frontline and teaching the following components: medicines logistics cycle, forecasting and quantification, good stores and dispensing practice, MoH medicines information management systems, the different MoH commodity supply chain lines, Standard Operational Procedures, Pharmacovigilance, management of expired drugs and the continuous quality improvement processes.

b) Mentorship program: In a bid to improve the impact on logistics management at the Health Facilities (HF), the training curriculum has a follow up mentorship program of trained HCWs to help improve their knowledge, skills and applicability of medicines logistics management in their health facilities. The mentorship team consists of members of the project Pharmacy Technical Assistance Team (PTAT) and the focal KCCA logistics person and on-site supervisory support from MoH is two months after completion of training.

c) Other activities: CMEs will be continued to be conducted at the HFs with a focus on logistics and good dispensing practices.

In FY 2012, all the public KCCA facilities will get their ARV supplies from National Medical Stores (NMS) and the private sector facilities will get their ARV supplies from the CDC logistic mechanism (MAUL). Buffer support was provided to the public HFs that request for it.

There will be continued on-site support in management of medicines, adherence of SOPs and ensuring timely compilation and submission of the medicines orders. The KCCA logistics coordinator has been supporting the collection and distribution of updated versions of LMIS tools (the new NMS delivery schedule, ARV dispensing log, PMCT order form, ARV order form, pediatric dosing charts) and will continue this function.

The strategies deployed for strengthening the supply chain systems at the supported health facilities will ensure that there is no stock out of drugs. The HCWs will be supported further in making timely reports and requisition of medicines and supplies from the government supplies. The project will maintain a buffer stock to ensure consistent availability of ARV drugs to patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	887,600	0

Narrative:

IDI-KCCA will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 4,467 new adults and support 16,000 adults and children current on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations.
IDI-KCCA will support Kampala district which comprises five divisions of Central, Nakawa, Makindye, Kawempe, and Rubaga. IDI-KCCA will support 10 accredited KCCA health facilities of Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu, Kawempe Home Care and Hope Clinic Lukuli to provide HIV/AIDS care and treatment.

The key strategic pivots for adult treatment will focus on:

1) Supporting the MoH to rollout Option B+ for eMTCT through the following activities; training, mentorship and joint PMTCT/ART support supervision. IDI-KCCA will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. Special emphasis will be placed on adherence and retention of women enrolled under Option B+.

2) Strengthening linkages and referrals using linkage facilitators across different service points in facilities and communities to ensure continuum of response. Facilitators will also be utilized for TB/HIV

integration to ensure early ART initiation for TB/HIV patients.

3) Implementing quality improvement initiatives for the ART framework including early initiation of ART for eligible clients, improving adherence and retention and monitoring treatment outcomes. The program will support use of innovative, low cost approaches for adherence, retention and follow-up such as phone/SMS reminders and 'alert' stickers in the appointment registers.

4) Increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. IDI-KCCA will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports

IDI-KCCA will liaise with PACE for provision and distribution of basic care kits and UHMG for provision of family planning commodities to clients. Additionally IDI-KCCA will liaise with National Medical Stores and Medical Access Uganda Limited for ARV drugs and other HIV commodities including cotrimoxazole and lab reagents for the public and private facilities respectively. The partner will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, IDI-KCCA will work with USG partners and other key stakeholders for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. IDI-KCCA will work under the guidance of MoH/AIDS and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision visits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	19,190	0

Narrative:

IDI-KCCA will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. IDI-KCCA program will enroll at least 1,117 new HIV positive children and support 2,080 children on ART by APR 2013. This will contribute to the overall national and PEPFAR target of 38,161 new children on ART and 63,701 children current on treatment.

IDI-KCCA will support Kampala District which comprises five divisions of Central, Nakawa, Makindye, Kawempe, and Rubaga. In total IDI-KCCA will support 10 ART accredited KCCA health facilities of

Kiswa, Kiruddu, Kisenyi, Kawaala, Kitebi, Komamboga, Kawempe, Kisugu, Kawempe Home Care and Hope Clinic Lukuli to provide HIV/AIDS care and treatment.

The key strategic pivots for Pediatric Treatment will focus on:
1) Supporting the national program scale up pediatric treatment through strengthening the identification, follow-up and treatment of all eligible children and infants from Early Infant Diagnosis (EID) care points through EID focal persons, peer mothers, SMS messages/phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under two years in line with the national treatment guidelines.

2) Supporting early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including: psychosocial support and life skills training.

3) A key priority will be to establish strong referrals between OVC & care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. IDI-KCCA will support the integration of HIV services in routine pediatric health services, including national Child Health Days.

IDI-KCCA will liaise with PACE for provision & distribution of basic care kits and UHMG for family planning commodities to clients. In addition, National Medical Stores & Medical Access Uganda Limited (MAUL) will provide ARVs and other HIV commodities (cotrimoxazole, lab reagents) for the public and private facilities respectively. IDI-KCCA will build the capacity of facility staff to accurately report, forecast, quantify and order these commodities in a timely manner.

In addition, IDI-KCCA will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. IDI-KCCA will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services. All commodities for pediatric care and support services were funded through one mechanism MAUL thus a reduction of funding to IDI-KCCA mechanism. IDI-KCCA implements its activities in Kampala district and is not a major pediatric services provider because of complementary programs in the same district such as Baylor-Uganda.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to support and strengthen the national M&E systems and work within district health plans. IDI-KCCA will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework a

Implementing Mechanism Details

Mechanism ID: 13138	**Mechanism Name: Informatics Development and Support**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Public Health Informatics Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There are almost no public health informatics cadres in Uganda, a situation similar in other PEPFAR countries. Because of this limitation, complete information needed by PEPFAR programs to make public health decisions is not available, and if available it's incomplete, irregular, inaccurate and standards-based. Similarly, the public health workforce lacks knowledge and skill in key informatics competencies, such as the ability to identify and address information-based problems. This lack of knowledge and skill leads to poorly-designed, duplicative parallel information systems that frequently do not meet their intended needs and waste resources. Public health leaders therefore need a degree of understanding and awareness to appreciate how they must adapt their programs in response to their changing work environment. Training a cadre of public health Informatics professionals capable of offering public health informatics solutions to best address these health afflictions will have a major impact on public health in Uganda. CDC-Uganda plans to support the development of an approach to delivering the core informatics knowledge essential for building demonstrable competence in areas critical to the future information role of public health and to find an underlying business model that is most cost-effective, sustainable and reaching the largest possible number of scholars and public health workers. Public Health Informatics Institute (PHII) continuously supports the learning needs of public

health practitioners to support their work in an e-health system and an information-driven society.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	190,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13138**		
Mechanism Name:	**Informatics Development and Support**		
Prime Partner Name:	**Public Health Informatics Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	400,000	0

Narrative:

Objective 1: PHII is also funded to contribute to the alignment of USG supported systems with the national information system by providing support to MoH Resource Center to develop an eHealth plan and to operationalize the national Health Sector HIV/AIDS M&E Framework.

PHII Provides Uganda's MOH staff with TA to develop and implement a national public health informatics policy/strategy to guide the enterprise architecture and standards for e-health/Health Information System

- Build an e-health technology framework and roadmap
- Finalize a draft e-health policy and strategy. In addition to completing a written draft, additional reviews will be needed, some via facilitated sessions with senior individuals of the Ministry and possibly other key donors and benchmarked against other country plans and technology strategies.
- Develop an e-Health implementation plan (the 1000-day plan). This plan would be done in 3 parts: 2013 plan, mid-term plan, and a long-term plan. The implementation plan is dependent upon reaching key decisions of the technology and policy strategies.

Objective 2: PHII is funded to support strong/robust basic M&E systems at service delivery points and districts by supporting SI Fellowships, Masters and Short-term training programs develop appropriate curricula and strengthen capacity of SI staff perform better data analysis, presentation, interpretation and data quality improvement (Developing and Maintaining M&E Systems, including data quality assurance, Periodic Performance Reports).
In collaboration with University Schools of Public Health in Uganda/region, initiate the phase of understanding the learning needs of the target audience, designing the structure, approach and pre-testing the public health informatics curriculum that was developed based on core informatics competencies for CDC-Atlanta informatics fellowship program, adapt the curriculum to the Ugandan/African setting and support the formation of a Steering Committee, which will guide the smooth running of the project, submission for approval of the PHI curriculum and oversee the planning and implementation of the PHI curriculum pre-testing activities.

The proposed approach should be scaled up rapidly to be useful throughout the region and an approach that provides the schools and programs with which CDC-Uganda partner in the future to mold the core curriculum to meet country and local needs. This program should be of great benefit to Uganda but also to a larger regional (East/Southern Africa) public health workforce. Once completed, the developed curriculum should rapidly translate into course offerings. The process used in developing the curriculum should also document the requirements for delivery of courses – i.e., distance-based, web-based, team-based, country guided, etc.

Once completed, the developed curriculum will rapidly translate into course offerings. The process that will be used in developing the curriculum will also document the requirements for delivery of courses including distance-based, web-based, team-based and country guided modules.

PHII will build leadership capacity within the health sector workforce and develop a project plan for the MoH and CDC-Uganda to guide the ehealth planning efforts.

Implementing Mechanism Details

Mechanism ID: 13161	Mechanism Name: Enhanced Prevention
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Virus Research Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 736,050	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	736,050

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UVRI will contribute to the National Strategic Plan objective of reducing HIV incidence, through increasing knowledge of HIV status, and reducing risk of HIV transmission and acquisition. The overall project goal is to improve the effectiveness of HIV prevention in Uganda by enhancing comprehensive HIV prevention services amongst female sex workers (FSW) and their male partners. The objectives are: a) To increase reported risk reduction practices by high risk women and their partners in Kampala, b) To increase awareness and understanding of condom use and alcohol abuse c) To increase awareness of HIV risk and vulnerability of high risk women and their male partners, policy makers and stakeholders in Kampala; d) To develop an Enhanced Prevention Project to include a detailed M&E framework. Objectives are responsive to the Global Health Initiative principle on women, girls, gender equality and MARPS. UVRI will build on the past experience with Good Health for Women Project to provide biomedical, behavioral and structural interventions to FSWs and their paying and non-paying partners in Kampala. The proposed package of interventions will be delivered at the individual, dyadic and community levels. UVRI will strengthen and/or build partnerships with other groups working closely with FSWs. These partnerships will facilitate processes for provision of required wrap around services. UVRI will also work closely with the community and policy makers. Continuum of response will be strengthened using linkage facilitators across different service points. UVRI will develop and implement a functional

information system that focuses on monitoring; risk behavior among MARPS, active follow-up, and referrals for services.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	7,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Mobile Population
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13161**
Mechanism Name:	**Enhanced Prevention**

Prime Partner Name:	Uganda Virus Research Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	59,405	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. The UVRI clinic will support the provision of care services to 1,514 adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services. This target was derived using burden tables based on Kampala district HIV prevalence and treatment need. This program will provide services in one clinic to commercial sex workers and their family members in Kampala district. The UVRI clinic will be expected to implement approaches to promote an effective Continuum of Response (CoR) model and monitor key indicators along the continuum. The clinic will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention services, implement quality improvement for adherence and retention, pain and symptom management and provide support to targeted community outreach activities in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation, in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. UVRI will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will need to regularly keep track and report on client waiting lists.

UVRI will liaise with PACE and UHMG for provision and distribution of basic care kits and family planning commodities to clients respectively. The clinic will get its Cotrimoxazole and laboratory reagents supplies from Medical Access Uganda Limited.

In addition, UVRI will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services.
UVRI will work under the guidance of MoH/ACP and Quality Assurance Department for trainings, mentorship and support supervision. The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	100,000	0

Narrative:

The Enhanced Prevention OVC program aims to improve the quality of life of OVC under the care and support of the Female Sex Workers households through improving OVC livelihoods. The program will support provision of food and nutritional support, and economic empowerment of OVC households. The strengthened economic situation of the households will have a trickle-down effect on other OVC core program areas like education and health. Where appropriate children will be linked to other services within or outside the catchment area of this program. The program will reach 400 OVCs during the first year of its implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	12,427	0

Narrative:

UVRI will focus on supporting the GOU to scale up TB/HIV integration, and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care.

UVRI will improve Intensified Case Findings (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies-GeneXpert and fluorescent microscopy. UVRI will support MDR-TB surveillance through sputum sample transportation to Gene pert hubs and receipt of results at facilities.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, UVRI will work with USG partners such as HEALTHQual, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. UVRI will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UVRI will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	0	0

Narrative:

UVRI will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The program will contribute 150 children in care to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children.

UVRI will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators who may be peers or experienced care takers and implement quality improvement for adherence and retention and provide support to targeted community outreach activities in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points will be introduced to ensure follow up and active search of exposed children of the clients and neighboring communities. UVRI will support “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

UVRI will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in the activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. UVRI will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

UVRI will liaise with PACE for provision of basic care kits to children and Medical Access Uganda Limited for Cotrimoxazole and laboratory reagents. UVRI will build the capacity of facility staff to accurately report, forecast, quantify and order for the commodities in a timely manner.

UVRI will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), to support and strengthen the national M&E systems. UVRI will work under the guidance of MoH/ACP and the Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

UVRI is funded to support SI Pivot 'to increase use of data for evidence based planning and decision making at all levels in all program areas'. UVRI will develop and implement a robust, sustainable and functional information system that focuses on monitoring risk behavior among MARPS, active follow-up, and referrals for services. As an ongoing activity, process monitoring will be integrated into routine programme management functions, and undertaken by project staff. The project staff will be tracking outputs and processes at each level of the prevention package and, ensure data quality, quality of reports and timely dissemination. The overall project progress will be shared with CDC, MOH/ACP, UAC through quarterly, semi-annual and annual reports. UVRI will ensure that project plans, activities and M&E are consistent with the 'three ones' principle.

UVRI project has been promoting HIV risk avoidance or risk reduction practices as an important component of HIV prevention activities for most-at-risk populations, and measuring change in this area is central to the task of monitoring and evaluating these activities. Tracking changes in sexual behavior overtime gives an indication of the success or effectiveness of a package of activities aimed at promoting safer behavior and reducing the spread of HIV in most-at-risk populations.

When assessing the effectiveness of HIV interventions, UVRI will use prospective cohort data collected as part of a routine program, with intensive follow-up and efforts to ascertain outcomes in sexual behavior, and effective referrals. This activity will provide evidence to inform policy and will also provide the project staff with an opportunity to analyze and interpret relevant individual and aggregate data for ongoing program evaluation, strategic review and information to inform scale up and policy formation. The enhanced prevention program, as well as, M&E systems will result in better efficiency and quality of services and better targeting and outreach to those in need. This will increase the number of people living with HIV who are in care and treatment, increase the number of people who have tested for HIV, and increase the coverage for PMTCT services and those accessing male circumcision. In addition, through the building of a combination prevention package at multiple levels and the evaluation of such a

package, the resulting PEPFAR prevention portfolio will benefit from understanding the role of high risk groups in the project and will contribute to the Emergency Plan's goal of preventing 12 million infections.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	76,331	0

Narrative:

The UVRI Enhanced Prevention Program will contribute to the overall (HIV Testing and Counseling (HTC) goals for PEPFAR by increasing access to and use of essential counseling and testing services for Female Sex Workers (FSW) and their clients and regular partners.
The program will scale-up Provider Initiated Testing and Counseling (PITC) using innovative approaches including; community outreaches and a peer-led model. Demand for HCT will be increased through community mobilization and peer education. Female sex workers will also be counseled on importance and benefits of couple counseling and encouraged to refer their partners for HCT. Other innovative approaches for their male sexual partners to receive HTC will be explored. The program will contribute to the continuum of response by counseling male clients on benefits of Voluntary Medical Male Circumcision (VMMC) and linking them to VMMC providing centers. Peer educators will escort male clients willing to have VMMC to VMMC providing centers. HIV positive individuals identified from HTC will be enrolled into pre-ART care and screened for ART eligibility, and those found to be eligible will be initiated on ART.
This program will be implemented in Kampala. The target coverage is 7,773. The program will be implemented in collaboration and partnership with; MoH/ACP, other PEPFAR partners, community bar owners, centers offering VMMC and GBV support, and other existing initiatives targeting sex workers.
The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.
In order to maximize program success, this program will work towards gathering evidence for the purpose of standardizing service delivery using World Health Organization HTC Quality Assurance/Quality improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	335,000	0

Narrative:

UVRI will enroll Female Sex Workers (FSW) in Kampala and deliver a wide range of high impact sexual prevention interventions to them and their male partners. These interventions include: risk reduction counseling to reduce risk of HIV transmission; condom promotion and distribution, screening and

management for STI, family planning and antenatal care, counseling and referral for male circumcision and screening for alcohol. Risk reduction counseling will be offered to both HIV positive and HIV negative clients individually and/or in small groups. BCC interventions for FSW and their clients will be used to support risk reduction.

Condom and lubricant use will be promoted through improved self-efficacy interventions, including building skill for condom negotiation and use. These interventions will be evidence-based and tailored to barriers and opportunities for behavior change identified through ongoing and earlier research efforts with the target populations. These interventions will focus on promoting use of both female and male condoms.

Structural interventions to reduce vulnerability to HIV will also be considered, particularly approaches such as sustainable/alternative livelihood interventions, as well as gender issues, recognizing that gender norms are contributing factors driving the HIV epidemic in Uganda, particularly among FSW and other MARPS. The interventions will involve gender sensitive approaches and will be designed to address underlying gender dynamics and norms that increase vulnerability to HIV infection. The program will provide prevention and response to Gender Based Violence (GBV) services and will aim to strengthen care for survivors of sexual violence (SV). Within health care facilities, providers will screen for GBV and offer health services to survivors; strengthen referrals from the health facility to other support services; and strengthen linkages between clinical services and other stakeholder groups to facilitate access to health services.

A component of economic empowerment will also be integrated in partnership with livelihood promotion organizations

UVRI will work with community members and other community initiatives including; MARP-friendly sites in Kampala, community bar owners, and expert peer educators, to increase demand for and utilization of services. Continuum of response will be strengthened using linkage facilitators across different service points; from the community to the clinic and from the clinic to other facilities.

UVRI will initially concentrate on scaling-up the above interventions within the Good Health for Women Project, while systematically generating evidence through collecting data, analyzing and synthesizing for scale-up of interventions within existing health facilities in wider Kampala.

UVRI will work in collaboration with CDC-Uganda and other PEPFAR partners, and will be under the guidance of MoH/ACP and the Ministry of Gender, Labor and Social development strategy. The program will be aligned to with the National frameworks, PEPFAR II guidance as well as Global Health Initiatives

principles that focus on a women and a girl-centered approach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	52,887	0

Narrative:

UVRI will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. UVRI will enroll at least 549 new adult clients on treatment and support 631 adults and children on current ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals currently on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. The main focus of UVRI's program is working with and supporting Commercial Sex Workers.

UVRI will support the MoH roll out of Option B+ for eMTCT through the following activities; training and mentorship and joint PMTCT/ART support supervision. UVRI will also support ART/PMTCT integration with same day integrated in the clinic.

Continuum of Response linkages and referrals will be strengthened using linkage facilitators across different service points from the communities to the facility. Expert peers will be used as linkage facilitators for TB/HIV integration to ensure early ART initiation for TB/HIV patients. UVRI will support reproductive health integration including family planning and cervical cancer screening at the facility level through provision of the services or referrals.

UVRI will implement quality improvement initiatives for the ART framework: early initiation of ART, eligible clients on treatment; improve adherence and retention and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers, 'alert' stickers will be utilized. Special emphasis will be placed on adherence and retention of women enrolled under Option B+.

UVRI will focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. UVRI will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

UVRI will liaise with PACE and UHMG for provision of family planning commodities to clients. ARV drugs and other HIV commodities will be provided by Medical Access Uganda Limited.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), to support and strengthen the national M&E systems. UVRI will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, ART/PMTCT mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

UVRI will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 57 new HIV positive children and support 82 children current on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment.

In FY 2013, UVRI will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages/phone calls and flagging files with 'initiate ART immediately' stickers. Facilities will be supported to strengthen 'test and treat' for all HIV positive under two years in line with the national treatment guidelines.

UVRI will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including: sexual and reproductive health services, psychosocial support and life skills training. A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

UVRI will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UVRI will liaise with Medical Access Uganda Limited for ARVs and other HIV commodities and will build the capacity of facility staff to accurately report, forecast, quantify and order for commodities in a timely manner.

In addition, UVRI will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UVRI will collaborate with UNICEF and other key stakeholders at all

levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to support and strengthen the national M&E systems. UVRI will work under the guidance of MoH/ACP and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 13170	**Mechanism Name: Surveillance - Epi**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 667,010	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	667,010

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objectives. Through this activity PEPFAR/CDC and Makerere University School of Public Health (MakSPH) plan to support select SI activities in Uganda. The aim of this activity is to conduct surveillance among several categories of most-at-risk populations (MARPs).

Coverage and target populations. Activities will target populations in Kampala and up-country. Existing survey protocols covering high risk group HIV prevalence surveys, estimating social visibility of high risk groups and the population sizes of high risk groups will be carried out through this CoAg. Such groups include men who have sex with men, drug users, sex workers, and clients of sex workers; and specific

demographic groups such as refugees, disabled persons, street youth, persons engaged in partner concurrency, or slum dwellers. Other potential activities include PMTCT-based surveillance, and measuring GHI-related and HIV-co-morbidities in the general population.

Cost-efficiency. The same overhead infrastructure (office, staff, equipment) for a variety of activities will be used.

Transition to partner gov't, local organization, other donor. MakSPH is a local, indigenous organization, and part of Uganda's largest, public university. MakSPH future capacity and skills may attract non-PEPFAR funds to facilitate SI-related activities. Local governments and institutions will participate from design to implementation of the various projects so as to effect continuity and sustainability.

M&E plans. M&E primarily will be addressed through the number of SI staff trained; protocols developed , approved and implemented reports and manuscripts produced and published, and individuals served within the target communities.

Vehicle. There are no plans for procurement of a vehicle in FY2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	118,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**13170**
Mechanism Name:	**Surveillance - Epi**
Prime Partner Name:	**Makerere University School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

N/a

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	25,000	0

Narrative:

In the Kyoga region are a number of district level hospitals in addition to health centers II I-IV. Their laboratory system is however less than optimumly organized for research purposes. To achieve high quality results, there will be need to conduct tests at more advanced and better organized labs. This CoAg will be directed at improving surveillance system; this will not include strengthening laboratory infrastructure, which would demand more costs. Biological specimens will therefore be collected and sent to the more established laboratory at the Virus Research Institute.

This project will focus mainly on fishing communities. It will have the purpose of documenting the prevalence and incidence of HIV, malaria, TB and syphilis and also the prevalence of neglected tropical diseases especially schistosomiasis. To achieve this will require collecting of biological specimens (blood, stool, sputum etc) from respondents, transporting the specimens to laboratories (in this case the Uganda Virus Research Institute laboratory) and testing those specimens for evidence of biomedical markers for the evaluated diseases. There will therefore be need to increase laboratory capacity and function in order to conduct the laboratory tests. Supplies will be procured to insure the testing of 1,500 participants for HIV, syphilis, and schistosomiasis. The project will support the recruitment of one laboratory technologist and two laboratory technicians with relevant added skills in surveillance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HVSI	574,880	0

Systems			

Narrative:

This project was recently awarded to Makerere University/School of Public Health (SPH). In addition to MoH and Uganda Virus Research Institute, SPH is one of three key partners for SI in Uganda. Activities supported through this project focuses both on the general population and on select high risk groups and behaviors, facilitate size estimation work, and support the implementation of innovative survey-related methods. Further, this CoAg supports overlapping technical areas such as counseling and testing in order to improve survey response, data collection, and uptake of HIV testing among respondents, which in turn can be expected to improve programmatic services. Where feasible through synergies or joint activities, this CoAg also addresses the information gaps related to the Global Health Initiative and CDC's initiative (such as maternal and child health) on Winnable Battles.

The awardee initially proposed targeting fishing communities, a recognized high risk group in Uganda with HIV prevalence estimates usually exceeding 10%. However, two large and recently conducted surveys in this population changed the survey data landscape during the time this award was made. We therefore have to re-assess this project.

The Crane Survey, an ongoing data collection activity focusing on select demographic and high risk groups, mapping, and size estimation work will be supported through this project. An active protocol describes 12 distinct sampling groups and a standing survey office represents the ongoing effort to develop indigenous and quality survey capacity.

This CoAg will also support PMTCT-based HIV surveillance (using routinely collected PMTCT data and testing of remnant HIV-positive blood specimens for HIV recency), VCT-based surveillance, facility-based follow-up of care and treatment patients, and HIV incidence work such as estimating the misclassification rate of HIV incidence assays.

Uptake of HIV testing and tailored counseling of high risk individuals both in the programmatic and survey setting remains a challenge. We plan to evaluate the introduction of oral fluid testing (both client controlled or supervised) and anonymous counseling via phone or multimedia. These techniques also have potential to increase the country's capacity to achieve universal access to HIV testing and serostatus knowledge.

This project supports the piloting of a general population based survey design that aims at expanding the traditional HIV focus, measuring co-morbidities and reflecting the broader priorities of the USG's Global Health Initiative, including maternal and child health, as well as chronic and non-communicable disease domains, with a strong emphasis on biomarker measurements.

This project supports a morgue and autopsy-based surveillance system to examine the rate of missed HIV diagnoses, describe the causes of death, identify opportunistic infection pathogen, examine antimicrobial resistance patterns, and facilitate the validation of verbal autopsy instruments by providing gold standard diagnostic information.

Further, this project supports data collection among sero-discordant couples and examines the effect of

couples counseling.
All data-related activities are or will be described through appropriate protocols and undergo the relevant human subjects review process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	17,130	0

Narrative:

Inconsistent uptake of HCT within and among groups with diverse HIV risks, underscores the need for innovative HCT strategies that may appeal to broad constituencies and reduce barriers to testing. WHO and others have called for HCT innovations and for implementation on a radically larger scale to meet the global demand for access to prevention, care, and treatment services. One HCT innovation widely ignored in the African context is consumer-controlled self-testing (CCST). CCST provides a self-testing method, coupled with the delivery of information and counseling across a continuum ranging from written information included with the CCST test kit, to toll-free telephone-based, internet-based, or face-to-face counseling for self-testers who present to MOH/NGO-supported partnership clinics.
To determine if CCST may be a viable testing option in Uganda that could increase uptake of HIV testing, knowledge of HIV serostatus, HIV-related knowledge, and facilitate linkages to HIV prevention, care and treatment, this project will conduct a randomized field trial (RFT) comparing CCST to in-house HCT referral in District Hospital outpatient clinics, and clinic-referral of general population members and MARPS populations (MSM/FSW) enrolled using either venue-based intercept or respondent driven sampling methods. This project represents a collaborative effort between the MOH, MakSPH, and CDC to address these priorities of the MOH and the Uganda AIDS Commission. Furthermore, the results of this study will be used to inform the National Policy Guidelines for HCT. If the data from this study indicate that CCST is a viable testing option in Uganda (i.e., is desired and increases testing uptake, knowledge of serostatus, knowledge of transmission factors, and linkage to care), this information will be considered for future revisions of National HCT Policy Guidelines and CCST may be deemed an allowable testing option which could then be incorporated into HIV/AIDS programming.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	0

Narrative:

HVOP (Condoms and Other Prev): 2,000 circumcision – this will be done in collaboration with existing provider/s within the target communities (targeting all people – both survey participants and other community members). Condoms will be distributed to survey participants, CT clients and individuals who utilize circumcision services. We will distribute 200,000 condoms in FY 2012.
Use of condoms and safe voluntary medical male circumcision are part of Combination Prevention, the

package advocated by PEPFAR of effective prevention. Other elements include prevention of mother-to-chilld transmission of HIV, HIV testing and counseling and prevention for key populations which include people living with HIV (PLWHA) and MARPS, The CoAg will work with partners in the area of operation to supplement efforts aimed at achieving all these strategies. Fishing communities are some of the communities with very poor access to services. The CoAg will make it easy by helping to avail 200,000 condoms in 2012, and also offer support to counseling and testing. PMTCT and promoting health education on the need for male circumcision. The CoAg will achieve all these thru sustained collaboration with the district health offices, local facilities and other partners operating within the geographical area of operation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

N/a

Implementing Mechanism Details

Mechanism ID: 13226	**Mechanism Name: Procurement and Logistics Management of Health-related Commodities for HHS/CDC funded HIV/AIDS Programs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Medical Access Uganda Limited (MAUL)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 45,178,403	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	45,178,403

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Medical Access Uganda Ltd (MAUL) is a local and indigenous not for profit organization engaged in drug supply and logistics management systems for HIV and other chronic illnesses drugs for national and donor funded projects. The overall goal of the Health Logistics Project under MAUL is to support the centralized procurement, warehousing and distribution of HIV/AIDS-related commodities including ARVs, Cotrimoxazole, laboratory equipment, reagents and accessories plus HIV test kits for CDC funded HIV programs in private sector and only do procurements for the public sector programs; and to strengthen the capacity of institutions to manage HIV/AIDS logistics. MAUL will collaborate with CDC, implementing partners (IP), MOH and National Drug Authority (NDA) to select health commodities and suppliers that meet National Treatment guidelines, the national formulary and PEPFAR guidelines.
The specific objectives are: procurement of health commodities from approved suppliers in accordance with approved procurement plan and budget, establish safe and effective product storage systems, maintain good warehousing and stock management systems at all sites under this program, process orders from health facilities and distribute the products in line with an agreed delivery schedule, utilizing a reliable and cost effective distribution system.
SPARS is a supply chain strengthening program for districts so they collect accurate, reliable and timely logistics data from all health facilities and to ensure that the Health Logistics Management Project is implemented effectively and efficiently in a way that fosters integration with other components of the health system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13226**
Mechanism Name:	**Procurement and Logistics Management of Health-related Commodities for HHS/CDC funded HIV/AIDS Programs**
Prime Partner Name:	**Medical Access Uganda Limited (MAUL)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,122,300	0

Narrative:

In FY 2013, PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support services with the goal to achieve universal access of 80% in care by 2015. T o achieve this goal, all the procurements for Cotrimoxazole and laboratory reagents will be centralized at Medical Access Uganda Limited (MAUL) in an effort to increase access to Cotrimoxazole and CD4 testing among pre-ART clients for ART initiation. This is in line with the national CD4 access expansion plan which has been a major bottleneck to treatment scale up. Using the FY 2013 funding, MAUL will procure, warehouse and distribute HIV commodities including Cotrimoxazole and laboratory reagents and accessories for the 93,354 adult clients in care in private not for profit facilities supported/run by CDC partners. For the 82,111 adult clients in care in public health facilities supported by CDC partners, MAUL will procure these commodities on request by Ministry of Health to buffer the public facilities when there are impending stock outs. These 175,465 adult clients in care will contribute to the overall PEPFAR target of 812,989 HIV positive individual accessing care and support services in FY 2013.

MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the HIV/AIDs care commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15) to support and strengthen the national supply chain systems; and work within district health plans. MAUL will work under the guidance of MoH/ACP and the Pharmacy Department for trainings, mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	312,775	0

Narrative:

Through the National TB program, PEPFAR will support the National Aids Control Program to diagnose and treat TB cases among HIV positive patients. With funds in the mechanism, MAUL in collaboration with the National TB program, will procure the Xpert MTB/RIF cartridges from approved suppliers to supplement those procured by other TB partners for the program. These cartridges will be delivered to National TB and Leprosy Program for onward distribution to the testing sites. In collaboration with the National TB Program, MAUL will oversee the supply chain management activities to mitigate stock outs and expiry.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

In FY 2013, PEPFAR will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. To achieve this goal, all the procurements for cotrimoxazole and laboratory reagents will be centralized at Medical Access Uganda Limited (MAUL) in an effort to increase access to cotrimoxazole and CD4 assessment among children in HIV/AIDS Care. Using FY 2013 funding under PDTX, MAUL will procure, warehouse and distribute HIV commodities including cotrimoxazole and laboratory reagents and accessories for the 3,249 children in care in private not for profit facilities supported/run by CDC partners. For the 2,857 children in care in public health facilities supported by CDC partners, MAUL will procure these commodities on request by Ministry of Health to buffer the public facilities when there are impending stock outs. This will contribute to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 will be children.

MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the HIV/AIDs care commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to support and strengthen the national supply chain systems and work within district health plans. MAUL will work under the guidance of MoH AIDS Control Program and the pharmacy Department in trainings, mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,259,989	0

Narrative:

PEPFAR will support the National Aids Control program through Central Public Health Laboratory (CPHL) to offer accessible laboratory services to all HIV patients in care and on ART treatment using the national hub system. To achieve this, MAUL using FY 2013 funds in collaboration with CPHL and CDC will procure laboratory equipment, supplies and commodities for CD4, Clinical chemistry and Hematology testing for the hub sites within the CDC supported districts. The funding in MAUL will facilitate the delivery, installation and user training of the equipment at the hub site. MAUL will procure start up kits for all the equipment for at least six months and service contracts for at least 12 months. MAUL will support access to laboratory services and effective resource utilization by minimizing stock outs and expiries of reagents through a harmonized and centralized procurement plan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,224,417	0

Narrative:

With support from PEPFAR, Voluntary Medical Male Circumcision (VMMC) is being offered in Uganda as part of a comprehensive HIV prevention package with a target to circumcise 750,000 eligible men in FY 2013. To achieve this, MAUL with the funds for FY 2013 will support the program with the procurement, warehousing and distribution of HIV test kits plus consumables for VMMC for the target of 320,019 eligible men to be circumcised by CDC implementing partners around the country.

All the reusable and disposable kits for conventional circumcision will be procured centrally from headquarters and when the non-surgical devices become available they will also be procured for the country program centrally. MAUL's role will be to warehouse and distribute the circumcision kits to the CDC implementing partners that are carrying out circumcision.

MAUL in collaboration with other CDC implementing partners supporting the circumcision program will oversee the supply chain management activities for the SMC commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	824,074	0

Narrative:

For CDC implementing partners to meet the FY 2013 care and treatment targets within the CDC supported districts, they will have to scale up Provider Initiated Testing and Counseling (PITC) in all Health Center IIIs and above plus customizing HIV Testing and Counseling (HTC) for the key populations to the target of 955,315 individuals both women and men to be tested in FY 2013. To achieve this target, all HTC kits and accessories procurement will be centralized at MAUL. This will help resolve the problem of recurrent stock out of Rapid HIV test kits and also improve efficiency, standards, and remove procurement related burden from the CDC supported HTC service providers. With the FY2013 funding, MAUL will procure HIV test kits and accessories for testing 133,745 individuals in the CDC supported private not for profit facilities (PNFPs).On request by Ministry of Health, MAUL will procure HIV test kits and accessories for the public facilities when there are impending stock outs.
MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the HTC commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

In FY 2013 PEPFAR will support the government of Uganda PMTCT national program in rolling out Option B+ throughout the country with HIV test kits for Counseling and Testing of pregnant women within the ANC and ARV drugs for prophylaxis for all HIV positive pregnant women.

To achieve this, MAUL using the PMTCT acceleration funds in FY2013 through a centralized system will procure HIV test kits and accessories for the testing of 74,116 pregnant women in the CDC supported private not for profit facilities (PNFPs). On request by Ministry of Health, MAUL will procure HIV test kits and accessories for the public facilities when there are impending stock outs.

They will receive 8% of the Option B+ ARV drugs procured by SCMS (PEPFAR procurement agent) for the national program to warehouse and distribute to the PNFP facilities supported by CDC that will be accredited by MOH to offer PMTCT services.
MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the PMTCT (HIV test kits and ARV drugs) commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	33,150,182	0

Narrative:

In FY 2013, PEPFAR will focus on supporting ACP to achieve the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015. To achieve this objective, all the procurements of ARVs for CDC implementing partners will be centralized at Medical Access Uganda Limited (MAUL) in an effort to improve coordination, accountability and leverage of resources. Using the FY 2013 funding, MAUL will procure, warehouse and distribute ARVs for 122,695 patients currently on ART plus 39,961 new patients to be started on ART in private not for profit health facilities supported or run by CDC implementing partners. The patients will be from all CDC-funded care and treatment implementing partners including TASO, UPMB, UEC, Baylor PIDC, IDI, MUSPH, MJAP, Reach out Mbuya and Mildmay. MAUL will procure ARVs on request by Ministry of Health to buffer the public facilities when there are impending stock outs.

MAUL has been and will continue to participate in the National quantification exercise with MOH, USAID, CDC, GF and other donors. All FY 2013 activities will be done in a manner that fosters integration of processes into the health system and sharing of information between all the implementing partners and the government for sustainability, as well as, ensuring that stronger health systems are built through human capital development.

The program will align with all national processes and guidelines that have been established for the implementation of care and treatment of HIV patients. The ARV procurement plan developed by MAUL for CDC implementing partners will be harmonized with the national quantification and procurement plan developed by the AIDS Control Program through the QPPU under the pharmacy department.

In collaboration with CDC treatment advisors, MAUL will support the CDC care and treatment implementing partners to rationalize regimens and avoid requests for non-conforming products. As a measure of keeping with the national quality policy system, products on the National Drug Authority (NDA) register will be procured at all times and an effort to get approval will be sought for those items that are not on the list but are required.

MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for ARV drugs plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these drugs to mitigate stock outs and expiry.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	4,036,280	0

Narrative:

In FY 2013, PEPFAR will focus on supporting ACP to achieve the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015. To achieve this objective, all the procurements for cotrimoxazole and laboratory reagents will be centralized at Medical Access Uganda Limited (MAUL) in an effort to increase access to cotrimoxazole and CD4 testing among ART clients as per MoH guidelines. Using FY 2013 funding, MAUL will procure, warehouse and distribute HIV commodities including cotrimoxazole and laboratory reagents and accessories for the 146,682 adult clients on ART inclusive of 4,632 pregnant women on PMTCT option B+ in private not for profit facilities supported/run by CDC implementing partners. For the 161,943 adult clients on ART inclusive of 41,690 pregnant women on PMTCT option B+ in public health facilities supported by CDC partners, MAUL will procure these commodities on request by Ministry of Health to buffer the public facilities when there are impending stock outs. This will contribute to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies and lowering ARV drug prices on the market.

MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the ART services commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15), support and strengthen the national supply chain systems and work within district health plans. MAUL will work under the guidance of MoH AIDS Control Program and the Pharmacy Department in trainings, mentorship and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	248,386	0

Narrative:

In line with the National Strategic Plan 2011/12-2014/15, PEPFAR will support MoH/ACP to achieve the objective of increasing access to ART from 57% to 80% by 2015. To achieve this objective, all the procurements for cotrimoxazole and laboratory reagents will be centralized at Medical Access Uganda Limited (MAUL) in an effort to increase access to cotrimoxazole and CD4 assessment among pediatric ART patients as per MOH guidelines. Using FY 2013 funding (these are only partial funds to meet the targets, and additional funds for commodity procurement are available in the UPMB, UEC and CAF mechanisms), MAUL will procure, warehouse and distribute HIV commodities including cotrimoxazole and laboratory reagents and accessories for the 20,606 children on ART in private not for profit facilities supported/run by CDC partners. For the 17,444 children on ART in public health facilities supported by CDC partners, MAUL will procure these commodities on request by Ministry of Health to buffer the public

facilities when there are impending stock outs. This will contribute to overall national and PEPFAR target of 39,799 new and 64,072 children current on treatment. MAUL in collaboration with other CDC implementing partners supporting the 53 districts will oversee the supply chain management activities for the ART services commodities plus capacity building of facility and district staff to accurately and timely reports, forecast, quantify and order for these commodities to mitigate stock outs and expiry. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national supply chain systems and work within district health plans. MAUL will work under the guidance of MoH/ACP and the pharmacy Department in trainings, mentorship and supportive supervision.

Implementing Mechanism Details

Mechanism ID: 13311	**Mechanism Name: Comprehensive Community Based HIV/AIDS Prevention Care & Support (RHU)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Reproductive Health Uganda (RHU)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 523,274	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	523,274

Sub Partner Name(s)

Action For Children (AFC)	Capacity Systems Link (CSL)	

Overview Narrative

This community- based HIV/AIDS project (CBHA) is implemented by the Reproductive Health Uganda (RHU). RHU will support the provision of community based HIV/AIDS prevention, care, support and

OVC services through integrated family-centered service delivery model.. The objective of CBHA project is to increase access to quality HIV prevention, care, support and orphan and vulnerable children (OVC) services in six districts in Northern and South Western Uganda; and to build capacity of indigenous community based organizations. Under the OVC portfolio, the project will implement the family preservation model which will take the OVC through three phases of emergency, stabilization and self-sufficiency before they graduate. HIV/AIDS care and support services include clinical care, routine CD4 monitoring, TB and opportunistic infections screening and linkage to ART services. RHU prevention activities will focus on key populations including RHU clients receiving sexual and reproductive services in its Lira clinic, out of school youth and commercial sex workers.
The CBHA strategy for transition is to partner with government and local organizations, to work with and through existing government structures; participate in planning processes and regularly consult and report to the districts on project activities to ensure ownership. Incorporate the project activities including outreach logistics into the health facility planned activities, so as to reduce dependency on the project.

The activity is monitored through regular joint field visits with district authorities, quarterly, semi-annual and annual progress reviews.
No vehicle procurement is planned in this COP budget.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVOP	RHU	8243	Contract CSOs to distribute 300,000 condoms at community level {IEC}
MTCT	RHU	5520	Support CSOs and practitioners to provide PMTCT services.{IEC}
OHSS	RHU	20980	Train 46 service providers on STD management

			Procurement of Desktop computers

Cross-Cutting Budget Attribution(s)

Economic Strengthening	16,122
Education	10,449
Food and Nutrition: Commodities	28,737
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13311**

Mechanism Name:	Comprehensive Community Based HIV/AIDS Prevention Care & Support (RHU)
Prime Partner Name:	Reproductive Health Uganda (RHU)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	46,006	0

Narrative:

Project will reach 1000 HIV positive adults within the project operational area with comprehensive care and support services including clinical care. The package of services offered include the following: treatment and prevention of opportunistic infections, TB screening, referral for ART, referral for laboratory tests including CD4 counts, management of STIs, testing of sexual partners and children, formation and linkages with support groups and development programs., Clients identified through HCT and OVC services will be linked to ART centers. HIV positive individuals will have same day enrollment into care. Care and support services will be provided within the integrated SRH/HIV/OVC framework of the project. Clients under care and support will access SRH services and the children will be enrolled into the OVC program when eligible. The care and support structures that are part of the OVC mechanism response like the action support groups will be accessible to all other care and support clients. All positive clients identified, TB patients, OVC and their households, and clients referred to the community from the health facilities will be followed-up at their homes for home-based care and to promote retention of the clients into care and adherence to ART. Clients referred/ linked to services will be followed up at facilities to ensure that the referrals were effective. Peer networks and community resource persons will be used to strengthen follow up, referral and linkage.

The project care and support activities contribute to the national achievements through regular monthly and quarterly reports. Activities are implemented according to the national guidelines for HIV/AIDS care, treatment and support and other policy documents and guidelines. RHU works through and with the existing health structures and systems both at the central and district levels, thus contributing to health systems strengthening. The community resource persons, who form a crucial part of the care and support team, are part of the village health teams.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

Narrative:

The CBHA project OVC activities are implemented in four of the six CBHA districts with estimated population of 186,817. The project will provide OVC services in accordance with the National Strategic

Program Plan for Intervention (NSPPI) to a total of 6,297 OVC.
The CBHA OVC approach is based on the family preservation model which provides for an integrated package of family-based child development services, delivered in a three-phase process usually lasting 3-5 years. The three phases are rescue stage where the OVC is in a critical vulnerable, life threatening stage, often sick; stability stage; and exit or permanency stage where they are now able to survive without further support. The program interventions in this model are fully based in the community, at institutions such as schools, early childhood development (ECD) centers where the children have informal education and psychosocial support, other community development centers and within the households of supported families.
Community structures will be used to identify the vulnerable households in line with the National OVC Strategic Plan. Identified households are subjected to the vulnerability assessment and support is offered basing on the needs identified. The RHU model focuses primarily on the following areas: psychosocial support; food production input; economic empowerment; medical care for OVCs especially those living with HIV; provision of basic household items such as safe water vessels; care giver training; and education support through the provision of scholastic materials to only households in rescue stage. The services are delivered mainly through home based care and outreaches, support groups like action support groups for the OVC and their households, child brigades and early childhood centers. RHU will focus on reducing the various forms of risks/predisposing factors that face teenagers. The strategy is to integrate SRH services into OVC care in order to empower the OVC to protect themselves from harmful behaviors. The focus is on life skills enhancement and economic empowerments especially for those out of school. This will be achieved through strengthening of community support structures like support groups, peer educators and role models. OVC households will be mobilized to access outreach services including immunizations and HCT. The positives identified will be offered care and support and referred for ART. RHU will prioritize strengthening the existing community structures and use them to refer and link OVC for other social and clinical services not offered by the project.
The project works within the national OVC guiding frame work including planning, implementation and reporting of activities at all levels from the sub-county, to the district and finally at the national level. Participation in meetings at the central and district level that guide implementation of OVC activities.
The OVC program is implemented within the established framework and systems making use of the existing community structures like the village health teams, child protection units within the districts, working with the district probation officers in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	7,469	0

Narrative:

RHU will focus on supporting the GOU to scale up TB/HIV integration and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. RHU will contribute to this target by screening 900 HIV positive clients for TB and staring 30 individuals on TB treatment.

RHU will improve Intensified Case Finding (ICF) and the use of the national ICF tools to improve case detection. RHU will also refer suspected TB cases from the community for TB diagnosis. In 2013, RHU will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators between the two services (ART and TB). RHU will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	19,799	0

Narrative:

Pediatric care and support activities are implemented in all the six CBHA project districts. The project intends to reach an estimated 600children with a package of HIV/AIDS care and support services. The project will implement innovative models in order to identify and retain children in HIV/AIDS care including active identification of exposed infants, same day enrollment, and integration within OVC services.

The project will implement active identification of HIV exposed infants using the PMTCT codes on the immunization cards of the babies, testing of the children of positive clients, testing of siblings of positive children including during home visits, testing of all OVCs and the children in the households and same day enrollment into care of the positive children identified and referral for treatment .

Other services like screening for TB, nutrition screening using mid upper arm cRHUmference (MUAC), growth monitoring (weight and height measurements), and routine immunization services will be integrated within the continuum of care. .

The project will also ensure active follow up of all positive children up to the homes and offer home based care to ensure continuum of care, retention into care and adherence to treatment. An integrated approach to service delivery will be supported including referral between communities and facilities and integration of services within SRH/HIVHCT/OVC services. All OVCs will be tested for HIV and the

positive clients enrolled into care and referred for ART and all positive children will be enrolled into OVC care.
The project care and support activities contribute to the national achievements through regular monthly and quarterly reports. Activities are implemented according to the national guidelines for pediatric HIV/AIDS treatment, care and support. RHU works through and with the existing health structures and systems both at the central and district levels. The community resource persons, who form a crucial part of the care and support team, are part of the village health teams. They are used to follow up HIV positive pregnant women to ensure that they are not lost and the exposed babies delivered are enrolled into care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	0

Narrative:

In the revised COP 12 the key pivots for other prevention aim to ensure a balanced portfolio that will address prevention needs for the older population as well as the youth as the primary target groups and support high impact interventions. The community-based HIV/AIDS prevention, care and support services project under RHU will focus on increasing accessibility, availability and acceptability of condoms among the target populations in the districts of Apac, Lira, Kole Alebtong, Kabale and Kanungu. RHU will also implement targeted interventions for 230 most at risk populations (MARPS) including commercial sex workers and truckersin hot spots including Kihihi, Kanungu, Lira and Ishasha town councils. RHU will target 1000 clients with positive health dignity and prevention (PHDPI intervetnions to ensure that they have access to condoms and other prevention services as needed.
Intensified efforts will be made to promote condom use among key populations, sero discordant couples and those in multiple partnerships among the rural and urban populations in the six districts. RHU will increase the number of condom distribution outlets at community level to 143 outlets using community resource persons. RHU will also engage with the hospitality industry, particularly bars and hotels to distribute and promote condoms use.

RHU will adopt various approaches to target out-of-school youth and couples to provide them with comprehensive risk reduction programs. This will include promotion of delayed sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and being faithful; providing and promoting correct and consistent use of male condoms. Amongst the MARPS, the interventions will focus on increasing perception of risks associated with sex work, strengthening PHDP among infected MARPs at the community level, and scale up of evidence based behavioral interventions with supportive behavior change communication and demand creation for services. The PHDP interventions will aim at increasing knowledge of HIV status among people living with HIV and their partners, reducing the risk of

HIV transmission and reducing HIV acquisition among person at high risk for infection. RHU will implement community campaigns to create acceptance and demand for condoms, targeting 4,590 individuals through: 1) peer-to-peer strategy for interpersonal communication; 2) use of linkage facilitators to mobilize men; 3) community mobilization; and 4) use appropriate channels of communication including print and electronic mass media. The goal is to increase utilization and demand for condoms amongst the older population and youth including the MARPS and PHDP. Program monitoring and evaluation activities will be supported within this budget to strengthen the collection of data through national health management information systems tools and to improve the technical quality of data through periodic data quality assessments.

Implementing Mechanism Details

Mechanism ID: 13317	**Mechanism Name: Targeted HIV/AIDS and Laboratory Services (THALAS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Joint Clinical Research Center, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,808,580	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,808,580

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goal of the Targeted HIV/AIDS Lab Services (THALAS) program is to increase access to, coverage of, and utilization of quality comprehensive HIV/AIDS and tuberculosis care and treatment services within regional referral hospitals (RRH) and selected district hospitals and their respective communities.

The project will target 19 Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) supported regional referral hospitals (RRH) and district laboratories through the Joint Clinical Research

Center (JCRC) Kampala, and six Regional Centres of Excellence (RCEs) located in Kakira, Mbale, Gulu, Fort Portal, Kabale and Mbarara. THALAS will also directly provide comprehensive HIV/AIDS care and treatment services to an estimated 13,114 clients.. THALAS will ensure that these clients receive quality HIV/AIDS care and treatment, laboratory, prevention of mother to child transmission of HIV, and TB/HIV services.

THALAS will work closely with other partners and the Ministry of Health (MoH) as a way of building sustainability. Cost saving mechanisms like coordination with other implementing partners and supporting already existing national programs will be implemented to avoid duplication and wastage of resources and support. As a local organization, JCRC will work closely in partnership with THALAS to ensure increased allocation of local resources, and seek to mobilize resources from other donors and stakeholders.

Activities planned under this mechanism will be monitored for performance based on agreed indicators and targets and will be tracked in quarterly, bi-annual and annual progress reports.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13317**
Mechanism Name:	**Targeted HIV/AIDS and Laboratory Services (THALAS)**
Prime Partner Name:	**Joint Clinical Research Center, Uganda**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	112,127	0

Narrative:

THALAS program will support the provision of care services to at least 13,114 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving a minimum of one clinical care service. This is a subset of the overall care target. The THALAS project will support provision of continuum of care services to all clients on pre-antiretroviral treatment (pre-ART) and ART care at the JCRC clinic in Kampala. THALAS will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention (PHDP); strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management. It is anticipated that clients will make a minimum of one clinic visit per quarter amounting to four visits in a year. Patients enrolled on pre-ART will receive routine clinical and laboratory monitoring to determine eligibly of treatment. Eligible patients will be enrolled into ART according to Ministry of health (MOH) guidelines.

THALAS will work closely with MOH Regional Referral Hospitals (RRH) supported by SUSTAIN and other implementing partners to ensure that clients in chronic care in the target health facilities receive a comprehensive package of services. This will include organizing and participation in coordinatio meetings and supporting and mentoring RRH and district hospitals in leadership and stewardship. THALAS will also continue to work with the National Medical Stores (NMS) to access supplies for patients at the JCRC Kampala clinic. The program will support the use of existing policy documents and guidelines and tools developed by the MOH and AIDS Control Program (ACP) particularly in the initiation of ART as well as recommended PMTCT regimens.

In collaboration with MOH and other programs at JCRC, THALAS will support pre-service and in-service/refresher training for clinic staff at the JCRC Kampala clinic on the comprehensive HIV care package, TB/HIV services, and integrated family planning services.

Programmatic monitoring and evaluation activities will be conducted by collecting data through national tools and periodic Data Quality Assessments. Data use at the facility level will be strengthened through supporting strategic information (SI) focused in-service training for health workers. Program evaluations and outcomes of interest will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient tracking, effective referrals and linkages across the Continuum of response (COR) while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	97,947	0

Narrative:

THALAS will support provision of TB/HIV services for an estimated 13,114 pre-ART and ART patients that will be receiving care and treatment at JCRC Kampala clinic. THALAS will support the implementation of intensified case finding (ICF) through the use of the ICF tool to screen every patient at every clinic visit. In addition THALAS will ensure sputum microscopy for all suspected TB-infected patients. For patients diagnosed with TB, the project will support continuous follow-up and adherence monitoring until completion of treatment. Additional TB/HIV services will include TB infection control through interventions such as improved ventilation, triaging of patients and use of patient masks and respirators to protect health workers. TB/HIV patients will be enrolled on ART and TB treatment services as per the revised MOH ART guidelines. TB/HIV services will be integrated with other adult and pediatric care and treatment services.

THALAS will use the existing policy documents and standard MOH guidelines including the national TB/HIV guidelines as they deliver services. In addition, THALAS will support the use of MOH registers to record and report information on TB/HIV services and provide regular reports to the National TB and Leprosy Program (NTLP) per quarter. Drugs for treatment of TB and regents for sputum microscopy will be acquired from NTLP. In collaboration with SUSTAIN, NTLP, AIDS Control Program (ACP) and other programs at JCRC, THALAS will support in-service/refresher training for clinic staff at the JCRC Kampala clinic on TB/HIV services.

By the end of the reporting period the THALAS project expects that all the clients that will have visited the clinic will have been screened for TB; and all those diagnosed with TB will be started on treatment.

Monitoring and evaluation activities will be conducted to strengthen data collection through national tools and to improve the technical quality of data through periodic Data Quality Assessments Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations and outcomes of interest, will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient tracking, effective referrals and linkages across COR while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	10,652	0

Narrative:

THALAS will target a minimum of 1,180 children with care and support services, contributing to the overall PEPFAR target of 73,169 HIV positive children receiving at least a minimum of one clinical care service. This is a subset of the umbrella care target. Services will include early infant diagnosis (EID), cotrimoxazole prophylaxis, screening for TB and treatment of opportunistic infections as well as laboratory services. It is envisaged that the children will make at least six clinic visits during this reporting period. Continuous clinical and laboratory monitoring will be done to ensure that those who are eligible are identified and enrolled into ART according to MOH guidelines.

THALAS will work closely with MOH, regional referral hospitals (RRHs), SUSTAIN and other implementing partners to ensure clients in chronic care in the target health facilities receive a comprehensive package. This will include organizing and participation in coordination meetings and supporting and mentoring RRH and district hospitals in leadership and stewardship.

THALAS will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, the program will liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). THALAS will also continue to support the use of existing policy documents and guidelines and tools developed by the MOH and AIDS Control Program particularly in the initiation of ART as well as recommended regimens for ePMTCT. In collaboration with MOH, SUSTAIN and other programs at JCRC, THALAS will support pre-service and in-service/refresher training for pediatric clinic staff at the JCRC Kampala clinic on the comprehensive HIV care package, and TB/HIV services. Programmatic monitoring and evaluation activities will be implemented to strengthen by collection of data through national tools and to improve the technical quality of data through periodic Data Quality Assessments. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations and outcomes of interest, will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient

tracking, effective referrals and linkages across the Continuum of response (COR) while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,688,536	0

Narrative:

Following a baseline assessment conducted in FY 2011 using the strengthening lab improvement towards accreditation (SLIPTA) checklist, the THALAS project supported specific interventions in FY 2012 to address identified gaps including: training in laboratory diagnostics, logistics, quality and safety, and good clinical laboratory practice. Twenty Ministry of Health (MoH) facilities received onsite mentoring support from THALAS lab experts. As a result of these interventions, 17 of the THALAS supported labs are above the WHO Star I score which entails movement from zero at baseline where all but one of the labs had been.

During FY 2012 THALAS will work with the existing lab staff to empower resident mentors to continue providing support to their peers and ensure sustainability and consolidation of efforts made over the last two years. In addition, critical resource materials like the quality manual and mentorship materials that THALAS helped develop will be finalized, printed and disseminated to key implementing partners.

THALAS program will continue to provide routine CD4 monitoring and clinically indicated chemistry and hematology tests for an estimated 13,114 HIV positive clients receiving clinical care services at JCRC Kampala. THALAS will also provide viral load tests to an estimated 10,000 patients with suspected treatment failure based on clinical and immunological criteria. These viral load tests will include referrals from other care and treatment sites around the country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	861,794	0

Narrative:

THALAS will support treatment as well as advanced care to 9,610 adult clients currently on ART by September 2013. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. THALAS will support the clinical services for ART at the JCRC Kampala clinic. Additionally, THALAS will liaise with PACE and UHMG for provision and distribution of basic care kits to clients and also liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities (e.g. cotrimoxazole, lab reagents).

Laboratory services including CD4 cell tests will be provided to determine eligibility for ART. THALAS will support implementation of early warning indicators to identify HIV drug resistance.

THALAS will work closely with MOH, RRHs, SUSTAIN and other implementing partners to ensure clients in chronic care in the target health facilities receive a comprehensive package of services. This will include organizing and participation in coordination meetings and supporting and mentoring RRH and district hospital in leadership and stewardship.

THALAS will use the existing policy documents and guidelines and tools developed by the MOH and ACP particularly in the initiation of ART so that their ART services are consistent with recommended MoH regimens. THALAS will support regular submission of reports on project activities to MOH. In collaboration with NTLP, ACP and other programs at JCRC, THALAS will support pre-service and in-service/refresher training for clinic staff at the JCRC Kampala clinic on the comprehensive HIV care package, TB/HIV services, and family planning services. THALAS will continue to work with MOH and participate in national level activities to develop guidelines and policy related to HIV/AIDS care and treatment.

Monitoring and evaluation activities will be conducted to strengthen data collection through national tools and to improve the technical quality of data through periodic Data Quality Assessments. Data use at facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations and outcomes of interest, will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient tracking, effective referrals and linkages across COR while monitoring retention in care and loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	37,524	0

Narrative:

THALAS will support treatment as well as advanced care to at least 1,437 HIV positive children on ART By September 2013. THALAS will support the clinical services for children on ART at the JCRC Kampala pediatric clinic. THALAS will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, THALAS will liaise with National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). THALAS will in addition support in-patient services for very ill children at JCRC Kampala and work closely with SUSTAIN/Regional Referral Hosptials (RRH)to provide for in-patient treatment for clients who need such care at the Regional Centres of Excellence. Laboratory services including CD4 cell tests will be provided to determine eligibility for ART. In addition, THALAS will support the implementation of

early warning indicators for the identification of HIV drug resistance.

THALAS will work closely with MOH, RRHs, SUSTAIN and other implementing partners to ensure early HIV diagnosis among children, early initiation and maintenance of children on HIV care and treatment. In addition THALAS will work with MOH and other relevant partners for nutritional support and food supplements to children.

THALAS will use the existing policy documents and guidelines and tools developed by the MOH and ACP particularly in the initiation and retention of children on ART. THALAS will support regular submission of reports on project activities to MOH.

In collaboration with NTLP, AIDS Control Program and other programs at JCRC, THALAS will support pre-service and in-service/refresher training for clinic staff at the JCRC Kampala clinic on the comprehensive HIV care package particularly for children, TB/HIV services, family planning and mental health. THALAS will continue to work with MOH and participate in national level activities to develop guidelines and policy decisions related to HIV/AIDS care and treatment.

Program monitoring and evaluation activities will be conducted to strengthen data collection through national tools and to improve the technical quality of data through periodic Data Quality Assessments. Data use at the facility level will be strengthened through supporting SI focused in-service training for health workers. Program evaluations and outcomes of interest, will be supported to foster evidence-based decision-making and program improvement. Key areas of focus will be patient tracking, effective referrals and linkages across COR while monitoring retention in care and loss to follow up.

Implementing Mechanism Details

Mechanism ID: 13325	**Mechanism Name: Provision of comprehensive, community-based HIV/AIDS services and Capacity Building of Indigenous Organizations in the Republic Of Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Reach Out Mbuya	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,479,070	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,479,070

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) is a community faith based Non-Governmental organization that operates in Kampala and Luwero districts with four sites in addition to outreach activities. The target population of approximately 98,000 people is characterized by high poverty levels and HIV prevalence of 9%.

ROM's goal is to contribute to universal access to treatment, care, prevention and support in the communities served through provision of comprehensive community based services. They have documented excellent program outcomes to date including TB completion rates above WHO recommended rate of 75%, MTCT of 0% and average treatment adherence of 85% for more than 80% of the patients served. Aspects of the model of service delivery that may contribute to the excellent outcomes include the comprehensive approach, family and community involvement, involvement of people living with HIV, use of satellite clinics as a strategy for decentralizing care to the community, task shifting and delivery of services within a defined catchment area which facilitates home visits and referrals between the community and facility.

Planned activities in FY 2012 include; scaling up prevention services and specifically targeting MARPS, increasing access to quality HIV/AIDS care, support, treatment, and TB/HIV services, maintaining MTCT at 0%, strengthening laboratory capacity to support care and treatment services, provision of OVC services and strengthening of health systems for delivery of quality HIV services. They are well positioned to offer MARPs services because of their location in the middle of a very urban poor slum community and the rapport and relationships they have established in this community.

Cross-Cutting Budget Attribution(s)

Education	100,000

Food and Nutrition: Commodities	12,000
Gender: Reducing Violence and Coercion	10,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13325**
Mechanism Name:	**Provision of comprehensive, community-based HIV/AIDS services and Capacity Building of Indigenous Organizations in the Republic Of Uganda**
Prime Partner Name:	**Reach Out Mbuya**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	53,233	0

Narrative:

PEPFAR will support the Government of Uganda to expand access to HIV care and support to achieve universal access by 2015. ROM will support the scale-up of care and support services through its comprehensive community-based HIV/AIDS services and capacity building

In FY 2013, the program will support the provision of clinical care services for at least 3,420 adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving care and support services. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and men who have sex with men. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. ROM will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

The program will be implemented in four parishes in two districts of Uganda. ROM will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention (PHDP), strengthening linkages and referrals using linkage facilitators; implementation of quality improvement activities for adherence and retention, pain and symptom management, and providing support through targeted community outreaches in high prevalence, hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 testing among pre-ART clients for ART initiation in line with MoH guidelines. This has been a major challenge for treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, national CD4 coverage will be improved from the current 60% to 100% over the next 12 months. This program will support sample referral network in line with the national CD4 expansion plan; and will monitor and report clients' access to CD4 testing quarterly. In addition, ROM will need to regularly keep track and report on any client waiting lists. ROM will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. They will coordinate with the National Medical Stores and Medical Access Uganda Limited for HIV commodities including cotrimoxazole and laboratory reagents. The program will build the capacity of facility staff to accurately report, quantify and order commodities in a timely manner.

ROM will work with other USG partners such as SPRING, MOH/HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning will be critical.

The program is aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); and will support

and contribute to the national M&E systems as well as work within district health plans. ROM will work under the guidance of MOH/ACP and the Quality Assurance Department for training, mentorship, support supervision and quality improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	738,625	0

Narrative:

In FY 2013, ROM will reach 2,000 OVC within its catchment area. ROM will provide support to 2,000 OVC in priority program areas as determined by the National Strategic Program Plan Interventions for Orphans and Vulnerable Children (NSSPI) and the vulnerability index tool. The core program interventions include: health, education support, psychosocial support, legal support, shelter, economic strengthening and food and nutrition. Education support for OVC (Tuition/fees, scholastic materials, foot wear and uniforms, school monitoring and alternative non-formal education for children not in school) will continue to be strengthened for children in emergency situation. Psychosocial support (life skills training, peer to peer support, community-based child friendly recreational activities, emotional, social, mental and spiritual support, all of which are considered essential elements in the development of a child) will be provided to OVC to ensure that children's emotionally related issues are handled.

ROM will continue working to ensure children (OVC) in care are provided with a safe and structured environment (identify and refer child abuse cases) through the play therapy carried out every clinic day.

ROM will hold friends' forums for HIV positive children once every month to understand them better as well as identifying the challenges they face. Parents' forums will be held to play roles in taking good care of their children and also discuss challenges faced.

ROM will integrate other OVC core service areas within the prevention, medical and existing community structures including: Health (Palliative care, home-based care, preventive and curative care and training in pediatric HIV care); Food and nutrition (Food assistance) with emphasis on sustainable food security; Shelter (Grants in form of house rent will be given to households in absolute need); Livelihoods and economic empowerment of OVC households (facilitate acquisition of skills, support access to vocational training and micro finance).

ROM strengthened follow up through integration of OVC activities into the community network of care to better follow them up and vice versa, home and school visits have been improved and prevention activities have been integrated into the Saturday children's club and facility based activities.

ROM will follow the (NSPPI) guidelines, and will partner with Ministry of Gender, Labor and Social Development through the National Council for Children and the Uganda Child Rights NGO Network (UCRNN) to ensure protection of children. Children will be referred to existing legal support structures like the Family Protection Unit of Uganda Police and other existing UGANET, Uganda human rights

commission and foundation for human rights initiative. There is a draft legal support policy which will guide legal protection activities within ROM. The organization will continue strengthening its internal system through in service trainings, refresher course, mentoring, and exchange visits. A total of 20 staff will be trained, mentored and coached on how to manage HIV clients.
ROM will also undertake M&E activities to assess interventions that work best and those that need strengthening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	28,067	0

Narrative:

The ROM program will focus on supporting and contributing to the MOH to scale up TB/HIV integration; and specifically meet the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care, and initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. The program implemented by ROM will contribute to this target by screening at least 3,382 HIV positive clients for TB; and starting 113 diagnosed individuals on TB treatment. The program will support TB/HIV services in four parishes in two districts in the country.

ROM will improve Intensified Case Finding (ICF) and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- GeneXpert and fluorescent microscopy. ROM will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, the program will ensure early initiation of all HIV positive TB patients on treatment through the use of linkage facilitators and/or the provision of treatment in TB clinics. ROM will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches.
A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.
ROM will collaborate with the MOH/ACP and National TB and Leprosy Program (NTLP) who will be supported to roll out provision of isoniazid prophylaxis therapy, in line with the WHO recommendations.

In addition, ROM will work with USG partners such as SPRING, MOH/HEALTHQual, ASSIST and

Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

ROM activities will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and operate within district health plans. They will also work under the guidance of MOH/ACP, NTLP and the Quality Assurance Department to conduct trainings, TB/HIV mentorship, quality improvement and support supervision. Additionally, the program will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	1,943	0

Narrative:

Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) will focus on supporting the Government of Uganda to expand pediatric HIV care and orphan and vulnerable children (OVC) support with the goal to achieve universal access to HIV care by 2015. Provision of comprehensive, community-based HIV/AIDS services and Capacity Building of Indigenous Organizations in the Republic Of Uganda program implemented by ROM in four parishes in two districts will provide clinical services to at least 338 children contributing to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services in FY 2013, including 73,169 children.

The program will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance; improve adolescent services; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; and provide support to targeted community outreaches in high prevalence, hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities for early enrolment of children in care. ROM will implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidelines.

ROM will support retention of adolescents in care using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual/reproductive health services, psychosocial support and life skills training. Recommendations from the planned national

adolescent service assessment will be incorporated into planned activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children receiving OVC services are screened for HIV and appropriately linked to care and support. The program will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

ROM will liaise with PACE and UHMG for provision and distribution of basic care kits to clients, and with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. The program will build the capacity of facility staff to accurately report, quantify and order commodities in a timely manner.

ROM will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. ROM will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. ROM will work under the guidance of MoH/ACP and the Quality Assurance Department in pediatric trainings, national pediatric mentorship framework, quality improvement and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	75,000	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of the Early Infant Diagnosis (EID) hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at all pre-ART targeted population receiving CD4 tests from the current 60% to 100%, improving the quality of laboratory services, reducing stock out of reagents , laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

Based on this approach, ROM will specifically facilitate transportation of specimens for all clients to ensure timely linkage of clients who need ART and other HIV services for the four sites they support. They will also support salaries and training of laboratory staff. They will implement appropriate quality assurance activities based on the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) as the mainstay of lab quality improvement in addition to other quality assurance activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	101,735	0

Narrative:

ROM will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda.

The program will engage in scaling up Provider Initiated Testing and counseling (PITC), client initiated counseling and testing, home based counseling and testing and use of mobile out reaches to provide counseling and testing services. ROM will contribute to the continuum of response by linking clients to other health services including HIV Care and Treatment, HIV prevention services such as Voluntary Medical Male Circumcision (VMMC) and social support services in the community with the aim of increasing demand and adherence for positive clients.

Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. Partner and district-level capacity were also key factors in determining the allocation of program resources. This program is located in two districts of Kampala and Luwero and the target populations are the poor communities within these districts. ROM will specifically prioritize the following groups for HIV Testing and Counseling (HTC), the commercial sex workers and their clients, fisher folks, long distance truck drivers, men who have sex with men and uniformed forces. The program will deliver services using mobile teams to reach the hard to reach populations such as the long distance truck drivers, the fishing communities, taxi drivers and market vendors.
ROM will report on the HTC activities above through the CDC quarterly report, the SAPR and APR.

Currently, PEPFAR contributes more than half of the MoH's HTC targets. Recognizing the important role of GOU, HTC program activities will be conducted in partnership with district local governments under the stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term

commitment by the USG.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, and improve services.
The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.
Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with WHO's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	197,686	0

Narrative:

Reach out will contribute to other prevention efforts to reduce the further spread of HIV infection by specifically targeting the most at risk population (MARPS) including sex workers and their partners, long distance truck drivers, men who have sex with men and fisher folks.
ROM will provide the following services for MARPS:
They will provide HCT to 9,000 MARPS through different models including, moonlight VCT, mobile outreach activities ensure that MARPS receive HIV Care and Treatment (HCT) every three months and link all MARPS that test HIV positive into care and subsequently treatment.
ROM will increase the number of MARPS receiving risk reduction interventions including STI screening and treatment to 9,000, they will integrate positive health dignity and prevention activities at all levels of service provision with emphasis on partner identification and testing, and offer sexual and gender based violence screening and response.
They will partner with the nearby public health facilities and specific private clinics, to whom they will refer clients for condoms and other family planning services. Additionally ROM will supply water based lubricants to MARPS to reduce the risk of abrasions and HIV transmission.
Biomedical interventions to MARPS including Voluntary Medical Male Circumcision (VMMC) and PMTCT will be scaled up. 2,600 HIV negative men will be referred to IDI for VMMC and ROM will follow them up to ensure that they received this service.
Demand creation for MARPs services will be achieved through
- Sensitization, using peers, organizations that are working with MARPS and leaders of MARPS.
- Mobilization campaigns for the fishing communities.
-working with VHTs, community focal persons and local councils to sensitize the communities.
ROM will use various models of service delivery to ensure that they reach the MARPS including mobile

outreach activities, fixed outreach activities, MARPS friendly clinics and office encounters for those clients who opt to receive services in the office.
To ensure retention of the MARPS, ROM will use VMMC to send reminders to clients, use a peer-led follow-up model and community workers to follow up clients in the community.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

Narrative:

In FY 2013, Reach Out Mbuya (ROM) will facilitate the implementation of PMTCT Option B+ activities in four PMTCT sites.
Key strategic pivots for PMTCT will focus on:
1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this ROM will ensure provision of universal HIV Testing and Counseling (HTC) services during ANC, labor and delivery, and community mobilization.
2) Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites at hospital; Health center IV and health center III levels. Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing M&E tools, job aides and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in ROM sites will be done in accordance with MoH guidance.
ROM will support the delivery Option B+ services using a family-focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCF) counseling, EID, Family Planning (FP) counseling, couples HTC, supported disclosure and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for sero-discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 500 partners of pregnant women will be tested within the MNCH setting.
3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up.
4) Facilitating quarterly joint support supervision & mentorships at all PMTCT/ART sites involving MOH, AIDS Development partners, Districts, USG, and implementing partner staff in accordance with MOH

guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.
5) Integrating voluntary and informed Family Planning services with PMTCT service: ROM will refer clients with Family planning needs to the nearby public health facilities as well to specific private clinics which they have partnered with to ensure that their clients are able to access family planning services. ROM will provide HIV counseling and testing to 1,000 pregnant women in four service outlets during FY 2013. A total of 450 HIV positive pregnant women will be identified, of which 383 will be initiated on HAART for life and 68 will be provided with ARV prophylaxis; in addition, 436 will receive ARV prophylaxis and DNA/PCR test will be done for 436 of exposed babies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	226,302	0

Narrative:

Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to treatment from 57% to 80% by 2015. The ROM program will enroll at least 795 new clients and support not less than 2,812 adults and children on treatment by the APR 2013; contributing to the overall national and PEPFAR target of at least 190,804 new clients and 490,028 individuals currently on treatment.

These targets were derived using burden tables based on district HIV prevalence and treatment need; the Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. Targets are not fixed, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. ROM will target key populations using innovative approaches including setting up specialized services; such as moonlight services. ROM will work in four parishes in two districts in Uganda.

The program will support the MoH roll out of Option B+ for virtual elimination of MTCT through the following activities: accreditation of at least one additional health facility, training, mentorship, and joint PMTCT/ART support supervision. ROM will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.

CoR linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. ROM will support family planning and cervical cancer screening integration at facility level through provision of the services or referrals.

The program will implement quality improvement initiatives for the ART framework including: early initiation of ART eligible clients; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as phone/SMS reminders, appointment registers and 'alert' stickers will be supported.
Special focus will be placed on adherence and retention of women enrolled under Option B+.

Increasing access to CD4 for routine monitoring of ART clients in line with MoH guidelines is a priority. ROM will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

The program will liaise with PACE and UHMG for provision and distribution of basic care kits to clients; as well as, coordinate with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities. ROM will build the capacity of facility staff to accurately and timely report, quantify and order commodities. ROM will work with USG partners and other key stakeholders for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems; and work within district health plans. ROM will work under the guidance of MOH/ACP and the Quality Assurance Department in trainings, quality improvement, ART/PMTCT mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	6,479	0

Narrative:

Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015 working in two districts in Uganda. The Provision of comprehensive, community-based HIV/AIDS services and Capacity Building program implemented by ROM will enroll at least 199 new HIV positive children and support 1,246 children on ART by APR 2013. This will contribute to the overall national and PEPFAR targets of at least 38,161 new clients and 63,704 children current on treatment.

In FY 2013, ROM will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants using Early Infant Diagnosis (EID) focal persons, peer mothers, mobile phone technology and flagging files with "initiate ART immediately" stickers.

Facilities will be supported to strengthen ‘test and treat’ for all HIV positive children under two years in line with the national treatment guidelines.

The program will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including: sexual/reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and child beneficiaries of OVC services are screened for HIV and appropriately linked to treatment.
ROM will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

The program will liaise with PACE and UHMG for provision and distribution of basic care kits to clients, as well as, with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). ROM will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

The program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. They will also collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. ROM will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework, quality improvement and support supervision.

Implementing Mechanism Details

Mechanism ID: 13383	**Mechanism Name: Supporting the Scale-up of Comprehensive HIV/AIDS Prevention Services in the Republic of Uganda under the Presidents Emergency Plan for AIDS Relief**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,421,134	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,421,134

Sub Partner Name(s)

(No data provided.)

Overview Narrative

AMREF is a district-based partner aiming to improve the health status of rural populations by reducing new HIV infections through scaling up VMMC services, improving the diagnosis and treatment of sexually transmitted infections (STI) and sustaining active linkages to other HIV prevention services. AMREF is funded in FY 2012 to implement VMMC at government-owned public health facilities with community outreach activities and through stand-alone sites and/or mobile surgical camps using dedicated VMMC teams. In FY 2012, AMREF is not funded for sexual/behavioral risk reduction that focuses on abstinence and being faithful nor for condom provision and other prevention. AMREF operates in seven rural districts with high HIV prevalence of 8% and above - Wakiso, Mubende, Mityana, Luweero, Nakaseke, Nakasongola, as well as, Kalangala district with one of the largest fishing communities of Lake Victoria with very high HIV prevalence estimated at 22%. In FY 2012, AMREF will offer VMMC to 75,331 eligible adult males. AMREF will track and monitor the progress and achievements in VMMC and STI treatment including the processes and outputs at district and community levels and report daily to the VMMC National Operational Center approved by the MOH. AMREF has requested to purchase two vehicles and one boat (with two outboard engines) with carryover funds.

Five vehicles purchased under this mechanism in FY 2012. AMREF would like to purchase two more vehicles in FY 2013, therefore, over the life of this mechanism they will purchase seven in total. To facilitate coordination of VMMC scale up activities in seven districts at static health facilities and mobile outreaches/camps with intense monitoring activities for quality assurance and support supervision to field

teams.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	16,946
Gender: Reducing Violence and Coercion	5,000
Human Resources for Health	120,354

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Military Population
Mobile Population
End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**13383**
Mechanism Name:	**Supporting the Scale-up of Comprehensive HIV/AIDS Prevention Services in the Republic of Uganda under the Presidents Emergency Plan for AIDS Relief**
Prime Partner Name:	**African Medical and Research Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	CIRC	2,421,134	0

Narrative:

AMREF will scale up VMMC services through multiple approaches to contribute to Uganda's national target of 1 million male circumcision procedures in 2012/2013. The target population is adolescent males and adult men who are likely to be sexually active and are at high risk of acquiring HIV including most-at-risk populations (MARPS), youth in and out of school, and male sero-discordant partners of HIV-positive females. In FY 2011 AMREF accomplished 67,733 circumcisions against a target of 30,000. The FY 2012 target is 75,331 circumcisions. VMMC services will be delivered through 65-70 dedicated teams with a district distribution estimated as follows: Wakiso-20 teams; Luweero-10 teams; Kalangala-six teams; Nakaseke-six teams; Nakasongola-six teams; Mityana-six teams; and Mubende-nine teams. Through these teams AMREF will conduct between 40-55 community outreaches and mobile and/or surgical camps per month at stand-alone sites during FY 2012. There will be integrated VMMC services within 48 public health facilities (hospitals, health centers, and regional referral hospitals) using a modified MOVE model. To increase demand for VMMC for HIV prevention, AMREF will concentrate on community mobilization approaches targeting in-school youth (15-18 years); males in tertiary institutions (18-25 years); and the general population (15+ years). The communication strategies for mobilization will involve meetings with community and opinion leaders at key cultural, religious, and social festivities, as well as, through utilization of peer-model linkages (involving already circumcised males) to pass on communication (including MOH brochures/materials) about the availability of VMMC services. At the health center, AMREF will support health education sessions targeted at men and women visiting out-patient departments including STI clinics. To maximize the identification of eligible adult males, AMREF will exploit potential and actual linkages across other program areas. AMREF will offer HIV testing and counseling to consenting eligible males and then provide VMMC to those who consent to undergo circumcision. In addition, AMREF will offer STI screening, and anyone with a positive diagnosis for an STI will be treated while HIV negative males will be offered VMMC after completing treatment. AMREF will work with the External Quality Assurance team formed under the auspices of the National SMC Task Force in the MOH as needed.

Implementing Mechanism Details

Mechanism ID: 13416	**Mechanism Name: Scaling up comprehensive HIV/AIDS services including PICT,TB/HIV,OVC,ART (including pregnant women)&children through public university teaching hospitals, regional referral hospitals& public& private-not-for-profit health facilities in**

	Uganda under PEPFAR.
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mildmay International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 9,691,429	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	9,691,429

Sub Partner Name(s)

BUIKWE DISTRICT LOCAL GOVERNMENT	BUKOMANSIMBI DISTRICT LOCAL GOVERNMENT	BUTAMBALA DISTRICT LOCAL GOVERNMENT
GOMBA DISTRICT LOCAL GOVERNMENT	KALUNGU DISTRICT LOCAL GOVERNMENT	Luwero District Local Government
LWENGO DISTRICT LOCAL GOVERNMENT	LYANTONDE DISTRICT LOCAL GOVERNMENT	MASAKA DISTRICT LOCAL GOVERNMENT
Mityana District Local Government	MPIGI DISTRICT LOCAL GOVERNMENT	Mubende District Local Government
NAKASEKE DISTRICT LOCAL GOVERNMENT	Nakasongola District Local Government	SEMBABULE DISTRICT LOCAL GOVERNMENT
Wakiso District Local Government		

Overview Narrative

Mildmay Uganda (MUg) supports the implementation of comprehensive HIV/AIDS services in the central region districts of Uganda. The overall goal of this project is to support the Government of Uganda provide and scale-up comprehensive HIV/AIDS care, treatment and prevention services through the integration and strengthening of the District Health Service (DHS) between 2010 and 2015. Objectives: To increase access to family-centered, comprehensive HIV and AIDS prevention, care and treatment, build human resource capacity for sustainable delivery of HIV and AIDS services and strengthen DHS

planning, administration, M&E, logistics and supply chain management mechanisms. In FY 2011, MUg maintained 43,588 clients in care (59% on ART) and offered technical support to 183 HCs in 18 districts.

In FY 2012, MUg will continue to provide technical support in 16 districts in Central Region. The program plans to reach 167,194 clients with HTC; maintain 77,941 clients in care; 44,163 on ART and enroll 20,832 on HAART. In addition 77,941 clients on CTX prophylaxis; 70,156 screened for TB and reach 12,713 OVC and their families. Mug will support scale up of Option B+ to pregnant mothers and contribute to elimination of MTCT.

Programming will center on district priorities, national policies, sustainability and exit planning by districts, effective utilization of information for M&E, bi-annual project evaluation and involvement of MoH. MUg will build capacity for district administrative and health workers for HIV service delivery, leadership and governance, HMIS, HRM, M&E, logistics, finance, and laboratory and scale up Early Infant Diagnosis (EID).

Cross-Cutting Budget Attribution(s)

Construction/Renovation	45,628
Economic Strengthening	44,767
Education	16,087
Food and Nutrition: Commodities	80,000
Food and Nutrition: Policy, Tools, and Service Delivery	18,739
Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	97,728
Water	5,190

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13416**
Mechanism Name:	**Scaling up comprehensive HIV/AIDS services including PICT,TB/HIV,OVC,ART (including pregnant women)&children through public university teaching hospitals, regional referral hospitals& public& private-not-for-profit health facilities in Uganda under PEPFAR.**
Prime Partner Name:	**Mildmay International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,647,035	0

Narrative:

PEPFAR will focus on supporting Government of Uganda (GOU) to expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. Mildmay Uganda (MUg) program will support the provision of care and support services to 77,951 HIV positive individuals as a contribution to the overall PEPFAR target of 812,989. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and men that have sex with men. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. MUg will implement approaches to promote an effective CoR model and monitor key indicators along the

continuum. MUg will work in 16 districts in Central region of Uganda: Wakiso, Mpigi, Gomba, Butambala Masaka, Kalungu, Bukomansimbi, Lwengo, Mityana, Mubende, Sembabule, Lyantonde, Luweero, Nakaseke, Nakasongola, and Buikwe.

MUg will provide care and support services in line with national and PEPFAR guidance including: strengthen positive health dignity and prevention services; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. MUg will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. In addition, they will regularly keep track and report on client waiting lists.

MUg will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, liaise with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). MUg will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. MUg will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning, will occur.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems; and work within district health plans. Mug will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and support supervision.

In FY 2012 COP it is proposed to support recruitment of critical health workers, including laboratory cadres, in 87 districts for both public and private not for profit facilities based on the new scale up targets and current staffing level, in the particular district. A total of 195 health workers shall be recruited by MUg in 14 districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	720,000	0

Narrative:

Mildmay Uganda (MUg) is currently offering technical assistance to develop the capacity of the District Health Services in 16 districts of the Central Region of Uganda to effectively deliver sustainable health services and scale up access to quality HIV and AIDS care and support, including OVC. The MUg OVC program aims to improve the quality of life of OVC and their households through provision of a comprehensive care package and its priority areas include the improvement of the livelihoods of the OVC, the development and strengthening of partnerships, linkages and referral systems between OVC service providers, and OVC service provider capacity. Its primary target population is the HIV positive child, their care giver, siblings and other OVC categories in the community as identified by the VHT and local CBO's. MUg currently provides HIV care to 3754 children (17% of patients in care) aged 0-17 years.

The program is in line with the NSPPI and it will train the DHS in OVC service provision, enhance the formation of 'circle of service providers' in each sub county, and provide sub grants to districts and CBOs to enable scale up OVC services. Human resource DHT capacity for sustainable OVC service delivery and its M&E using the MGLSD OVC tools will be built starting with the DOVCC team. To understand the effectiveness of some of its programs, Mug intends to carry out program evaluation for its OVC programs.

In FY 2012, using the 'Circle model', MUg will reach 12,713 OVC and their families with priority OVC CPAs beyond psychosocial and child protection support. It will support DHT to functionalize existing OVC structures, strengthen linkages and networks with other public and private sector OVC service providers and with other implementing partners to increase OVC services and to strengthen the existing and create referral systems/ linkages. MUg will continue to provide direct OVC service in priority CPAs. MUg will promote and support the integration of OVC programs into other health services which include PMTCT, mental health, Integrated Management of Acute Malnutrition, Adolescent Sexual and Reproductive Health and maternal and child health. Key challenges faced include low prioritization of the OVC service in all districts, limited resources, inadequate OVC structures in some districts, and inadequate functional linkages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	582,210	0

Narrative:

Mildmay Uganda (MUg) will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables

based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

MUg will contribute to this target by screening 70,156 HIV positive clients for TB; and 2339 will be started on TB treatment. Mug will support 16 districts: Wakiso, Mpigi, Gomba, Butambala, Masaka, Kalungu, Bukomansimbi, Lwengo, Mityana, Mubende, Sembabule, Lyantonde, Luweero, Nakaseke, Nakasongola and Buikwe.

MUg will improve Intensified Case Finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies GeneXpert and fluorescent microscopy. MUg will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, MUg will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. MUg will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, MUg will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. MUg will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUg will work under the guidance of MoH/ACP, NTLP and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, MUg will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	88,263	0

Narrative:

Mildmay Uganda (MUg) will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The MUg program will contribute 7,016 children in care to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 73,169 are children. MUg will support 16 districts: Wakiso, Mpigi, Gomba, Butambala, Masaka, Kalungu, Bukomansimbi, Lwengo, Mityana, Mubende, Sembabule, Lyantonde, Luweero, Nakaseke, Nakasongola and Buikwe.

MUg will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. EID services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment into care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. MUg will implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

MUg will support retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. MUg will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MUg will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. In addition, MUg will work with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. MUg will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

MUg will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MUg will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and

strengthen the national M&E systems and work within district health plans. Mug will work under the guidance of MoH/ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,099,094	0

Narrative:

In the year 2012/2013, Mildmay Uganda (MUg) will support establishment and maintenance of eight hubs in central Uganda. In order to improve infrastructure for quality laboratory services, MUg will carrying out major renovations in five hubs which include Ngoma Health Center (HC) IVs, Mityana hospital, Kasana HC IV, and Lyantonde hospital. Minor renovations will be focused on three hubs to include Nakasongola HC IV, Maddu HC IV and Sembabule HC IV. During the same period, there will be substantial focus on increasing access to CD4+ testing, hematology and clinical chemistry. Therefore MUg will work together with Central Public Health Laboratory (CPHL) to ensure that equipment for CD4+ testing, clinical chemistry and hematology are procured and operationalized. MUg will together with the Districts support the recruitment of seven laboratory technologists (three for Mityana hospital, three for Lyantonde hospital and one for Sembabule HC IV) and 13 laboratory technicians (two for Nakasongola HC IV, three for Ngoma HC IV, one for Mityana hospital, two for Kasana HC IV, one for Kasanda HC IV, two for Maddu HC IV, one for Lyantonde hospital and one for Sembabule HC IV).

Besides, MUg in the same period will be responsible for the procurement of the 55 motorbikes in support of the specimen referral and transport network. MUg will continue to support the National Early Infant Diagnosis (EID) program lab at CPHL to perform 65,000 DNA PCR tests per year. The MUg CoE will continue to provide EID testing back-up for the National EID testing laboratory at CPHL, therefore at any one time MUg CoE would be required to have a few EID test kits. MUg Uganda will support the national HMIS data management systems and other national guidelines and policies for laboratory systems. The program will also strengthen human resource capacity for sustainable laboratory services in the 16 districts through in-service training, placements, mentoring and coaching to enhance capacity for managing testing facilities.

In FY 2012/2013, Mildmay will support CPHL to coordinate and strengthen management of laboratory services in Uganda. Specific activities for CPHL will include development of guidelines and policies for quality assurance, infrastructure development, logistics and equipment management, training of trainers, improvement of laboratory information management and support supervision. Laboratory services will be strengthened using the WHO laboratory management towards accreditation (SLMTA) approach and

implementation of quality management systems starting with the lab at MUg COE in the first year; consequently all health facilities supported by Mildmay should be accredited to the desired level by 2014.

Except for Ngoma HC IV the rest of the hubs will be supported to effectively carryout CD4, clinical chemistry and hematology tests. The program will also support roll out of GeneXpert in an effort to improve diagnosis of TB and most significantly MDR strains among the HIV infected patients, or the potential risk for MDR infection to HIV infected patients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	839,278	0

Narrative:

The goal of Mildmay Uganda (MUg) Program is to scale-up comprehensive HIV/AIDS care, treatment and prevention services through the integration and strengthening of the District Health Service (DHS) between 2010 and 2015 by increasing access to family centered, comprehensive HIV and AIDS prevention, care and treatment; Building human resource capacity for sustainable delivery of HIV and AIDS services and strengthen DHS planning, administration, M&E, logistics and supply chain management mechanisms. The program will contribute to the overall HIV Testing and Counseling (HTC) goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up Provider-Initiated Testing and Counseling (PITC) and customized interventions relevant to key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV Care and Treatment and social support services in the community with the aim of increasing demand and adherence for positive clients. Linkage facilitators will facilitate active linking of HIV positives to prevention, care and treatment programs. In addition, a tracking system will be incorporated in the HTC reporting tools to enable programs to document referrals and monitor progress.
Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. Partner and district level capacities were also key factors in determining the allocation of program resources.

Project coverage is 16 districts, including: Buikwe, Nakaseke, Mityana, Mubende, Nakasongola, Luwero, Mpigi, Gomba, Butambala, Masaka, Kalungu, Bukomansimbi, Lwengo, Lyantonde, Sembabule, and Wakiso. The target populations in these districts will vary depending on need, however, the following groups have been identified for priority focus for MUg HTC intervention: commercial sex workers and their clients and partners, fishing communities, uniformed forces, long distance truck drivers, and men

who have sex with men.

Currently, PEPFAR contributes to more than half of the Ministry of Health's HTC targets. Of the overall PEPFAR HTC target of 1,960,054, MUg will contribute 167,194 clients provided with HTC and received results. Recognizing the important role of GOU, HTC program activities shall be conducted in partnership with district local governments under stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term commitment by the USG.
The project will work in collaboration with Medical access Uganda, the National Medical Stores and joint medical stores to ensure availability of HTC test kits and other required reagents so as to eliminate stock outs.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

In FY 2013, Mildmay Uganda (MUg) will facilitate the implementation of PMTCT Option B+ activities in 16 districts of Central region.

Key strategic pivots for PMTCT will focus on:
1) Improving access and utilization of eMTCT services to more HIV infected pregnant women early during pregnancy. To achieve this MUg will ensure provision of universal HTC services during ANC, L/D, & community mobilization.
2) Decentralizing Treatment & Option B+ through accreditation of all PMTCT sites at hospital; Health Center (HC) IV and HC III levels. Activities will include site assessments; identification of training needs; procurement of equipment; printing M&E tools, job aides & Option B+ guidelines, training of service providers and sample referral system for CD4+ and EID. The transition of Option B+ will be done in accordance with MOH guidance and a total of 212 sites will be accredited by end of FY 2013.
3) MUg will support Option B+ service delivery using a Family Focused model within MNCH settings. Family support groups will be formed at all sites and will meet monthly to receive adherence, Infant and Young Child Feeding (IYCF), Family Planning (FP), couples counseling; EID and psycho-social support; supported disclosure and ARV refills. Village health teams will be utilized to enhance follow-up, referral, birth registration and adherence support. Male partners will receive condoms; STI screening & management; support for sero-discordant couples; treatment for those who are eligible and linkage to

Voluntary Medical Male Circumcision (VMMC). At least 31,000 partners of pregnant women will be tested within the MNCH setting.
4) Supporting intensive M&E to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. Sites will document services to the mother-baby pairs at both facility & community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each site. Mobile phones will be used to remind clients of appointments; EID results and ARV adherence. Home visits will be conducted to trace clients lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

5) Facilitating joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development Partners, districts, USG and implementing partner staff. Site level support will entail cohort reviews, adherence and retention rates, data management, knowledge gaps and availability of supplies, commodities and tools.
6) Integrating voluntary and informed FP services with PMTCT services. MUg will ensure FP sessions are integrated within PMTCT trainings, counseling; education and information during ANC, labor and deliver and postnatal periods, as well as, for women in care and treatment; based on respect; women's choices and fulfillment of their reproductive health rights.
MUg will support the recruitment of 195 critical health staff in 14 districts including midwives, Clinical officers, lab technicians and support eight Lab hubs to facilitate EID sample collection and transportation.
Mug will support linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of sexually transmitted infections, and reproductive health (RH) counseling and services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	3,225,835	0

Narrative:

Mildmay Uganda (MUg) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The MUg program will enroll @20,832 new clients and support 44,163 adults and kids on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, it allows for higher achievements through continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients and key populations. MUg will support 16 districts in Central region.
MUg will support MoH roll out of Option B+ for eMTCT through following: accreditation of 138 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. MUg will support

ART/PMTCT integration at facility level piloting feasible service delivery models.
Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points. Facilitators will be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. MUg will support reproductive health integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.
Targeted community outreaches in high prevalence hard to reach and underserved areas for example islands and cattle corridor will be conducted. MUg will target key populations using innovative approaches including setting up specialized services including moonlight services. MUg will implement QI initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers and 'alert' stickers will be supported. Special focus will be placed on adherence & retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. MUg will support the sample referral network in line with national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.
MUg will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. In addition, MUg will work with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities uncluding cotrimoxazole and lab reagents. MUg will build the capacity of facility staff in supply chain management.
MUg will work with USG partners and stakeholders for provision of required wrap around services. The program will be aligned to the National HIV/AID Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUg will work under the guidance of MoH/ACP and the QA Department in trainings, ART/PMTCT mentorship and supportive supervision. HRH is critical for successful scale up of HIV treatment services. In the current COP it is proposed to support the new recruitment of critical health workers, including laboratory cadres, in 87 districts for both public and private not-for profit facilities based on the new scale up targets and current staffing level, in the particular district. 195 health workers shall be recruited.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	489,714	0

Narrative:

Mildmay Uganda (Mug) will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. MUg program will enroll at least 3,958 new HIV positive children and support 5,741 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 36,252 new clients and 63,704 children current on treatment. MUg will support 16 districts: Wakiso, Mpigi, Gomba, Butambala, Masaka, Kalungu, Bukomansimbi, Lwengo,

Mityana, Mubende, Sembabule, Lyantonde,Luweero, Nakaseke, Nakasongola and Buikwe.

In FY 2013, MUg support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages/phone calls and flagging files with 'initiate ART immediately' stickers. Facilities will be supported to strengthen 'test and treat' for all HIV positive under two years in line with the national treatment guidelines.

MUg will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. MUg will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MUg will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. In addition MUg will coordinate with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. MUg will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, MUg will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MUg will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. MUg will work under the guidance of MoH/ACP and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Human resources for health is critical for successful scale up of HIV Care and Support services. In the current COP it is proposed to support the new recruitment of critical health workers, including laboratory cadres, in 87 districts for both public and PNFP facilities based on the new scale up targets and current staffing level, in the particular district. A total of 195 health workers shall be recruited by this mechanism in 14 districts.

Implementing Mechanism Details

Mechanism ID: 13466	**Mechanism Name: Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Protestant Medical Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,787,291	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,787,291

Sub Partner Name(s)

Catholic Relief Services	Children's AIDS Fund	Futures Group
Institute of Human Virology, Nigeria		

Overview Narrative

Uganda Protestant Medical Bureau (UPMB) runs a network of 273 Health Care Facilities (HCFs) nationally seven of which provide HIV/AIDS services in 6 districts. UPMB will implement the National Expansion of Sustainable HIV/TB services project in seven HCFs: Kabarole, Amai, St Steven's, Rugarama, and Ruharo Hospitals, Azur Health Center (HC) IV and Joy Medical Center. Project objectives include provision of HIV prevention services; HIV care treatment and support services; and strengthening Health systems to integrate and sustain quality HIV services. Since 2004, two of the seven HCFs have offered HIV services through AIDS Relief; however gaps are poor infrastructure, old and inadequate equipment,shortage of medical supplies, growing demand for services, inadequate integration of TB/HIV services;limited combination prevention services and health system weaknesses.UPMB will expand from two to seven HCFs and strengthen district ownership by funding and working within the district health

plan, work with the District Health Teams, participate in planning, coordinate and supervise HCFs, strengthen supply chain systems, improve information management systems and support district/NGO collaborations.
M&E will include; quarterly supervision visits, HMIS analysis, conducting baseline and program evaluations. Indicators will be aligned to those of the MOH and NGIs consistent with the Three One's Principle. UPMB will monitor and evaluate HCF performance through monthly reports, site visits, DQAs and bi-monthly HCF meetings.
No vehicles will be purchased but five vehicles will be transferred to UPMB from the ended AIDS Relief Program. Two of the vehicles will be allocated to the two existing HCFs for field activities, and three allocated to UPMB's Kampala Office for travel to sites.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13466**		
Mechanism Name:	**Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda**		
Prime Partner Name:	**Uganda Protestant Medical Board**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	830,565	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. UPMB will support the care services to 6,062 clients as to the overall PEPFAR target of 812,989 HIV positive individuals receiving care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations truck drivers, fishermen, commercial sex workers and men that have sex with men. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UPMB will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum. UPMB will work in six districts of Uganda.

UPMB will provide comprehensive care and services in line with national and PEPFAR guidelines including: strengthen positive health dignity and prevention services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, pain and symptom management and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. UPMB will support the sample referral network in line with the national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports keeping track and reporting on client waiting lists.

UPMB will liaise with PACE for provision and distribution of basic care kits to clients. In addition UPMB will coordinate with Joint Medical Stores and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents. UPMB will build the capacity of facility staff to accurately and in a timely manner report, forecast, quantify and order commodities. In addition, UPMB will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda to support integration with other health and nutritional services. Collaboration with other key stakeholders for

provision of required wrap around services including family planning.

UPMB working with MoGLSD will address the linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of sexually transmitted infections, and reproductive health counseling and services. UPMB will support gender equity training for program managers, counselors, and M&E officers at a minimum will receive training to include gender-equity indicators and systematically audit gender equity performance
The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15), support and strengthen the national M&E systems, and work within district health plans. UPMB will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision. Funding will be provided for recruitment of additional staff through the districts. This will be done in collaboration with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

Narrative:

Despite the scale-up of HIV services, less than 10% of children living with, or made vulnerable by HIV (OVC) receive external support. UPMB will provide 14,047 OVCs with three or more core services in addition to psychosocial support in FY 2012 using MoGLSD guidelines.
OVC services will be provided in all the seven HCF facilities in the districts of Amolater, Kabarole, Kampala, Hoima, Mbarara and Kabale.
UPMB will build the capacity of 13 service outlets and other stakeholders to plan and deliver sustainable OVC services by: identifying Community Resource Persons (CRP) to act as reference points/mentors for children, training 50 HW and 70 community resource people (CRP) twice a year in OVC care and support, distributing IEC materials on child support and protection, holding quarterly stakeholders meeting with international and local organizations, institutions focusing on children, developing social services directories and systems for referral.
Education: UPMB will provide 3,050 OVCs with school materials, link them to government schools and motivate beneficiaries and develop older OVCs as role models. UPMB will awarding 20 annual scholarships for secondary school, send 20 older OVC to vocational training for a 6-12 months business course, offer life skills and protection, offer reproductive health education, offer internship opportunities, and tools to start a trade; placing emphasis on girls' participation.
Protection: UPMB will reach 5,000 people, sensitize them on rights and stakeholder responsibilities; identify, refer and follow up abused children; and train 3,050 OVCs and caregivers on tools to protect rights.
Economic Strengthening: Formation of 10 Savings and Internal Lending Community (SILC) groups,

UPMB will train OVC households to participate in business and life skills, protection and reproductive health. UPMB will support SILC groups to use savings for income-generating activities; link 100 older OVC to job opportunities, or on-the-job training and mentoring of younger children in addition to a “give back” program for graduating OVCs.
Food security and Nutrition: UPMB will link 750 OVC households to support programs, train caregivers in improved food production and offer quarterly programmatic reviews.
Psychosocial Support (PSS): UPMB will train 15 counselors and nurses in PSS and support them to train 21 satellite staff in PSS for clients; facilitate six OVC and pediatric support groups; establish child-friendly services in seven HCF using PSS tools; train 40 CRP in counseling and mentoring.
Pediatric services: UPMB will actively search and identify HIV infected OVCs and link them to HIV-related services, including HCT, Care, ART, PMTCT and EID in addition to maintaining vigilance to monitor nutritional status, and ensure those with TB or bacterial infections are tested and receive care.
In order to support adolescents who ‘age-out’ or graduate out of OVC programs, UPMB will work with Advisory Boards to develop models for transitioning adolescent OVCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	49,759	0

Narrative:

UPMB will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

UPMB will contribute to this target by screening 5,996 HIV positive clients for TB and 200 will be started on TB treatment. UPMB will work in six districts of Amolater, Kabarole, Kampala, Hoima, Mbarara and Kabale.

UPMB will improve Intensified Case Finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies GeneXpert and fluorescent microscopy. UPMB will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2012, UPMB will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. UPMB will increase focus on adherence

and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, UPMB will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. UPMB will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UPMB will work under the guidance of MoH AIDS Control Program, NTLP and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, UPMB will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	9,815	0

Narrative:

UPMB will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. will contribute 600 to the overall PEPFAR target of 74,555 HIV positive children receiving care and support services.

UPMB will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. UPMB will implement community mobilization and targeted activities such as 'Know Your Child's Status' campaigns to identify more children. Focus will be placed on improved assessment

of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

UPMB will support retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive heatlh services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services will be screened for HIV and appropriately linked to care and support. UPMB will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UPMB will liaise with PACE for provision and distribution of basic care kits to clients and with Joint Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. UPMB will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

UPMB will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UPMB will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UPMB will work under the guidance of MoH/ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

The six building blocks of HSS (service delivery, health workforce, information, medical products vaccines and technologies, financing, and leadership/governance) provide a useful framework to guide the strengthening of the faith based health systems in order to improve quality, access, coverage and safety of health services. By strengthening systems, UPMB will ensure improved health, efficiency,

responsiveness and sustainability. UPMB will pay special attention to quality of care, focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT and TB/HIV, OVC, prevention and pediatric services. The project aims at strengthening activities in all the six building blocks during the entire grant period.

Sustainability and systems strengthening lies at the heart of UPMB and will be based on a durable comprehensive HIV/AIDS program; within a strengthened health care delivery system.

UPMB will also focus on strengthening the capacity of the indigenous entities actively using their extensive linkages with the MoH and other faith based groups and donors.

UPMB will promote the delivery of HIV services in an integrated manner in order to optimize care and treatment outcomes. 982 community health and Para social workers shall receive in service training in various components of HIV care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	641,129	0

Narrative:

Given the results of the 2011 UAIS showing an alarming increase in HIV prevalence and very low circumcision prevalence (approx 25%), PEPFAR Uganda is prioritizing this prevention intervention as it is a major pivot to reduce the number of new HIV infections. By scaling up Voluntary Medical Male Circumcision (VMMC) and circumcising 4,200,000 men by 2015, 428,000 new adult HIV infections will be averted by 2025.

UPMB will provide VMMC services in all the seven HCFs in the districts of Amolatar, Kabarole, Kampala, Hoima, Mbarara and Kabale. VCCM will be offered as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and be faithful; providing and promoting correct and consistent use of male condoms; providing HIV testing and counseling services and refer to appropriate care and treatment if necessary, and providing services for the treatment of sexually transmitted infections.

UPMB will target eligible men (adolescents and male) 15 years and above who are likely to be sexual active and at higher risk of acquiring HIV. UPMB will implement the MOVE (Model for Optimizing the Volume for Efficiency) to optimize the efficiencies and increase the volume safely at Kabarole, Amai, Rugararama, Ruharo and St. Steven's Hospital. Special focus will be placed on quality assurance and

regular quality assessments (internal and external) of the VMMC program will be done and daily reports sent to the SMC/VMMC National Operational Center as required by MoH.

UPMB will create acceptance and demand for VMMC through community campaigns based on information from the Uganda National Communication Strategy on Safe Male Circumcision employing both media campaigns and person to person communication targeting localities with high numbers of men like markets, churches, taxi parks and 'boda boda' stages.

In FY 2012, a total of 90 staff in the seven HCF shall be trained in VMMC and 19,950 males offered a comprehensive package of VMMC in line with MoH guidelines. VMMC supplies and commodities will be sourced from Medical Access Uganda Limited.

The MoH policy guidelines on VMMC will guide the integration of VMMC services in Uganda's national health system. Through these established policy guidelines on VMMC UPMB will contribute to the national VMMC target of 1 million circumcisions in 2012/2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	142,750	0

Narrative:

The National Expansion and Strengthening of Sustainable HIV/TB Services in Uganda project will increase access to HIV Counseling and Testing (HCT) by providing HCT services to over 25,000 individuals and improving health workforce capacity targeting seven health care facilities in Amolatar, Kabarole, Kampala, Hoima, Mbarara and Kabale districts.

Project objectives include provision of HIV prevention, care, treatment, and support services; and strengthening Health systems for sustainable and integrated quality HIV services.

UPMB will implement provider initiated Testing and Counseling (PITC) integrated into routine health care at all implementing sites and will use innovative outreach approaches for HTC in the community including special services focusing on couples.

A continuum of response will be ensured by actively linking clients between MNCH, out patients and in-patients departments and to other HIV care and support services targeting pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum using linkage facilitators. In addition male partners, family members and the general population will be targeted based on existing HIV prevalence data and unmet need. This will increase demand and enrolment into care of identified

positives.

UPMB will make HCT available at eight lower-level satellite sites and train 100 local Health Workers at those sites in developing and implementing gender-sensitive HCT protocols. UMPB will encourage community members to access HCT by hosting two awareness-raising events per year, in each of the 13 service outlets. In addition, 40 Health Workers will carry out monthly community-based HCT outreaches for children and adults following the MoH guidelines

Routine quality HTC data will be collected and analyzed to generate periodic progress reports that will be shared with stake holders like; District Local governments, USG, partners and MoH. Regular data quality audits will be conducted in line with WHO HTC Quality Assurance/ Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	0

Narrative:

The National Expansion and Strengthening of Sustainable HIV/TB Services in Uganda project will increase access to HIV Counseling and Testing (HCT) by providing HCT services to over 25,000 individuals and improving health workforce capacity targeting seven health care facilities in Amolatar, Kabarole, Kampala, Hoima, Mbarara and Kabale districts.

Project objectives include provision of HIV prevention, care, treatment, and support services; and strengthening Health systems for sustainable and integrated quality HIV services.

UPMB will implement provider initiated Testing and Counseling (PITC) integrated into routine health care at all implementing sites and will use innovative outreach approaches for HTC in the community including special services focusing on couples.

A continuum of response will be ensured by actively linking clients between MNCH, out patients and in-patients departments and to other HIV care and support services targeting pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum using linkage facilitators. In addition male partners, family members and the general population will be targeted based on existing HIV prevalence data and unmet need. This will increase demand and enrolment into care of identified positives.

UPMB will make HCT available at eight lower-level satellite sites and train 100 local Health Workers at

those sites in developing and implementing gender-sensitive HCT protocols. UMPB will encourage community members to access HCT by hosting two awareness-raising events per year, in each of the 13 service outlets. In addition, 40 Health Workers will carry out monthly community-based HCT outreaches for children and adults following the MoH guidelines

Routine quality HTC data will be collected and analyzed to generate periodic progress reports that will be shared with stake holders like; District Local governments, USG, partners and MoH. Regular data quality audits will be conducted in line with WHO HTC Quality Assurance/ Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	738,682	0

Narrative:

UPMB will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. UPMB will enroll at least 2,038 new clients and support 4,114 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. UPMB will work in six districts of Uganda: Amolater, Kabarole, Kampala, Hoima, Mbarara and Kabale.

UPMB will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of six additional health facilities; training, mentorship and joint PMTCT/ART support supervision. UPMB will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. UPMB will support reproductive health integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.

Targeted community outreach activities in high prevalence hard to reach and underserved areas of UPMB will also target key populations using innovative approaches including setting up specialized services; such as moonlight services.

UPMB will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders,

appointment registers and ‘alert’ stickers will be supported.
Special emphasis will be placed on adherence and retention of women enrolled under Option B+. Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. UPMB will support the sample referral network in line with this national CD4 expansion plan and will monitor and report clients’ access to CD4 in quarterly reports.

UPMB will liaise with PACE for provision and distribution of basic care kits to clients and with Joint Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. UPMB will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, UPMB will work with USG partners and other key stakeholders for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UPMB will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision.
Funding will be provided to support the recruitment of additional staff through the districts to meet the achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	24,591	0

Narrative:

UPMB will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. UPMB will enroll at least 202 new HIV positive children and support 2,240 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment. UPMB will work in six districts of Amolater, Kabarole, Kampala, Hoima, Mbarara and Kabale.

In FY2012, UPMB will support the national program to scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages/phone calls and flagging files with ‘initiate ART immediately’ stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under two years in line with the national treatment guidelines.

UPMB will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity prevention services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. UPMB will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UPMB will liaise with PACE for provision and distribution of basic care kits to clients and with Joint Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents). UPMB will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, UPMB will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UPMB will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UPMB will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and supportive supervision.
Funding will be provided to support the recruitment of additional staff through the districts to meet the achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Implementing Mechanism Details

Mechanism ID: 13486	**Mechanism Name: Scaling Up Integrated, Effective and Sustainable Services for the Prevention of Mother to Child Transmission of HIV (PMTCT) in Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Protecting Families from AIDS, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 733,379	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	733,379

Sub Partner Name(s)

ADJUMANI DISTRICT LOCAL GOVERNMENT	Amuria District Local Government	ARUA DISTRICT LOCAL GOVERNMENT
BUIKWE DISTRICT LOCAL GOVERNMENT	Bukedea District Local Government	BUKOMANSIMBI DISTRICT LOCAL GOVERNMENT
BUTAMBALA DISTRICT LOCAL GOVERNMENT	GOMBA DISTRICT LOCAL GOVERNMENT	JINJA DISTRICT LOCAL GOVERNMENT
Kaberamaido District Local Government	Kalangala District Local Government	KALUNGU DISTRICT LOCAL GOVERNMENT
Kampala District Local Government	Katakwi District Local Government	KIBULI MUSLIM HOSPITAL
KOBOKO DISTRICT LOCAL GOVERNMENT	Kumi District Local Government	Luwero District Local Government
LWENGO DISTRICT LOCAL GOVERNMENT	LYANTONDE DISTRICT LOCAL GOVERNMENT	MAMA'S CLUB -UGANDA
Manafwa District Local Government	MARACHA DISTRICT LOCAL GOVERNMENT	MASAKA DISTRICT LOCAL GOVERNMENT
Mityana District Local Government	MOYO DISTRICT LOCAL GOVERNMENT	MPIGI DISTRICT LOCAL GOVERNMENT
NAKASEKE DISTRICT LOCAL GOVERNMENT	Nakasongola District Local Government	NEBBI DISTRICT LOCAL GOVERNMENT
NGORA DISTRICT LOCAL GOVERNMENT	RAKAI DISTRICT LOCAL GOVERNMENT	Rubaga Hospital
SEMBABULE DISTRICT LOCAL GOVERNMENT	SERERE DISTRICT LOCAL GOVERNMENT	Soroti District Local Gvernment

Tororo District Local Government	Wakiso District Local Government	YUMBE DISTRICT LOCAL GOVERNMENT
ZOMBO DISTRICT LOCAL GOVERNMENT		

Overview Narrative

Protecting Families Against HIV/AIDS (PREFA) is a national NGO that supports the implementation of PMTCT Services in Uganda and currently receives PEPFAR funds to support the scale up of PMTCT services in seven districts. The goal of this project is to contribute to the elimination of MTCT in seven districts and therefore contribute to the achievement of PEPFAR goals 1, 2, 3, 4, and 5, and the goals of Uganda's National Strategic plan.

The key objectives are:
1) To facilitate the implementation and monitoring of PMTCT of Option B+ services within Maternal and Child Health (MNCH);
2) To provide early infant HIV testing to 90% of all HIV-exposed babies below the age of 12 months;
3) To strengthen the integration of Family planning within and PMTCT services seven districts.

The total population in the targeted districts is 150,270 people and this project will target specifically women of reproductive age group, pregnant women and their spouses, lactating mothers, infants and the general community. The activities of the project will be implemented by the district health workers, peer mothers as well as village health teams at community level through a district-led approach. To enhance cost effectiveness, the district based trainers will conduct trainings of service providers, as well as, post-training mentorships, and on-site support supervision. In addition, PREFA will engage volunteers to support adherence and retention as well as linkages to other HIV care services.

PREFA has procured four vehicles since the beginning of the project and will not procure any in FY 2012.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	120,000
Human Resources for Health	606,611

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13486**
Mechanism Name:	**Scaling Up Integrated, Effective and Sustainable Services for the Prevention of Mother to Child Transmission of HIV (PMTCT) in Uganda**
Prime Partner Name:	**Protecting Families from AIDS, Uganda**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	733,379	0

Narrative:

In FY 2013, PREFA will facilitate the implementation of PMTCT Option B+ activities in the seven districts of Central region in Uganda.

Key strategic pivots for this program PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant

women as early as possible during pregnancy and to achieve this PREFA will ensure provision of universal HIV Testing and Counseling (HCT) services during ANC, labor and delivery and enhance community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites at hospital, Health Center (HC) IV and HC III levels. Activities will include site assessments for accreditation, identification of training needs; procurement of equipment, printing M&E tools, job aides, Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in PREFA sites will be done in accordance with MOH guidance and a total of 140 out of 164 sites will be accredited by end of FY 2013.

Effective delivery of Option B+ services will be enhanced through a family focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCF) counseling, EID, family planning counseling, couples HTC; supported disclosure and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration and adherence support. Through this model, male partners will receive condoms; STI screening and management, support for sero-discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 58,000 partners of pregnant women will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. Sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MoH, AIDS Development Partners, Districts, USG, and implementing partner staff in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5) Integrating voluntary and informed Family Planning services with PMTCT services. PREFA will ensure FP sessions are integrated within PMTCT trainings, counseling, education, and information during

ANC, labor and delivery, and postnatal periods as well as for women in care and treatment, based on respect, women's choices, and fulfillment of their reproductive health rights.

Implementing Mechanism Details

Mechanism ID: 13717	**Mechanism Name: Provision of Comprehensive CARE, Treatment and Prevention Services in Indigenous Health Facilities - AIDS Care and Treatment**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Registered Trustees for the Uganda Episcopal Conference	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,264,675	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	6,264,675

Sub Partner Name(s)

Aber Hospital	Catholic Relief Services - Uganda	Futures Group
Institute of Human Virology, University of Maryland School of Medicine (IHV-UMSOM)	Kalongo Hospital	Kamwokya Christian Caring Community
Kasanga Health Center	Kisubi Hospital	Kyamuhanga Comboni Hospital, Bushenyi
Nkozi Hospital	Nsambya Home Care Program, Uganda	Nyenga Hospital
St. Joseph's Hospital	St. Mary's Hospital, Lacor	Villa Maria Hospital
Virika Hospital		

Overview Narrative

The Uganda Episcopal Conference's (UEC) AIDS, Care, and Treatment Program (ACT) will work with local sub partners, health care facilities, and national and local district government to strengthen the faith-based health systems in 15 Districts in Uganda by the end of FY 2013.

Supported Health facilities (HCFs) will include; Aber, St. Joseph, and St. Mary's hospitals, Dr. Ambrossoli Memorial - Kalongo, Kamwokya Christian Caring Community, Nsambya, St. Francis Nyenga, Nkozi, Virika and Villa Maria Hospitals , Comboni Kyamuhuga, Kasanga Health Center (HC) III in the respective districts. UEC will scale up to include Lubaga, Kitovu, Kisubi, Bishop Assili and Angal Hospitals. The project will expands services for 17 faith-based hospitals and clinics and three community based organization's previously under the AIDS Relief program. Program activities will include: ART, HCT, VMMC, positive health dignity and prevention activities, integrated TB-HIV management, OVC and enhanced PMTCT. Under Global fund, community volunteers will be trained to sensitize their communities, give essential support.

The goal of the UEC project is to provide quality, accessible HIV services. Project objectives include ensuring that; HCFs provide quality HIV prevention services and safeguard the health of targeted communities, support and treatment services to targeted communities and Strengthened Health Systems. The program will be implemented through an integrated approach utilizing existing systems and staff. The UEC will support HCFs to collect quality data, analyze it and generate periodical progress reports. In addition, regular audits will be conducted.
UEC plans to procure four vehicles this year. These vehicles will facilitate support to the diverse and hard to reach HCFs.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities

OHSS	Training of HCT counselors Community Mobilization	132105	UEC contributed to Human Resource capacity building through training of 78 Health workers in HCT according to National Training Guidelines Community mobilization and demand creation in the 3 dioceses of Tororo, Soroti and Lira. The project was a one off activity within phase 1of Round 7 that ended Sept 2011. Subsequent funding awaits the phase 2 renewal process between Uganda and the Global Fund secretariat.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**13717**

Mechanism Name: / Prime Partner Name:	Provision of Comprehensive CARE, Treatment and Prevention Services in Indigenous Health Facilities - AIDS Care and Treatment Registered Trustees for the Uganda Episcopal Conference		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,052,780	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. The Uganda Episcopal Conference (UEC) implementing the AIDS Care and Treatment (ACT) project will support the provision of care services to 49,029 individuals as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen and hard to reach populations. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UEC will implement approaches to promote an effective CoR model and monitor key indicators along the continuum and will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention, pain and symptom management and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from the current 60% to 100% over the next 12 months. UEC will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports and will regularly keep track and ensure there will be no client wait lists.

UEC will work with PACE for provision and distribution of basic care kits to clients. UEC will also coordinate with the Joint Medical Stores and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents. UEC will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

UEC will work with USG partners such as HEALTHQual and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other

key stakeholders at all levels for provision of required wrap around services will take place.
The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems; and work within district health plans. UEC will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision.
Funding will be provided to support the recruitment of additional staff in the participating health facilities to meet the achievement of the targets. This will be done in line with the recommendations from the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	500,000	0

Narrative:

The project will provide services to orphans and vulnerable children (OVC) in all the 18 Health Center Facilities (HCFs) and will use two entry points for identifying OVCs, the HIV clinics at all the LPTFs and the community using the vulnerability index tool. At the clinic, the program will identify and support the HIV+ children, as well as, orphans under the care of the adult clients. Support for OVCs at the facility level includes will include counseling, care and treatment. Through the community approach, trained health workers and volunteers will carry out community mobilization and sensitization at community and family level using existing structures like churches and religious leadership, community meetings, and youth peer groups. As a result, they will be able to identify 8,200 OVCs and link them to comprehensive OVC packages provided by the program.

Also at the facility level, HCFs will create a family-centered care environment, and enhanced community support systems, including support for OVC peer groups, foster homes and paralegal support. All HCFs will establish support groups for children and for adolescents. 70% of the facilities will have designated child friendly corners and child days that will be done quarterly. On child days, children will be grouped by age and age appropriate activities will be carried out. These activities will include sessions on discipline, behavior life skills, and leadership skills. Identification of skills and talents will also be done and identified OVCs will be linked to livelihood support programs such as vocational skills and apprenticeship. Additionally, adolescents will be trained in prevention activities, with a focus on abstinence.

In FY 2013 the project will provide 8,200 OVCs with comprehensive care services in priority program areas in line with MoGLSD guidelines. The OVC package will include education support, psychosocial support, economic strengthening, and food and nutrition interventions. A total of 2,800 OVC care givers selected from the all the HCFs will be trained in comprehensive OVC management while 114 health

workers will complete an in service training program in OVC care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	366,197	0

Narrative:

UEC will focus on supporting the GOU to scale up TB/HIV integration, and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. UEC will contribute to this target by screening 44,126 HIV positive clients for TB; and 1,471 will be started on TB treatment. UEC will support 17 Catholic owned health facilities in all the 15 target districts

UEC will improve Intensified Case Findings (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies-GeneXpert and fluorescent microscopy. UEC will support MDR-TB surveillance through sputum sample transportation to Gene pert hubs and receipt of results at facilities.

In FY 2013, UEC will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. UEC will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene; cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, UEC will work with USG partners such as HEALTHQual, Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. UEC will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UEC will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in

trainings, TB/HIV mentorship and supportive supervision.

UEC will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	64,000	0

Narrative:

UEC will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The UEC program will contribute 49,029 to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children with ACT contributing 4,413. UEC will support 17 catholic owned health facilities in 15 districts.

UEC will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. UEC will implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

UEC will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. UEC will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UEC will liaise with PACE for provision and distribution of basic care kits to clients. In addition, UEC will coordinate with Joint Medical Stores and Medical Access Uganda Limited for ARVs and other HIV

commodities including cotrimoxazole and lab reagents. UEC will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

UEC will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UEC will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UEC will work under the guidance of MoH/ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	26,503	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early Infant Diagnosis (EID) hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests to increase coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, result transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30km to 40km radius serving 20 to 50 facilities.

UEC will support maintain Aber Hospital in Oyam District Northern Uganda as a specimen transportation,

testing and result transmission hub. The support includes: carrying out major renovations in the hub; the recruitment of two Lab Technologists and one Technician. The mechanism will also build capacity for the hub to carry out CD4, clinical chemistry and hematology tests by procuring the equipment and associated requirements.

These will also continue to participate in the UKNEQAS external assessment scheme for CD4 testing in addition to internal continuous Quality Improvement initiatives including the 'Small test of change through HealthQual and HCI.' Once the hub at Aber Hospital is fully functional, UEC will strengthen and harmonize the support they are already providing to the current 14 health facilities, and will expand to a total of 17 facilities in 14 districts by the end of 2012. UEC supported facilities will continue to benefit from the supply chain management services provided by MAUL and also make use of the regional Equipment Maintenance workshops to be supported by SUSTAIN.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	638,943	0

Narrative:

Given the results of the USAIS (2010/2011) with alarming increase in HIV prevalence and very low circumcision prevalence (approx 25%), PEPFAR Uganda is prioritizing this prevention intervention as a major pivot to reduce the number of new HIV infections.

UEC will provide Voluntary Medical Male Circumcision (VMMC) as part of the comprehensive HIV prevention package which includes: promoting delay of sexual debut or primary abstinence, abstinence and partner reduction and being faithful, condom promotion correct and consistent use of male condoms campaigns, providing HIV testing and counseling services and refer to appropriate care and treatment if necessary. Treatment services for sexually transmitted infections in all the 17 supported Health Care Facilities (HCF) will also be provided.

UEC will employ both media campaigns and person to person message packaging to target male and female partners to increase testing uptake. Community mobilisers will target localities with high numbers of men like markets, taxi parks, 'boda boda' stages.

UEC will implement the Model to Optimizing Volume for Efficiency (MOVE) and increase VMMC services uptake at all supported HCFs.

Special focus will be placed on quality assurance and regular quality assessments (internal and external) of the VMMC program will be done and daily reports sent to the SMC National Operational Center as

required by MoH.

The MoH policy guidelines on VMMC will guide the integration of VMMC services in Uganda's national health system. Through these established policy guidelines on SMC UEC will contribute to the national SMC target of 1 million circumcisions in 2012/2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	125,000	0

Narrative:

In FY 2013, UEC will offer adult care and support services through 17 Health Care Facilities (HCFs), distributed across Uganda in some of the most underserved and rural areas. In addition, the partner has been funded to promote a range of behavioral activities to reduce HIV transmission, for both in-school and out of school youth.

The interventions are stand-alone to reduce the HIV sexual risk behavior: promote primary abstinence among the youth, encourage delay of sexual debut, promote fidelity and monogamy (partner reduction). For sexually active youth the interventions will focus on risk reduction counseling including secondary abstinence, and biomedical prevention interventions at targeted Health care Facilities and churches after prayers.

UEC will use various channels to communicate a range of messages to promote abstinence, and delay of sexual debut. The messages are developed according to the National Prevention Strategy, and approved by UAC and MoH. The messages are being delivered at the individual level (interpersonal level), community level in collaboration with community based organizations like; Comboni Samaritan in Gulu, Meeting Point and Christian HIV/AIDS Prevention and Support (CHAPS) to build behavior change activities into their strong community networks following the Ugandan MoH guidelines.

The program will ensure that AB activities are integrated into PMTCT, OVC Care and treatment activities at all the 17 HCFs. Pregnant women who test negative in ANC will also be encouraged to attend these risk reduction counseling sessions with their partners

In FY 2013 a total of 14,401 individuals (youth in and out of school) will be reached and 25 church small using group sessions will held using targeted massages AB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	342,600	0

Narrative:

The goal of the UEC AIDS Care and Treatment (ACT) Program is to provide High quality accessible HIV services in an integrated and strengthened health care system working with faith based local partners in 17 health care facilities situated 15 districts across Uganda.

In FY 2013 the program will offer HIV Testing and Counseling (HTC) to 60,000 individuals and contribute to the overall PEPFAR HTC goals by increasing access to and use of essential counseling and testing services to pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum.

In addition, male partners, families and the general population will be targeted based on existing HIV prevalence data and unmet need. The program will scale up Provider or Client Initiated Testing and Counseling (P/CITC) at all implementing sites with same visit return of results and will use innovative outreach approaches to reach key populations in the community including special services for couples. Community and political leaders will be engaged. This program will contribute to the continuum of response by actively linking clients to other health services including HIV care and treatment and social support services in the community thereby increasing demand and retention in care.

The UEC will implement this program through an integrated approach utilizing existing systems and staff and will promote cost efficiency through: hiring local staff, using national treatment guidelines and a lean staffing technical assistance model with locally sourced expertise to provide technical backstopping.

Health care facilities (HCFs) will collect routine quality data, analyze it and generate periodical progress reports that will be shared with stakeholders including: implementing partners, districts, MoH, and regular data quality audits will be conducted to maintain high quality data.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines

Four vehicles will be procured during the year. These vehicles are to facilitate technical assistance and support supervision missions to the diverse and hard to reach HCFs.

The HTC program activities shall be conducted in partnership with local district governments under stewardship of the MoH, recognizing that the scale-up of activities will require a continued commitment by the USG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	450,000	0

Narrative:

In FY 2013, the UEC project will facilitate the roll out and implementation of PMTCT Option B+ activities in 17 Health care facilities.

PMTCT program shifts will include:
1) Improving access to and utilization of eMTCT services in order to reach more HIV positive pregnant women as early as possible during pregnancy. This will be achieved through provision of universal HTC services during ANC, labor and delivery, and community mobilization.

2) Decentralizing Option B+ and Treatment services through accreditation of all PMTCT sites at hospital; Health Center (HC) IV and HC III levels. Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing M&E tools, job aides, and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in targeted sites will be done in accordance with MOH guidance and four sites will be accredited by end of FY 2013.

UEC will use a Family Focused model within MNCH settings where by support groups at all PMTCT sites are to meet monthly to receive adherence counseling and psycho-social support, IYCF counseling, EID, FP counseling, couples HTC; supported disclosure and ARV refills. Village health teams (VHTs) will also be engaged to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms; STI screening and management; support for sero-discordant couples; treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision. At least 12,500 partners of pregnant women will be tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses for appointments, EID results, and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development partners, Districts, USG, and IP staffs in accordance with MOH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management,

availability of supplies, commodities and tools and knowledge gaps.

5) UEC will not provide family planning services directly to clients since it's a catholic based institution but will work with other partners like MSI and UHMG to ensure that those who need the services are referred to trained service outlets.

The Program will provide HIV counseling and testing to 25,000 pregnant women in 14 service outlets during FY 2013. A total of 2,075 HIV positive pregnant women will be identified, of which 1,764 will be initiated on HAART for life and 311 will be provided with ARV prophylaxis; in addition, 2,012 will receive ARV prophylaxis and DNA/PCR test will be done for 2,012 of exposed babies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,515,788	0

Narrative:

UEC will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The UEC program will enroll at least 12,554 new clients and support 30,076 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations in Catholic owned facilities in 15 districts.

UEC will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of 24 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. UEC will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.
Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. UEC will support reproductive health integration including maternal and child health and cervical cancer screening at facility level through provision of the services or referrals. Targeted community outreaches in high prevalence hard to reach and underserved areas of will be conducted. UEC will also target key populations using innovative approaches including setting up specialized services; such as moonlight services for commercial sex workers. UEC will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS

reminders, appointment registers, ‘alert’ stickers will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+. An emphasis will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. U EC will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients’ access to CD4 in quarterly reports. UEC will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. UEC will work with National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. UEC will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.UEC will work with USG partners and other key stakeholders for provision of required wrap around services. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UEC will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision. Funding will be provided to support the recruitment of additional staff in the supported health facilities to meet the proposed targets. This will be done in accordance to the HSS TWG guidance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	182,864	0

Narrative:

UEC will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The UEC project will enroll at least 1,130 new HIV positive children and support 4910 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment.

IN FY 2013, UEC support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages/phone calls and flagging files with ‘initiate ART immediately’ stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under two years in line with the national treatment guidelines.

UEC will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive helath dignity and prevention services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened

for HIV and appropriately linked to treatment. UEC will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

UEC will liaise with PACE for provision and distribution of basic care kits to clients. UEC will also work with Joint Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. UEC will build the capacity of facility staff to accurately report, forecast, quantifies and order commodities in a timely manner.

In addition, UEC will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. UEC will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. UEC will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and supportive supervision.
Funding will be provided to support the recruitment of additional staff in the participating health facilities to meet the proposed targets. This will be done working with the guidance from the Health Systems Strengthening technical working group.

Implementing Mechanism Details

Mechanism ID: 13833	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13835	**Mechanism Name: Strengthening National Pediatric HIV/AIDS and Scaling up Comprehensive HIV/AIDS Services in the Republic of Uganda under The President's Emergency Plan For AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,282,982	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	5,282,982

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new Baylor-Uganda mechanism 'Expansion of Naitonal Pediatric HIV/AIDS Preventionk, Care and Treatment Services and Training of Service providers' builds on the ended "Pediatric Infectious Disease Center - PIDC". Baylor-Uganda will continue providing comprehensive HIV services to the existing 37,411 clients in care and 9,139 are children of less than 15 years of age. 16,856 clients are on ART of whom 5,200 are children in the Center of Excellence (CoE) at Mulago Hospital and the seven districts of Kabarore, Kasese, Kamwenge, Ntoroko, Bundibugyo, Kyegegwa and Kyenjojo with HIV prevalence of 8% (UAIS, 2011).

Baylor-Uganda in collaboration with other USG funded implementing partnerss will support the MOH to build capacity to strengthen National Pediatric HIV/AIDS care and treatment in collaboration with Regional Referral Hospitals (RRH) to supervise, train and mentor health facility staff in comprehensive pediatric HIV/AIDS care and treatment services.

Baylor-Uganda will expand delivery of comprehensive HIV/AIDS prevention; care and treatment services to HIV infected children, adolescents and adults in the districts, while integrating with Global Health Initiative (GHI) principles which are infused into all program elements.

GHI represents a new and innovative way of doing business for the U.S. Government and will strengthen integration between USG-funded programs. The objectives of this project are to scale up access to comprehensive pediatric and adolescent HIV/AIDS/TB care and treatment, support MOH strengthen national pediatric/adolescent HIV/AIDS care and treatment and to strengthen the implementation of the district based programming approach and focusing on the agreed to program pivots which are documented in the budget code narratives below.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,000
Education	50,000
Food and Nutrition: Commodities	51,000
Food and Nutrition: Policy, Tools, and Service Delivery	42,000
Gender: Reducing Violence and Coercion	25,000
Human Resources for Health	1,055,128

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13835**
Mechanism Name:	**Strengthening National Pediatric HIV/AIDS and Scaling up Comprehensive HIV/AIDS Services in the Republic of Uganda under The President's Emergency Plan For AIDS Relief**
Prime Partner Name:	**Baylor College of Medicine Children's Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,249,463	0

Narrative:

Baylor-Uganda will support Government of Uganda (GOU) effort to expand access to HIV care and support with the goal to achieve universal access of 80% of clients in care by 2015. Baylor-Uganda will support the provision of care services to 52,102 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care. This target was derived using burden tables based on district HIV prevalence and treatment need in the districts. The Continuum of Response (CoR) model was applied to ensure improved referrals and linkages across service delivery points. Baylor-Uganda will pay attention to key populations such as truck drivers, fishermen, commercial sex workers and MSMs. It will implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

Baylor-Uganda will provide comprehensive care and support services in line with national guidelines and PEPFAR including: strengthening Positive, Health, Dignity and Prevention (PHDP) services; strengthening linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas of Ntoroko, Budibugyo, Kamwenge and parts of Kasese districts.

Baylor-Uganda will focus on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH. This has been a major bottleneck to treatment scale up nationally and will work with the Central Public Health Laboratory and other stakeholders, to improve CD4 coverage in the districts. Baylor-Uganda will support sample referral network in the districts in line with the national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports to ensure clients have access to CD4 testing.

Baylor-Uganda will liaise with PACE for provision and distribution of basic care kits to clients through the districts, village health teams and people living with HIV/AIDS networks and with National Medical Stores and Medical Access Uganda Limited for other HIV commodities. Baylor-Uganda will prioritize building the capacity of facility staff to report, forecast, quantify and order HIV commodities. Baylor-Uganda will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services and with key

stakeholders for other wrap around services.
Baylor-Uganda will support services integration including volutary, informed family planning and cervical cancer screening at facility level through provision of the services or referrals. Baylor will support facilities address linkages between gender based violence and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of STI, and reproductive health counseling and linkages.
The program will be aligned to the National Strategic Plan for HIV/AIDS; support and strengthen the national M&E systems and work under the guidance of MoH ACP and Quality Assurance Department for trainings, mentorship and support supervision.
Baylor will support recruitment of 60 new critical health workers, in four districts of Kyegegwa, Ntoroko, Bundibugyo and Kasese for both public and PNFP facilities based on new scale up targets and current staffing levels in particular districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	379,972	0

Narrative:

Baylor-Uganda will strengthen collaboration between District Health Offices (DHO), Community Development Offices (CDO), Community Based Organizations (CBO) and Faith Based Organizations (FBO) for coordinated provision of services (child protection, education, health, food security and economic strengthening) to OVC and their families. The DHO and CDO will work jointly to define schemes for livelihood and income generation activities that will be funded by the project. Caretakers of the OVC will form groups that will be funded through the district system. The groups will operate a revolving fund scheme from the initial funding support, with the project providing technical support. The OVC will be linked to the CBO for services that are not provided by the project.

Scaled up access to OVC services through training of 30 OVC providers in Kasese districts, integration of child protection into clinic activities, provision of scholastic materials to 50 children in Kyenjonjo district and school fees to 80 OVCs at COE, and providing a revolving fund to two groups each benefiting 50 OVC families. In total the support is expected to reach 12,258 children.

In the FY 2013, Baylor-Uganda plans to carry out the following activities:

Provision of small Loans to 50 vulnerable youths and five revolving credit groups. We also plan to give transport refund to 1,200 needy families and destitute elderly to facilitate them come to the Center of Excellence (CoE) clinic. Training of 50 OVCs in management of small loans and income generating activities and training of caregivers in agro-business skills and other income will be done.

Procurement and distribution of agricultural tools and equipment to 30 needy/destitute families and the procurement and distribution of enhanced seeds to 30 OVC families in supported districts. In addition, the procurement and distribution of food rations to 30 food insecure families.

Conduct two trainings in less labor-intensive farming technologies for 50 OVC households, conduct four trainings in appropriate nutrition for chronically ill children for 90 OVC families and conduct one training of caregivers in alternative care facilities. OVC guardians and caretakers will be trained in sustainable food security practices.

Provide school fees and scholastic materials for OVCs in primary, secondary, vocational and tertiary institutions, career guidance sessions to secondary school students benefiting from the sponsorship will be done and quarterly school visits to sponsored children for psychosocial support will be made.

Purchase and distribution of 10 sets of play therapy materials to seven districts health facilities, Baylor-Uganda will organize and train a Caretakers Drama Group of 20 members for community awareness raising and sensitizations at the Center of Excellence. Training in marital and family counseling to 18 Counselors will be conducted, monthly VCT outreach to OVC dwellings, orphanages and babies' homes, "know your child's HIV status' campaigns will be conducted and children needing psychosocial support will be identified and followed up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	309,150	0

Narrative:

Baylor-Uganda will support implementation of TB/HIV activities according to MOH TB/HIV policy through the structures of the National TB and Leprosy Control Program (NTLP). Priority MOH activities are aimed at decreasing the burden of TB among PHAs. Baylor-Uganda will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment.

This new program will build on previous achievements and contribute to this target by screening 46,892 HIV positive clients for TB and initiating 1,563 on TB treatment in eight districts. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

This project will support TB screening and treatment which will be integrated in all service delivery

facilities. Baylor-Uganda will improve ICF and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies - GeneXpert and fluorescent microscopy. Baylor-Uganda will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY2013, Baylor-Uganda will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and or the provision of ART in TB clinics. The program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensuring adequate natural ventilation.

The program will support and improve linkages between facilities and communities and facilitate Sub-county Health Workers (SCHW) and Facility TB Focal Persons to conduct TB contact and defaulter tracing at community level. Distrct TB/Leprosy supervisors will be supported to conduct support supervision of TB/leprosy/HIV services in the district.

The MoH/ACP and NTLP will be supported to roll out provision of IPT, in line with the WHO recommendations. In addition, Baylor-Uganda will work with USG partners such as PIN, SPRING, HEALTHQual and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Baylor will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15) to support and strengthen the national M&E systems and work within district health plans. Baylor-Uganda will work under the guidance of MoH/ACP, NTLP and Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision. Additionally, the program will support facilities to participate in national external quality assurance for TB laboratory diagnosis to improve case management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	56,895	0

Narrative:

Baylor-Uganda will support the GOU expand pediatric HIV care and OVC with the goal to achieve universal access by 2015. The program will contribute 4,689 children in care in eight districts to the

overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 73,169 are children.
Early infant diagnosis services and focal points at facilities will be scaled up to ensure follow up, active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be scaling up low cost approaches, such as use of care taker support groups. Baylor-Uganda will continue to implement community mobilization and targeted activities such as “know your child’s status” campaigns to scale. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.
Baylor-Uganda will provide comprehensive child friendly care and support services in line with national and PEPFAR guidances, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.
Also, will support retention of adolescents in care, ensure a smooth transition into adult life using expert peers, adolescent support groups, caretakers and the “Bright Future” approach to enhance behavioral change, adherence, and retention and stigma reduction. They will be provided with positive, health, dignity and prevention services including, and psychosocial support and life skills training and linked to sexual and reproductive health services.
Establishment of strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services and children provided with OVC services are screened for HIV and appropriately linked to care and support will be a key priority for the program. Baylor-Uganda will support the integration of HIV services in routine pediatric health services.
Baylor-Uganda will liaise with PACE for provision and distribution of basic care kits to clients, National Medical Stores and Medical Access Uganda Limited for other HIV commodities.
Baylor-Uganda will work with USG partners SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support health, nutrition and OVC services.
Baylor-Uganda will collaborate with other stakeholders for provision of required wrap around services.
The program will be aligned to the National Strategic Plan, support and strengthen national M&E systems and work within district plans. It will work under the guidance of MoH/ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.
Baylor-Uganda will support MoH in strengthening national pediatric HIV care and support services through technical assistance and capacity building at national and regional levels, working in liaison with MoH/ACP, SUSTAIN and local PEPFAR implementing partners in different districts across the country.
Human resources is critical for successful scale up of pediatric care. Baylor-Ugana will support recruitment of 60 new critical health workers, both public and private not-for profit facilities based on new scale up targets and current staffing levels in particular districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	88,169	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for the laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on the success of Early Infant Diagnosis hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is focused on the ART population to improve CD4+ testing coverage from 60% to 100%. There will be an overall effort to improv the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, results transmission, analysis and utilization. To achieve this, laboratory technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers.

Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30km to 40km radius serving 20 to 50 facilities.

Baylor-Uganda will establish four new hubs which include Kyegegwa and Kyenjonjo in Health Center (HC) IVs, as well as, Bundibugyo and Kilembe Hospitals on top of Kagando Hospital which is already a functional hub. All these hubs are within the Ruwenzori Region in Western Uganda. In order to improve infrastructure for service delivery, Baylor-Uganda will carry out major renovations on Kyegegwa HC IV and Kyenjojo, Bundibugyo and Kilembe will receive minor renovations of their laboratory facilities. In collaboration with the districts seven laboratory technologists (three for Bundibugyo hospital, two for Kilembe hospital and two for Kagando hospital) and five laboratory technicians (one for Kyegegwa HC IV, one for Bundibugyo hospital and three for Kilembe hospital) will be recruited to address HR health gaps. Baylor-Uganda will work with Central Public Health Laboratory and MoH to ensure capacity for all the hubs to carry out CD4+, Clinical chemistry and hematology testing are installed and operationalized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

This mechanism is not receiving funding under this program area in the revised COP 12. But the funding previously under HSS e.g. training or supporting HRH has been incorporated in the service delivery unit costs..

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

This IP will not be funded for VMMC, implementing partnerss for this activity have been rationalized and in the Rwenzori Region VMMC services will be supported by other USG implementing partners including SUSTAIN, UEC and UPMB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	612,450	0

Narrative:

The project Goal is to reduce HIV/AIDS related morbidity and mortality among infected and affected children, adolescents and their families. The area of coverage includes seven districts in Ruwenzori Region (western Uganda) including Kabarole, Kasese, Kamwenge, Ntoroko, Bundibugyo, Kyegegwa and Kyenjojo.

In FY 2013, the project will target 125,000 individuals with HIV Testing and Counseling (HCT) services and will focus on increasing coverage and utilization of Provider Initiated Testing and Counseling (PITC) services within health facilities in target districts: (90% of clients accessing PITC services in supported health facilities) targeting pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum.

The project will support health facilities to conduct ‘know your child’s HIV status’ (KYCS) campaigns, targeting children of HIV+ clients in the project. KYCS is an approach that has been found to be very effective in identifying children from mothers who did not go through PMTCT and hence a gate way to early and timely access of care and treatment services.

Male partners, children and the general population will be targeted based on existing HIV prevalence data and unmet need using innovative community outreaches, routine HCT for Voluntary Medical Male Circumcision and KYCS campaigns. Peer to Peer, mobile clinics and special events HTC approaches will be used to target key populations (commercial Sex workers and Fisher Folks) using the national testing algorithm as prescribed by the MoH standards.

Activities to strengthen successful referrals and linkages will include use of linkage facilitators to track or follow-up HIV-positive individuals not enrolled in care or treatment services.

The project will work in collaboration with Medical Access Uganda Limited, the National Medical Stores and Joint Medical Stores to ensure availability of HTC test kits and other required reagents so as to eliminate stock outs.

Quality assurance of both testing and counseling, and monitoring and evaluation of HTC, including incorporation of couples HTC indicator and other new PEPFAR and WHO recommendations will be implemented.

Baylor-Uganda will support district facilities to program and conduct targeted home-based outreaches and support health facilities to mobilize children for HCT using the KYCS strategy

Trainings in PITC (one per region), data management (HIMS) for district health workers, EID and training on MOH tools in targeted districts and computer on data management for district health workers will be conducted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	255,000	0

Narrative:

Baylor-Uganda will support implementation of PMTCT Option B+ activities in seven districts in Western Uganda. Baylor will support HIV counseling and testing for 91,315 pregnant women in 146 service outlets in FY 2013. 8,635 HIV positive pregnant women will be identified and 6,551 will be initiated on HAART for life while 1,156 will be provided with ARV prophylaxis. In addition, 8,375 exposed babies' will receive ARV prophylaxis and DNA/PCR testing. At least 45,000 partners will be tested within MNCH.

Key strategic pivots for PMTCT will focus on;

Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. Baylor-Uganda will ensure provision of universal HTC services during ANC, labor and delivery, and community mobilization.

Baylor-Uganda will support Option B+ through the accreditation of all PMTCT sites at hospital, Health Center (HC) IV and HC III levels. Priority activities will include site assessments for accreditation,

identification of training needs, procurement of equipment, printing tools, job aides, and Option B+ guidelines, training of service providers and sample referral for CD4 and early infant diagnosis (EID) testing. Transition of Option B+ in sites will be done in accordance with MOH guidance and a total of 70 new sites will be accredited by end of FY 2013.

Baylor-Uganda will support delivery of Option B+ services using a family focused model within MNCH settings. Family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, IYCF counseling, EID, family planning counseling, couple HIV testing and counceling (HTC); supported disclosure and ARV refills. Village health teams will be utilized to enhance follow-up, referral, birth registration, and adherence support. Male partners will receive condoms; STI screening and management; support for sero-discordant couples; treatment for those who are eligible and linkages to VMMC.

Baylor-Uganda will support intensive M&E activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Phone calls and SMS will be used to remind mothers and their spouses on appointments, EID results, and ARV adherence. Linkage facilitators will conduct home visits to trace clients lost to follow-up. All sites will submit daily reports on key program elements.

Baylor-Uganda will facilitate quarterly joint supportive supervision and mentorships at all PMTCT/ART sites involving MOH, AIDS Development partners, districts, USG, and implementing partners. Site level support will entail cohort reviews, tracking adherence rates and retention rates, data management, availability of supplies, commodities and tools and the documentation of knowledge gaps.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

ARV Drugs are now being procured through a central mechanism MAUL for all CDC IPs for PNFP sites and through NMS for Public facilities. No funding is going to the IP directly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,034,769	0

Narrative:

Baylor-Uganda will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to

increase access to ART from 57% to 80% by 2015. The program will enroll at least 9,037 new adult clients and support 27,691 adults on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, it allows for higher achievements with continued program efficiencies. However, priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations in eight districts.

Baylor-Uganda will support the MoH roll out of Option B+ for eMTCT through the following activities: accreditation of 70 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. Baylor-Uganda will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics.
Continuum of response (CoR) linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients.

Targeted community outreaches in high prevalence hard to reach and underserved areas of Ntoroko, Bundibugyo, Kamwenge and parts of Kasese districts will be conducted. The program will also target key populations using innovative approaches including setting up specialized services; such as moonlight services and using index client tracing.

Baylor-Uganda will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone calls and SMS reminders, appointment registers and ‘alert’ stickers will be used.

Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. The program will support the sample referral network in line with this national CD4 expansion plan; and will monitor and report clients’ access to CD4 in quarterly reports.

Baylor-Uganda will liaise with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). Baylor will build the capacity of facility staff to accurately and timely report, forecast, quantify and order ARV drugs.
In addition, Baylor-Uganda will work with USG partners and other key stakeholders for provision of required wrap around services.

The program will be aligned to the National Strategic Plan , support and strengthen the national M&E systems and work within district health plans. Baylor will work under the guidance of MoH/ACP and the

Quality Assurance Department in trainings, ART/PMTCT mentorship and support supervision.

Human resources for health is critical for successful scale up of Adult HIV services. Baylor will support the recruitment of 60 new critical health workers, in four districts of Kyegegwa, Ntoroko, Bundibugyo and Kasese for both public and PNFP facilities based on new scale up targets and current staffing levels in particular districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	297,114	0

Narrative:

Baylor-Uganda will support the National Strategic Plan for HIV/AIDS 2011/12-2014/15 with the objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 2,259 new HIV positive children and support 4,138 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 38,161 new children on ART and 63,704 children current on treatment in eight districts.

In FY2013, Baylor-Uganda will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment of all infants through early infant diagnosis focal persons, peer mothers, SMS messages, phone calls and flagging files with ‘initiate ART immediately’ stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive children under two years in line with the national treatment guidelines.

The program will support early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups as well as the ‘Bright Future’ approach to promote behavioral change and stigma reduction among adolescents. They will be provided with positive, health, dignity and prevention services including, psychosocial support and life skills training and they will be linked to sexual and reproductive health services.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. Baylor-Uganda will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

Baylor Uganda will liaise with National Medical Stores and Medical Access Uganda Limited for ARVs. Baylor will build the capacity of facility staff to reports, forecast, quantify and order ARVs both accurately and timely.

In addition, Baylor-Uganda will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan, support and strengthen the national M&E systems and work within district health plans. Baylor-Uganda will work under the guidance of MoH/ACP and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision. Baylor-Uganda will support the MoH in strengthening national pediatric HIV care and treatment services through technical assistance and capacity building at national and regional levels, working in liaison with MoH/ACP, SUSTAIN project and local PEPFAR implementing partners in different districts across the country.

Human resources for health is critical for successful scale up of pediatric HIV services. Baylor-Uganda will support the recruitment of 60 new critical health workers, in four districts of Kyegegwa, Ntoroko, Bundibugyo and Kasese for both public and PNFP facilities based on new scale up targets and current staffing levels in particular districts.

Implementing Mechanism Details

Mechanism ID: 13836	**Mechanism Name: Accelerating Delivery of Comprehensive HIV/AIDS/TB services including Prevention, Care, Support and Treatment of people living with HIV/AIDS in the Republic of Uganda under the President's Emergency Plan for AIDS Relief.**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 10,442,417	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	10,442,417

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The AIDS Support Organization (TASO) will provide comprehensive HIV prevention, care, support and treatment services to HIV positive individuals in all the 11 service centers, and 16 other public health facilities located in the same districts within the service centers as well as support comprehensive HIV services in public facilities that will be identified in Tororo, Manafwa and Jinja districts.

-TASO will scale up provider initiated HIV testing and counseling in the out-patients departments, in-patients wards, TB, STI and ANC clinics in its service centers and all the supported public facilities. The program will conduct targeted community outreach activities for key populations like outreach camps for fisher folk and services for commercial sex workers.
-TASO will scale-up Voluntary Medical Male Circumcision and prioritize districts with high HIV prevalence among women with low circumcision rates and target sexually active men.
-TASO will support Option B+ for all HIV positive pregnant women with integration of PMTCT/ART/Early Infant Diagnosis in supported Health Center IIIs.
-TASO will increase access to CD4 assessment among pre-ART clients for early ART initiation and for monitoring and will support the sample referral network in line with the national CD4 expansion plan.
-TASO will integrate Global Health Initiative principles e.g. ‘gender equality, women and girls health; strategic coordination and integration; metrics, monitoring and evaluation.’
-TASO will work under the guidance of MoH/ACP and Quality Assurance Department for trainings, mentorship and support supervision.
-TASO will be supported to manage the former CDC Tororo field station and transition it into a public center providing HIV services.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**

2. Is this partner also a Global Fund principal or sub-recipient? **(No answer provided.)**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HTXD	Selected Civil society organizations	11542996	ARV drugs for some selected organizations (Round 7 phase 2) Note: TASO is not a beneficiary at all.
HVTB	Selected Civil society organizations	0	Funding STOP TB program and facilitating District TB focal persons (GF round 10)
OHSS	Selected Civil society organizations	0	These funds include monies for HRH and Malaria (GF Round 10)

Cross-Cutting Budget Attribution(s)

Construction/Renovation	80,000
Education	500,000
Food and Nutrition: Commodities	300,000
Gender: Reducing Violence and Coercion	520,000
Human Resources for Health	5,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13836**
Mechanism Name:	**Accelerating Delivery of Comprehensive HIV/AIDS/TB services including Prevention, Care, Support and Treatment of people living with HIV/AIDS in the Republic of Uganda under the President's Emergency Plan for AIDS Relief.**
Prime Partner Name:	**The AIDS Support Organization**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,129,547	0

Narrative:

TASO will focus on supporting the Government of Uganda to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. The program will support provision of care services to 88,552 as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care. This target was derived using burden tables based on district HIV prevalence and treatment need. TASO will provide direct comprehensive HIV/AIDS services in all the 11 service centers, support comprehensive HIV services in Tororo, Manafwa and Jinja districts and other 16 public health facilities located in the same districts with the service centers. In total TASO will support 40 facilities in FY13.

Key pivots for adult care and support will focus on:
1) Provision of HIV services to key populations like fisher folks, Commercial Sex Workers and their partners, and MSM in identified areas within the service centers. The Continuum of Response (CoR) model will applied to ensure improved referrals and linkages by monitoring key indicators along the continuum.
2) Provision of comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthening positive health dignity and prevention, linkages and referrals using linkage facilitator; pain and symptom management; and providing support to targeted community outreaches in high prevalence, hard to reach and underserved areas.
3) Increasing access to CD4 assessment among pre-ART clients to ensure early ART initiation in line with MoH guidelines. This has been a major bottleneck to treatment scale up. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. TASO will support the sample referral network in line with national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. TASO will support the recruitment of 39 critical cadres of staffs in Tororo, Manafwa and Jinja districts: midwives, clinical officers and lab techs and will establish one lab hub to facilitate Early Infant Diagnosis sample collection and transportation.
-TASO will liaise with PACE for provision and distribution of basic care kits to clients, National Medical Stores and Medical Access Uganda Limited for provision of other HIV commodities including cotrimoxazole and lab reagents for the public and private not-for profit facilities.
-TASO will build the capacity of facility staff to report, forecast, quantify and order HIV commodities. In addition, TASO will work with USG partners such as PIN, HEALTHQual in their related technical areas to support integration of nutritional services and with Mildmay to provide cancer of the cervix screening services.
-TASO will support facility linkages between gender based violence and HIV, including tracking services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of STI, and counseling.
-TASO will work under the guidance of MoH/ACP & the Quality Assurance Department for trainings, mentorship and support supervision. TASO will be supported to manage the former CDC Tororo field station and transition it into a public center of excellence providing HIV and other related services.The program will be aligned to the National Strategic Plan for HIV/AIDS; & will support & strengthen the national M&E systems; and work within district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	124,028	0

Narrative:

The key goal is to enhance access to comprehensive services to Orphans and Other Vulnerable Children

(OVC) in line with the National Strategic Plan for OVC and in particular children affected by HIV/AIDS. The program will reach OVC and vulnerable children who are HIV + or have lost a parent to AIDS or are living in HIV/AIDS - affected households and are vulnerable to HIV infection or its socio-economic effects. The OVC will include those in and out of school.

The program will support provision of a comprehensive care package that includes Socio-economic empowerment, psychosocial services, medical care, child protection, education support and food security and nutrition. Therapeutic and supplemental feeding will be given to malnourished children initiating ART, anti-TB treatment or those living with HIV and are moderately or severely malnourished children in need of educational support particularly those living in extreme poverty will be linked to OVC program supported by USAID and other agencies. All children will benefit from child protection and HIV prevention services. Households in need of OVC services not offered by the program will be assessed and referred to programs supported by USAID and other agencies within the community network model. All strategies will be aligned to the National OVC policy and the National Strategic Program Plan of Interventions (NSPPI) for OVC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	808,497	0

Narrative:

The PEPFAR goal is to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages TASO will focus on supporting the GOU to scale up TB/HIV integration; and specifically the. TASO will contribute to this target by screening 79,697 HIV positive clients for TB; and 2,657 will be started on TB treatment. TASO will provide services in 11 service centers, support comprehensive HIV services in Tororo, Manafwa and Jinja districts and other 16 public health facilities located in the same districts with the service centers. In total TASO will support 40 facilities in FY13.

The key pivots will focus on:
Improving Intensified Case Finding (ICF) by using the national ICF tool as well as improving diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies like GeneXpert and fluorescent microscopy. TASO will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

2) Early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. TASO will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of Isoniazid Preventive Therapy in line with the WHO recommendations.

In addition, TASO will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Wrap around services will be provided in collaboration with other key stakeholders. TASO will work under the guidance of MoH AIDS Control Program, NTLP and Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. Additionally, it will support facilities to participate in national external quality assurance for TB laboratory diagnosis. The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	233,162	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early Infant Diagnosis (EID) hubs there will be an increase in the number of hub from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests to improve coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents ,laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers. Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30km to 40km radius serving 20 to 50 facilities.

TASO will support establishment and strengthening of one hub in Tororo district by building capacity to comprehensively carry out CD4, clinical chemistry and hematology tests in the hub by procuring a clinical chemistry testing equipment with supplies. TASO will in collaboration with district authorities support Tororo hospital to recruit three laboratory technologists and two laboratory technicians in order to address the pressing need for additional laboratory staff. The program will also support strengthening laboratory management towards accreditation (SLMTA) of the hub and ensure that the required level of accreditation is reached by 2014. Funding will support renovation of the laboratory in Soroti and Tororo, and renovation the Health centre in Rukungiri, Masaka and Masindi; construction of an incinerator in Masaka and Masindi Districts and construction of water harvesting system in Mayuge district.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

Narrative:

TASO is funded to support the Strategic Information (SI) pivot to build a strong and robust basic M&E system at service delivery points and districts through: the alignment of USG supported systems with the national information system, reinforcing and consolidating basic M&E systems within the organization, and technological innovations to track referrals, linkages and retention of HIV+ patients. TASO will support the printing of HMIS registers for distribution to health facilities for the collection of patient level data that is aggregated for national level reporting. TASO shall support the adaptation and harmonization of tools for data analysis, presentation, and interpretation and use (including performance data collection backed by a Performance Monitoring Plan (PMP) and ensuring that the PMP is updated quarterly).

To support M&E/SI activities TASO will conduct regular support supervision to 11 TASO sites to ensure that all the 11 TASO sites are supported to improve the technical quality of data and strengthen the capacity of SI staff to perform better data analysis, presentation, interpretation and data quality improvement (developing and maintaining M&E systems, including data quality assurance and periodic performance reports). An important output from the robust M&E systems within TASO will be program evaluations to inform the PEPFAR funded treatment (ART) scale up activities for evidence-based decision-making. TASO will support technological innovations to improve patient tracking and monitoring through the purchase of a scanner with accessories that capture patient biometrics like finger

prints to establish unique identifiers for easier data retrieval. TASO intends to support the installation of GPS systems at the 11 TASO sites to enhance planning and implementation of health information systems. The GPS/GIS systems allow overlaying of types of information that may not normally be linked so the maps facilitate decision-making and advocacy at TASO sites.

TASO will strengthen its IT and Management Information Systems infrastructure by performing server preventive maintenance servicing for 12 servers; related generator and AC servicing; ensuring internet connectivity for 11 sites and TASO HQ for 12 months; repair of IT equipment (computers and accessories replacement, memory upgrade of servers, generators and AC repairs); network and IT protection system (Anti-spam solutions, bandwidth monitor for 11 sites and TASO HQ) and maintenance of power backup systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,285,765	0

Narrative:

In March 2010, the Ministry of Health (MoH) launched the Safe Male Circumcision policy to guide the integration of Voluntary Medical Male Circumcision (VMMC) services in Uganda's national health system to reduce the number of new HIV infections. This followed a WHO recommendation that male circumcision be considered as part of a comprehensive HIV prevention package (based on the clinical trial conducted in Uganda, Kenya and South Africa).

From the modeling conducted in Uganda, it was shown that scaling up VMMC would result in averting 428,000 adult HIV infections from 2009 to 2015. In order to achieve this impact approximately 4,200,000 circumcisions would be performed by 2014/2015.
Given the results of the UAIS (2010/2011) with alarming increase in HIV prevalence and very low circumcision prevalence (26%), PEPFAR Uganda has prioritized this prevention intervention as a major pivot to reduce the number of new HIV infections.

VMMC is being offered in Uganda as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and being faithful, providing and promoting correct and consistent use of male condoms, providing HIV testing and counseling services and referral to appropriate care and treatment if necessary, and providing services for the treatment of sexually transmitted infections. The VMMC program offers a unique opportunity for men who are identified as HIV positive to start care and it engages female partners to advocate, mobilize men and involve women in seeking HIV Testing and Counseling (HTC) with appropriate referrals, including ANC and PMTCT care.

TASO will accelerate the scale-up of VMMC and will prioritize areas with high HIV prevalence among women and low circumcision rates in men in.

TASO will use the Model for Optimizing the Volume for Efficiency (MOVE) as a menu to increase the number of men for VMMC. Multiple delivery approaches to ensure safe scale up of services will be used including dedicated VMMC teams providing integrated services within 19 health facilities: hospitals, health centers and roving teams conducting seasonal outreaches in targeted districts with high HIV prevalence among women and low circumcision rates in landing sites along lake Victoria in Wakiso district. In total TASO will circumcise 38,397 men in FY 2013.

Creating acceptance and demand for VMMC should be generated through a series of community campaigns based on information from WHO, UNAIDS and the Uganda National Communication Strategy on Safe Male Circumcision. In FY 2013, TASO will employ both media campaigns and person to person message packaging to target men (and female partners to increase testing uptake. TASO will provide daily reports to the SMC National Operational Center as required by MOH.

TASO will pay special focus on quality assurance and quality assessments will be conducted on a regular basis and will liaise with Medical Access Uganda Limited (MAUL) for provision of VMMC kits.

The project's VMMC interventions in Uganda are geared towards contributing to goal one of Uganda National HIV/AIDS Strategic Plan 'To reduce the incidence rate of HIV by 40% by the year 2012' and objective 5 'To promote use of new prevention technologies and approaches proven to be effective'.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	286,883	0

Narrative:

TASO will provide HTC services for 10,000 individuals excluding PMTCT, male partners and EID in the supported districts. The program will engage in scaling up Provider or Client Initiated Testing and Counseling and customized interventions relevant to key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV prevention, care, treatment and social support services. This will increase demand of HIV services and retention in care among clients.
TASO targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. TASO and district-level capacity were key factors in determining the allocation of program resources. TASO will provide these services in 13 districts where the supported facilities are located. The program will target key populations including, fishing communities, commercial sex workers and their clients.

Currently, PEPFAR contributes to more than half of the Ministry of Health's HIV Testing Counseling (HTC) targets. Recognizing the important role of GOU, HTC program activities shall be conducted in partnership with local district government under the stewardship of the MoH, recognizing that the scale-up of activities will require continued commitment by the USG.
TASO will offer HCT services in line with the MoH HCT policy. The program will conduct joint support supervision visits with respective local district government and partners to sites on a quarterly basis. Quality control shall be done to ensure HIV results given are accurate and reliable through use of Standard Operating Procedures and proficiency testing to reference laboratories.
The program will work in partnership with Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.
Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance and Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	306,175	0

Narrative:

TASO will facilitate the implementation of PMTCT Option B+ activities in all the 11 service centers and 16 supported public health facilities as well as the following districts e.g. Tororo, Manafwa and Jinja districts; for which it will be offering comprehensive HIV/AIDS services.

Key strategic pivots for PMTCT will focus on:
1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this TASO will ensure provision of universal HTC services during ANC, labour, delivery and community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of eight PMTCT sites at hospitals, Health Center (HC) IV and HC III levels. Activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing M&E tools, job aides, Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). TASO will support delivery of Option B+ services using a Family Focused model within MNCH settings. Village health teams will be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management; support for discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 22,500 partners of pregnant women will be

tested within the MNCH setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs & electronic data reporting. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments; EID results; and ARV adherence. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MoH, AIDS Development Partners, Districts, USG, and implementing partner staff in accordance with MoH guidance.

5) Integrating voluntary and informed Family Planning services with PMTCT services. TASO will ensure family planning sessions are integrated within PMTCT trainings, counseling, education, and information during ANC, labor and deliver, and postnatal periods, as well as, for women in care and treatment, based on respect and women's choices.

TASO will provide HIV counseling and testing to 45,806 pregnant women in all its supported sites during FY 2013. A total of 2,569 HIV positive pregnant women will be identified, of which 2,025 will be initiated on HAART for life and 357 will be provided with ARV prophylaxis e.g. Option A (due to the phased implementation of Option B). In addition 2,492 exposed babies will receive ARV and Cotrimoxazole prophylaxis as well as a DNA/PCR test for EID.
Finally, TASO will support the recruitment of 36 critical cadres of staffs in Tororo, Manafwa and Jinja districts including midwives, clinical officers and lab technicians and will establish one Lab hub in Tororo in order to facilitate EID sample collection and transportation for other laboratory samples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	4,697,230	0

Narrative:

TASO will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015 and will enroll at least 18,717 new clients and support 49,642 adults and 7,418 kids current on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This is not a ceiling, it allows for higher achievements through continued program efficiencies. Priority will be given to enrollment of HIV positive pregnant women, TB/HIV patients, and key populations. TASO will provide services in 11

service centers, support comprehensive HIV services in Tororo, Manafwa and Jinja districts and other 16 public health facilities located in the same districts with the service centers. In total TASO will support 40 facilities in FY 2013.

Key pivots for adult treatment will focus on:

1) Supporting the MoH to roll out Option B+ for eMTCT through the following activities: accreditation of eight additional health center IIIs; training, mentorship and joint PMTCT/ART support supervision. The program will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics to ensure adherence and retention of women enrolled under Option B+.

2) Linkage facilitators will be used across different service points to strengthen linkages and referrals in order to effect the continuum of HIV response. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients.

3) Conducting targeted community outreaches in high prevalence, hard to reach and underserved areas of Wakiso district and also target key populations like fisher folk, commercial sex workers and MSM using innovative approaches including setting up moonlight treatment services.

4) Increasing access to CD4 for routine monitoring of ART clients by supporting the sample referral network in line with the national CD4 expansion plan. Clients CD4 access will be monitored through the quarterly reports. The program will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders and the use of ‘alert’ stickers in the appointment registers for clients who are due for CD4 testing.

TASO will support the recruitment of 36 critical cadres of staffs in Tororo, Manafwa and Jinja districts including midwives, clinical officers and lab technicians and support establishment of one Lab hub in order to facilitate sample collection and transportation.

TASO will support integration of family planning and cervical cancer screening services and will refer where indicated.

TASO will liaise with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities for the public and private sector respectively. Capacity buildings for facility staff to accurately report, forecast, quantify and order these HIV commodities.

The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15) to support and strengthen the national M&E systems and work within district health plans. TASO will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	321,130	0

Narrative:

TASO will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 3,743 new HIV positive children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 children new on ART and 64,072 children current on treatment.

TASO will provide services in 11 service centers, support comprehensive HIV services in Tororo, Manafwa and Jinja districts and other 16 public health facilities located in the same districts with the service centers. In total TASO will support 40 facilities in FY 2013.
The key pivots for pediatric treatment will focus on:
1) Supporting the national program to scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants using EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with “initiate ART immediately” stickers for all ART eligible children. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under two years in line with the national treatment guidelines.

2) Increasing access to CD4 for routine monitoring of children on ART and those in pre-ART care to ensure early treatment initiation in line with MoH guidance. TASO will support adherence and retention of adolescents on treatment using expert peers and adolescent support groups. TASO will support the sample referral network in line with this national CD4 expansion plan. TASO will support the recruitment of 36 critical cadres of staffs in Tororo, Manafwa and Jinja districts including midwives, clinical officers and lab technicians and support establishment of three lab hubs in order to facilitate DBS/CD4 sample collection and transportation.

3) Establishing strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.

TASO will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

TASO will liaise with National Medical Stores and Medical Access Uganda Limited for provision of ARVs and other HIV commodities including cotrimoxazole and lab reagents for the public and private sector respectively. Capacity for facility staff will be built to accurately report, forecast, quantify and order these commodities in a timely manner.

In addition, TASO will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual,

ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services. TASO will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision. The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans.

Implementing Mechanism Details

Mechanism ID: 13837	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13841	**Mechanism Name: CDC-WHO collaboration**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 280,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	280,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Technical Assistance (TA) will strengthen CDC and USG's working relations with WHO in Uganda

through a ‘One UN’ approach which is an initiative that aims at allowing WHO to deliver health systems strengthening efforts in a more coordinated way at the country level. WHO works with and through the Ministry of Health and other key partners to implement national strategic interventions. There is already in existence a strong partnership with MoH/ACP, Uganda AIDS Commission, Districts, as well as, other health facilities across the country. The WHO collaboration is the most appropriate mechanism through which, Uganda's Ministry of Health would receive strategic and technical advice on the development, implementation, operation, and overall management of sustainable eHealth, mHealth and Health Information Systems (HIS) solutions, developing harmonized, standard codes and definitions to allow for interoperability and linkage into the MoH Enterprise Architecture, IHR as well as laboratory diagnostic and reporting activities in alignment with Uganda’s National Health Laboratory Services Policy that would advance PEPFAR's mandate in Uganda and in the East African Community. This WHO TA activity will contribute to PEPFAR outcomes to strengthen national and regional information systems and support a learning agenda for improved planning and coordination.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	160,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13841**
Mechanism Name:	**CDC-WHO collaboration**

Prime Partner Name:	World Health Organization		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	80,000	0

Narrative:

WHO will recruit an experienced laboratory personnel to provide Technical Assistance (TA) to the MOH focusing on the following planned PEPFAR-funded activities

a. Strengthening national and regional efforts in laboratory services policies and strategies,

b. Strengthening Integrated Disease Surveillance and Reporting (IDSR) in Uganda and the region based on accurate and timely laboratory confirmation.

c. Serving as liaison with national and regional stakeholders, establish partnerships, and mobilize resources for the strengthening of eHealth/HIS capacities within ministries of health.

d. Serving as liaison with national and regional stakeholders, establish partnerships, and mobilize resources for the strengthening of laboratory capacities within the Ministry of Health.

e. Support laboratory diagnostic and reporting activities in alignment with Uganda's National Health Laboratory Services Policy that would advance PEPFAR's mandate in Uganda primarily and in the East African Community.

Integrated Disease Surveillance and reporting systems will facilitate the registration and census update of endemic communities mapping and surveillance. This will include not only zoonotic and notifiable disease, but will be used as a platform for HIV/AIDS surveillance in the fishing communities around lake Victoria, hence facilitating effective disease control activity through surveillance of mortality and morbidity as well as populations at risk, and the changing character of disease agents.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	200,000	0

Narrative:

The project has national coverage and will be conducted in partnership with the World Health Organization (WHO). WHO will recruit experienced Strategic Information (SI) personnel to provide Technical Assistance (TA). The scope of planned activities will include:

(a) Serving as liaison with national and regional stakeholders, establish partnerships, and mobilize resources for strengthening partnership for shared strategic directions and key national priorities for building strong health information systems capacities within the Ministry of health.

(b) Strengthening national and regional efforts in eHealth/HIS as well as planning, development and

deployment of appropriate information and communication technologies (ICTs) to enable eHealth platform to monitor outcomes of Maternal and Child Health (MCH) and promote integration with HIV/AIDS activities. (c) Strengthening exchange of health information systems efforts within East Africa to strengthen regional and cross-border surveillance informatics agenda. (d) Strengthening ICT infrastructure through engagement of International Telecommunication Union (ITU) Regional Office for Africa, and other inter-governmental bodies. (e) Promoting increased awareness within the EA region of human health challenges that exist. (f) Promoting the establishment of a regional IHR working group to better coordinate activities. TA will include training of MOH staff to manage the systems hence contributing to the 140k PEPFAR HRH target and sustainability. The principle behind this collaboration is to increase impact through strategic coordination and integration by building partnerships and linkages with other global health initiatives in the country, with the aim of aligning programs with government priorities and enhancing country ownership. It will contribute to the improvement of health systems and strengthen the delivery of health services by increasing capacity for more efficient and effective planning through the use of information systems and the use of quality data for decision making.

Implementing Mechanism Details

Mechanism ID: 13864	**Mechanism Name: Support Uganda Ministry of Health Capacity to Address HIV and Other Health Priority Conditions through Strengthening Health Systems Under the President''s Emergency Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Ministry of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,632,141	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	3,632,141

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this support will be to the MoH /GOU in meeting its mandate of providing adequate leadership for a well - coordinated national response to HIV/AIDS and related health conditions. In FY 2013 USG will continue to support MoH to implement the HIV/AIDS strategic Plan, Health Sector Strategic and Investment Plan 2010/11-2014/15 that aim to improve access to quality HIV prevention, care and treatment and social support / protection. In an integrated approach the MoH will apply this support to develop and update HIV program policies and technical guidelines, ensure availability of medicines, ARVs, health supplies and reduce on the frequency of stock out in health facilities, implement the national laboratory services strategic plan 2010-2015, the revised health management Information system, disease surveillance including HIV/TB, and conduct evaluation of program impact.
Specifically this support will strengthen the capacity of MoH, national health systems to deliver universal access to HIV prevention, care and treatment services, roll out PMTCT Option B+ for virtual elimination of MTCT, conduct and implement country ownership process that will lead to sustainable programming.

Specifically the following interventions will be supported under this mechanism:

1 Review , revise, and update national policies and technical guidelines relevant to all HIV scale up program

2 Strengthened MoH ownership and ACP management /programming,

3 Scale up of evidence based and comprehensive approach to HIV and AIDS

4 Strengthen the national laboratory infrastructure

5 Ensure technical support for strategic-information activities and improve human resources
6 Address Health System challenges

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	All eligible Ugandans of HIV, TB and malaria services	0	Although the Ministry of Finance Planning and Economic Development is the principle recipient, Ministry of Health is the main implementer of TB, Malaria and HIV activities for all the Rounds and Phases

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**13864**
Mechanism Name:	**Support Uganda Ministry of Health Capacity to Address HIV and Other Health Priority Conditions through Strengthening Health Systems Under the President''s Emergency Plan for AIDS Relief**
Prime Partner Name:	**Uganda Ministry of Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	203,628	0

Narrative:

Ministry of Health (MoH) will be supported to scale up access to Combination Prevention Interventions: HIV prevention, care and treatment services, including virtual elimination of MTCT (eMTCT).
The specific areas of support are: 1. Develop and update national policies and guidelines for care; 2) Scale up comprehensive care services with integration of other priority health interventions; 3) Ensure technical support for strategic information activities related to care, including implementation of revised HMIS; and monitoring and evaluation of HIV programs; 4) Coordination of Global Fund activities;
5) Promote strategies to improve human resource for health; including recruitment of key health workers through district service commissions with PEPFAR support.
MOH will be supported to expand access to care to achieve universal access of 80% by 2015. In FY 2013, MOH will increase access to care to at least 812,989 clients (including HIV positive pregnant women); and improve the quality of care services. This target was derived using burden tables based on district HIV prevalence and need. The Continuum of Response model was also applied to ensure improved referrals and linkages. Specific attention will be given to key populations. Priority activities for MoH guidance include, but are not limited to: positive health dignity and prevention; linkages and referrals using linkage facilitators; quality improvement for adherence and retention; pain and symptom management; and support to targeted community outreaches in high prevalence, hard to reach and underserved areas. Other planned MoH activities include: support for comprehensive HIV training and mentoring; data quality assessments, and quarterly support supervision of care and treatment facilities will be conducted as part of quality improvement with the Quality Assurance Department. This program also aims at strengthening districts and regional health systems to increase coverage and quality of services.
Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MOH guidelines. This is a challenge to treatment scale up. Measures will be put in place to track any client waiting lists resulting from this. Working with the Central Public Health Laboratories and other stakeholders, CD4 coverage will be improved from 60% to 100% over 12 months through improved infrastructure and services.
In order to support supply chain management of HIV commodities for care, MoH will liaise with PACE

and UHMG for provision and distribution of basic care kits. As well as coordinate with National Medical Stores, Joint Medical Stores, SCMS and MAUL for other HIV commodities. MOH will oversee implementing partner support to build the capacity of facility staff to accurately and timely report, quantify and order commodities.

MOH will develop and implement a comprehensive national M&E framework and update HIV care and support tools; data analysis and dissemination; and strengthen reporting through the HMIS. Support to strengthen coordination of all key stakeholders will be provided. MOH will coordinate USG partners providing technical support such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda for other health and nutritional services.

The relevant national technical working groups will be supported to provide overall guidance for the HIV care and support guidelines. Additionally, some MoH staff positions may be funded under the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	1,764	0

Narrative:

Ministry of Health (MOH) aims to achieve universal access to treatment by 2015. In FY 2013, MOH will support enrollment of at least 73,169 children in care and support services. Targets were derived using burden tables based on district HIV prevalence and need; with application of Continuum of Response model for improved referrals and linkages.

Key areas for the program are to: 1) Develop and update national policies and technical guidelines for pediatric care and support; including guidance for a standard package of HIV services; 2) Treatment scale up with integration of other priority health interventions; 3) Ensure technical support for strategic information related to care and support, including the implementation of HMIS, monitoring and evaluation of HIV programs; 4) Support coordination of Global Fund activities; and 5) Promote strategies to improve human resource; including recruitment of key health workers through district service commissions with PEPFAR support.

MOH will support scale up of child friendly care and treatment services in line with national and PEPFAR guidance; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; and support targeted community outreaches in high prevalence, underserved areas. Early Infant Diagnosis (EID) services at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities. Focus will be on scaling up low cost approaches to support retention. The program will support community mobilization and targeted activities including ‘Know Your Child’s Status” campaigns to identify children.

MoH will support improved adolescent care and support services, and retention using expert peers and support groups. Recommendations from the planned national adolescent service assessment will be implemented.

The program will work with Ministry of Gender, Labor and Social Development to strengthen referrals between OVC and HIV programs ensuring HIV positive children are linked to OVC services, and beneficiaries of OVC services are screened for HIV and appropriately linked to care and support. MoH will also support the integration of HIV services in routine pediatric health services, including national Child Health Days.

MoH will develop and implement a national M&E framework; update treatment tools; data analysis and dissemination; and strengthen HMIS reporting. Support to strengthen coordination of all key stakeholders will be provided, including USG partners providing technical support such as PIN, SPRING, HEALTHQual and Hospice Africa Uganda. To support supply chain management of HIV commodities for care and support, MoH will liaise with PACE and UHMG for provision of basic care kits; and coordinate with National Medical Stores, Joint Medical Stores, SCMS and MAUL for other HIV commodities. MoH will oversee implementing partner support to build the capacity of facility staff to accurately and timely report, quantify and order commodities.

Support for the relevant national technical working groups will be supported to provide overall guidance for care and support, as well as for the annual National Pediatric Conference. Additionally, some MOH staff positions may be funded under this program. Funding for activities under this program area is limited, and will leverage other program funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,240,480	0

Narrative:

During FY2012, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of the Early Infant Diagnosis (EID) hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents ,laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers. Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) approach will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30 to 40km radius serving 20 to 50 facilities. These centers will have CD4 testing capability, chemistry and haematology at the regional

referral facilities while EID and Viral Load testing will be centralized at the Central Public Health Laboratory.
For FY 2013 MoH will provide leadership, coordination and technical assistance in assuring that this strategy leads to a highly functional and operational national health laboratory services for the support of the HIV/AIDS prevention, care and treatment programs. The MoH will work to coordinate these efforts to increase access to EID for HIV, CD4 and Viral Load testing; improved lab infrastructure; coordinate implementation of laboratory information management system, training of laboratory personnel in laboratory management, quality assurance, logistics management, biosafety and biosecurity and for the related diagnosis and management of HIV, TB and opportunistic infections at all levels. MoH will work with partners to roll out strengthening of lab management towards accreditation (SLMTA) in the hubs and achieve WHO three stars at all the hubs by the end of 2013.
MoH will recruit recruitment of 16 Laboratory personnel who will work to coordinate and monitor these activities which are embodied in the National Health Laboratory Policy and implemented through the National Health Laboratory Strategic Plan 2010-2015. As part of these activities MoH will develop and review national policies, guidelines, National Laboratory Standards, standard operating procedures and quality assurance and control systems and processes. MoH will strengthen management, coordination and provision of quality laboratory services through operationalizing the National Health Laboratory and work with other development partners such as the WHO, The World Bank, The Global Fund, the Japanese International Cooperation Agency (JICA), etc who assist the MOH in building technical, laboratory and financial capacity. Working with the health development partners and other indigenous organizations such as the Uganda Virus Research Institute, MoH will work to leverage financial and human resources dedicated to improve and sustain laboratory services in Uganda.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	58,000	0

Narrative:

Under this support, MoH will focus on establishment of one M&E framework , develop national indicators that will improve on data capture, quality, analysis and use at all levels of health care in a more timely and complete form. In this way locally generated data will be part of the decision making process and improve programming particularly at the district level for target setting. MoH will work with UAC to operationalize regional support teams that will strengthen district-based activities.

Specifically the following activities will be accomplished in FY 2013.
1. Review and update the existing SOPs, national standards, strategic framework, and policy guidelines for Health Information, web-based health facility reporting system (DHIS-2) and prepare for

transitioning MEEPP into the MoH led system.

2. Develop the Health Sector HIV/AIDS M&E Plan in line with the M&E Plan for the National HIV/AIDS Strategic Plan (NSP) 2011/12 to 2014/15.

3. Lead secondary data analysis and conduct incidence estimation of the Uganda AIDS Indicator Survey (AIS) 2011.

4. Support district-led evidence based consolidated planning using the burden tables and costing information.

5. Implement electronic medical records to strengthen the WHO interlinked patient monitoring systems.

6. Conduct annual Antenatal HIV Surveillance, annual modeling projections for HIV estimates that will inform programming and national planning processes.

7. Implement integrated disease surveillance system, facility data capture and bring on board the community aspect of data capture and utilization.

8. Support and lead the process of monitoring the eMTCT Option B+ roll-out, coordinate and harmonize eHealth activities country wide.

9. Support the process for recruitment of key staff that will contribute to improved data management and build capacity for HIV/AIDS / TB surveillance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	529,259	0

Narrative:

During FY 2012 PEPFAR support for HSS focused on strengthening the capacity of the MOH to play its role of oversight , governance, leadership ,stewardship and provision of technical and advisory functions to all stakeholders supporting the national response to HIV/AIDS.

Under this support the MoH capacity to coordinate and provide Technical Assistance (TA) to the national response to the HIV epidemic will be consolidated and enhanced, support the scale up plan of interventions that have been proven to be effective in turning the tide of the current epidemic in light of the Uganda AIDS indicator Survey results (2011).

In addition to this mandate, the MoH will address in the short and medium/long term the Health System challenges to service delivery specifically limited health financing, governance and leadership, Human Resource for Health, infrastructure development and maintenance , supply Chain management and Health Information management at all levels of care and management.

In FY 2013, support will be provided to MOH to support HSS activities in line with the NSP and PEPFAR II principles while leveraging support for GOU and other development partners. Specifically this

mechanism will enable MOH to address the following:

1 Review and update some of the relevant health and HIV related policies for scale up plan of combination prevention interventions, national coordination, support district led coordination of the decentralized response, district based data processes and use for planning, budgeting, performance monitoring and evaluation that will all lead to a country led and owned process.

2 Support and strengthen coordination of national efforts and stakeholders for the elimination of MTCT, ensure that 80% of women of the child bearing age who are infected with HIV do access highly efficacious ARVs.

3 Strengthen HRH/HRM (Planning and implementation) through strategic recruitment, deployment and retention of critical staff by district local governments to support scale up plan in the attainment of both World AIDS day and HIV free generation targets.

4 Support country led partnership Framework for harmonious implementation of PEPFAR and GFATM support to avoid duplication, improved information sharing, transparency and leverage other available resources in an integrated manner; improve health /HIV financing through partnership with other ministries and lobby the parliament and other government departments.

5 Build capacity for Commodity Logistics management to reduce stock out of medicines, ARVs and supplies by level in at least 80 % of health facilities; ensure that the Medicines TWG and commodity procurement and distribution committee meet regularly to harmonize and coordinate procurement.

6 Support implementation of the national health laboratory strategic plan especially in areas related to increasing staffing levels at the regional referral hospitals, district hospitals and Health Center IVs. In addition, technical and financial Support will be provided to the MoH and districts for investigation of disease outbreak and surveillance, establishment of 72 laboratory hubs, reduction of equipment downtime and implementation of SLMTA.

7 Improve on the strategic information system through the implementation of Health facility specific DHIS-2, open MRS and integrated disease surveillance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	0

Narrative:

In this new program period, the MoH will provide the guidance, leadership and national coordination to support the scale up of Voluntary Medical Male Circumcision (VMMC) as part of the comprehensive prevention package. Specifically this support will enable the MoH to support key personnel including SMC/VMMC National Coordinator that will oversee and coordinate the national efforts to scale up this prevention intervention according to the National VMMC Policy and National Prevention Strategy. The National Coordinator (Technical Officer) will monitor and coordinate activities related to VMMC implementation as prevention services. This support will provide facilitation for the National Coordinator

to conduct supervision visits, Quality Assurance assessments, and strategic direction and guidance. Support will be provided to transition the reporting system to MoH (daily reporting through the National Operational Center).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	200,000	0

Narrative:

Infection prevention and control that promotes safety of medical procedures in health care setting and communities will be part of the broader prevention focus under this support to the MOH.
Specifically this will support mainstreaming of this intervention into comprehensive HIV prevention, care and treatment at all service points.

The following activities will be undertaken:

1 Re-orientation of national trainers, refresher courses for district based trainers that will cascade this training further down,
2 Scale up of the Post Exposure prophylaxis (PEP) services at all levels of care

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

In this planning period the MoH shall support innovative counseling approaches that include: Provider Initiated Testing and Counseling (PITC); index client and follow up for family access, special attention will be put to key populations like the fisher folks, sex workers and their partners, men who have sex with men, uniformed personnel and long distance truckers as defined by the National Prevention Strategy 2011-2015. MoH will support recruitment drive that will include key personnel that will improve linkage of clients through HIV Testing and Counseling (HTC), Pre-care, care and treatment service points for a continuum of response and reduce loss to follow up, counselors and HTC at community level.

The GoU will provide stewardship of the National HTC program through the National HTC Coordination office and the National HTC TWG. These structures formulate policies and implementation guidelines for HTC programs. The National HTC Coordination office will provide oversight and supervision to the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	200,000	0

Narrative:

Under Other Prevention, MoH mandate is to focus on strengthening the pivot for condom distribution, and making policy decisions to reorganize the logistics, improve forecasting and distribution, and address the bottlenecks in condom distribution to increase accessibility and availability.

Through this support, MoH will strengthen the Condom Coordination Unit (within the AIDS Control Program) and address policy issues especially around the post shipment testing requirement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	75,933	0

Narrative:

In FY 2013 MOH will be supported to implement the new Health Sector Strategic and Investment Plan and the National HIV/AIDS Strategic Plan (NSP) for the implementation of PMTCT and specifically the adoption of option B+ that will ensure that 80% of HIV infected women access efficacious ARVS in the first one year and raise this in the subsequent years for virtual elimination of MTCT through a phased approach, assessment of sites, preparation and accelerated accreditation of all Health Center (HC) III, and holding four Training of Trainers .

Under the same support MoH will prepare guidelines, job aides, IEC materials and other tools for the implementation of eMTCT

The following interventions will be undertaken by MOH for the implementation of PMTCT option B+:

1 Hold National coordination meetings (joint quarterly /bi-annual stakeholders coordination meetings to share experience, best practices and find solutions to challenges.

2 Strengthen the district capacity to hold joint coordination meetings with district based implementing partners; support and hold RDQA to address performance gaps at the district level targeting those that are poorly performing.

3 Ensure uninterrupted supply of ARVs with no stock outs at national, district and Health facility levels.

4 Coordinate and Support integration of PMTCT services within the SRH set up and roll out the new eMTCT guidelines at both district and health facility levels for effective delivery of option B+ (at Hospitals, HC IVs and HC IIIs) in a phased approach.

5 Support supervision in an integrated approach to leverage other resources available by level of care and unlock the potential at the Regional Referral Hospital to oversee the implementation process (support National officers to Conduct Quarterly mentorships to the 13 Regional Referral Hospitals for the

implementation of PMTCT Option B+).

6 Strengthen district based programming through generation of district based targets, provision of technical assistance and reduce loss to follow up through linkage facilitators both within the Health facility and the community. This will improve the overall coordination, monitoring and evaluation of the PMTCT program and track changes in the district specific profile / set targets.

7 The National PMTCT program will maintain five technical staff at national level to support coordination and management of PMTCT implementation country wide. These officers include 1 national PMTCT Coordinator, two M& E officers, one Logistics officer, one Community mobilization and education officer and two program assistants.

8 Develop a communication strategy for eMTCT, meaningfully engage all levels of governance and leadership (political, technical , civil, cultural , religious) for community mobilization and commitment for virtual MTCT elimination.

9 Under this support MOH will procure assorted office stationery, equipment, Double cabin 4 WD vehicle for field work, fuel for coordination and airtime for communication, motor vehicle maintenance and servicing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

No funding for this but there will be leveraging from other areas as a spin off effect.

Through HSS approach, MOH will lead ARV procurement process and support both NMS and JMS to stock ARVs at all times for both the Public and Private sector.

In this planning period the MOH will lead the national response through a well-coordinated process at all levels, accreditation of more ART sites to include all HC IIIs, improve access and optimal service coverage in all districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	420,060	0

Narrative:

Using a health systems strengthening approach, Ministry of Health (MoH) will be supported to implement the Health Sector Strategic and Investment Plan and the National Strategic Plan for HIV/AIDS (2011/12

-2014/15).
Key areas are to: 1) Develop and update national policies and technical guidelines for treatment, including guidance for a standard package of HIV services; 2) Scale up treatment services with integration of other priority health interventions; 3) Ensure technical support for strategic information activities related to treatment; 4) Coordination of Global Fund activities; 5) Promote strategies to improve human resource; including recruitment of key health workers with PEPFAR support; 6) lead and provide stewardship through national coordination of USG and other partners in this response. MoH aims to expand coverage from 57% to achieve universal access by 2015.
In FY 2013 enrollment of at least 190,804 new clients and maintenance of about 490,028 individuals on treatment is planned for. Priority will be given to enrolment of pregnant women, TB/HIV patients and key populations. This target was derived using burden tables based on district HIV prevalence and need.
In FY 2013, with PEPFAR support, MoH will roll out Option B+ through the following activities: Accreditation of at least 883 additional health facilities; pilot service delivery models integrating ART/PMTCT services; training, mentorship and joint PMTCT/ART support supervision.
Continuum of Response linkages and referrals will be strengthened using linkage facilitators and village health teams in facilities and communities to ensure early ART initiation. MOH will support integration of family planning and other health interventions in HIV services.
Other MOH activities include support for training and mentorship; data quality assessments and quarterly support supervision of treatment facilities will be conducted by the Quality Assurance Department. This program also aims at strengthening districts and regional health systems to implement quality improvement initiatives for the ART framework including: early initiation of ART eligible clients; improve adherence and retention; and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention and follow up will be supported. Emphasis will be placed on adherence and retention of women on Option B+. Increasing access to CD4 for routine monitoring of ART clients in line with national guidelines is a priority. MoH will work with Central Public Health Laboratories and other stakeholders to expand the sample testing and referral network to improve CD4 coverage from 60% to 100%.MOH will develop and implement a national M&E framework; update treatment tools; data analysis and dissemination; and strengthen reporting through the HMIS. Support to strengthen coordination of all key stakeholders will be provided.
In order to support supply chain management of HIV commodities, MoH will liaise with PACE and UHMG for provision of basic care kits; and coordinate with National Medical Stores, Joint Medical Stores, SCMS and MAUL for ARVs and other HIV commodities. MoH will oversee implementing partner support to build the capacity of health facility staff to accurately and timely report, quantify and order for commodities. The national treatment working group will be supported to provide overall guidance for the treatment program. MoH staff positions may be funded under this program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	103,017	0

Narrative:

Ministry of Health (MoH) aims to achieve universal access to treatment by 2015. In FY2013, MOH will support enrollment of at least 38,161 new children and maintenance of about 63,704 on treatment. Targets were derived using burden tables based on district HIV prevalence and need; with application of Continuum of Response model for improved referrals and linkages.
Key areas for the program are to: 1) Develop and update national policies and technical guidelines for pediatric treatment 2) Treatment scale up with integration of other priority health interventions; 3) Ensure technical support for strategic information related to treatment, including the implementation of HMIS, monitoring & evaluation of HIV programs; 4) Support coordination of Global Fund activities; and 5) Promote strategies to improve human resource; including recruitment of about 1,300 district health workers with PEPFAR support.

MoH will support scale up of child friendly care and treatment services in line with national and PEPFAR guidance; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; and support targeted community outreaches in high prevalence, underserved areas. Early Infant Diagnosis (EID) services at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities. Focus will be on scaling up low cost approaches to support retention. The program will support community mobilization and targeted activities including 'Know yYour Child's Status' campaigns to identify children. Treatment scale up through strengthening identification, follow up and treatment of infants through EID focal persons, peer mothers, and mobile phone technology is a priority. Facilities will be supported to strengthen 'test and treat' for positive children under two years in line with treatment guidelines.
MOH will support improved adolescent care and treatment services and retention using expert peers and support groups. Recommendations from the planned national adolescent service assessment will be implemented.The program will work with Ministry of Gender, Labor and Social Development to strengthen referrals between OVC and HIV programs ensuring HIV positive children are linked to OVC services, and beneficiaries of OVC services are screened for HIV and appropriately linked to care and treatment. MoH will also support the integration of HIV services in routine pediatric health services, including National Child Health Days. MoH will develop and implement a national M&E framework; update treatment tools; data analysis and dissemination; and strengthen HMIS reporting. Support to strengthen coordination of all key stakeholders will be provided, including USG partners providing technical support such as PIN, SPRING, HEALTHQual and Hospice Africa Uganda. To support supply chain management of HIV commodities for care and treatment, MoH will liaise with PACE and UHMG for provision of basic care kits; and coordinate with National Medical Stores, Joint Medical Stores, SCMS and MAUL for ARVs and other HIV commodities. MoH will oversee implementing partner support to build the capacity of facility staff to accurately and timely report, quantify and order commodities.

The national ART technical working group will be supported to provide overall guidance for the pediatric treatment program. Additionally, some MOH staff positions may be funded under this program.

Implementing Mechanism Details

Mechanism ID: 13872	**Mechanism Name: Provision of Comprehensive Public Health services for the fishing communities in Kalangala District in the Republic of Uganda under the President's Emergency Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kalangala District Local Government	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,196,198	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,196,198

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Kalangala District Local Government received CDC/PEPFAR funds to implement a 5-year program to improve and sustain health outcomes of target fishing communities by providing public health services in the district. The program will increase demand and access to services, build capacity for laboratory services, and strengthen health systems. Key activities will include: scaling up Provider or Client Initiated Testing and Counseling (P/CITC) in two Health Center (HC) IVs and six HC IIIs and intensify the use of targeted HIV Testing and Counseling (HCT) outreach activities, care and treatment of HIV positive clients, PMTCT, OVC, screening for SGBV and child defilement, integration of MNCH/family planning/reproductive health into PMTCT settings, Post Exposure Prophylaxis (PEP), condom promotion and distribution, delivering harm reduction interventions for alcohol and drug abusers, medical

transmission/injection safety and waste disposal awareness at health facilities, capacity building for laboratory services, health systems strengthening, establishing timely functional referrals and linkages, integrating malaria into ART services, identifying strategies to increase demand and access to the services, support ART adherence both for prophylaxis and ART treatment, facility and community based ART outreaches, developing adequate human resource capacity for the services and strengthening district HMIS systems. Targets for specific activities within a specific time frame will be set to monitor progress of the program through supervision and monitoring of program activities to ensure realization of outputs and assessment of the quality of services provided. The program will purchase two motor vehicles, 12 motorcycles, six boats and engines for the program to scale up services.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	20,000
Gender: Reducing Violence and Coercion	30,000
Human Resources for Health	138,400

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13872**
Mechanism Name:	**Provision of Comprehensive Public Health services for the fishing communities in Kalangala District in the Republic of Uganda under the President's Emergency Plan for AIDS Relief**
Prime Partner Name:	**Kalangala District Local Government**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	219,537	0

Narrative:

The Kalangala District Local Government (KDLG) program will focus on supporting the Government of Uganda (GOU) to expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. The program will support the provision of care services to 8,500 as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need for Kalangala. T he Continuum of Response (CoR) model was applied to ensure improved referrals and linkages. The KDLG program will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum. The program will pay specific attention to key populations residing in fishing communities such as, fishermen and commercial sex workers.

This project will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including, strengthening positive health dignity and prevention, strengthening linkages and referrals using linkage facilitators within facilities and using mobile phones to track referrals across facilities, implement quality improvement for adherence and retention, pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas.

The focus of the program will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, the KDLG program will support improvement of CD4 coverage in the district over the coming year. KDLG will support the sample referral network in line with the national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports. To ensure that clients access CD4 testing in a timely

manner, the program will regularly keep track and report on client waiting lists and document reasons.

The program will closely work with PACE for provision and distribution of basic care kits to clients as well as with National Medical Stores and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents. The program will build the capacity of facility staff to do accurate and timely report, forecast, quantify and order commodities.

Additionally, KDLG will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems; and work within district health plans. KDLG program will work under the guidance of MoH/ACP and Quality Assurance Department for trainings, mentorship and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

Narrative:

Kalangala district has a high concentration of orphans and vulnerable children (OVC) largely attributable to the district's high HIV/AIDS prevalence. The district has an estimated 7,463 OVCs representing 12% of the total population of which 1,439 are critically vulnerable, 3,458 moderately vulnerable and 2,466 generally vulnerable (Recent survey by Ministry of Gender Labor and Social Development (MoGLSD). A significant number of children and adolescents have lost one or both of their parents to HIV/AIDS and are cared for by surviving parents of which majority are widows or grandparents. The majorities of the children live in poor households and are unable to afford schooling or medical services.

In FY 2013, and given the available funding, OVCs at Health Centers (HC) and at community levels will be identified using the newly developed Vulnerability Index Guidance developed by PEPFAR OVC TWG in collaboration with MoGLSD, UNICEF and other key players. The district will identify and link critically vulnerable 1,000 OVCs (400 females and 600 males) to comprehensive OVC packages in line with the MoGLSD guidelines. The program will identify and support all the HIV positive OVC under the care of the adult clients. OVCs facility activities include counseling, care and treatment and community activities will include community mobilization and sensitization by probation/community development officers, trained HWS and volunteers at community and family level using existing structures. A family-centered

care environment, enhanced community support systems, support for OVC peer groups, foster homes and paralegal support will be initiated. All HCs will establish support groups for OVCs. All the 11 HCs will have designated child friendly corners and child days on a quarterly basis whereby children will be grouped by age and age appropriate activities will be carried out. Sessions on discipline, behavior life skills, and leadership skills, identification of skills and talents will be done and identified OVCs will be linked to livelihood support programs such as vocational skills and apprenticeship. Additionally, adolescents will be trained in prevention activities, using the Value of Life Curriculum, with a focus on abstinence.

The services will include: food/ nutrition, shelter and care, protection and legal aid, health care and psychosocial support, nutritional assessment and counseling, therapeutic and supplementary feeding for malnourished children, strengthening family based care models for children, supporting child headed households, referrals and linkages to child health care including appropriate ART, growth monitoring, immunization, malaria prevention, sanitation and clean water, and personal hygiene and age appropriate prevention activities. Psychosocial services will include gender- sensitive life skills; improving links between children affected by HIV/AIDS in their communities, referral for counseling for anxiety, grief and trauma. Teenage pregnancies, SGBV, rape and PMTCT services for teenage mothers will be integrated in the OVC interventions. 100 OVC care givers will be selected from all islands that make up the district for coaching and mentoring in comprehensive OVC management while 30 in service health workers will be coached and mentored in OVC care services. Implementation, supervision and monitoring of OVC program will be done by responsible district staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	63,485	0

Narrative:

The KDLG program will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care and on TB treatment. This program will contribute to this target by screening 7,650 HIV positive clients for TB, and starting 255 on TB treatment in Kalangala district. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages along service delivery points.

The KDLG program will work to improve Intensified Case Findings (ICF) and the use of the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies including GeneXpert and

fluorescent microscopy. The KDLG program will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, the program will ensure early initiation of all HIV positive TB patients on ART through use of linkage facilitators and or the provision of ART in TB clinics. The KDLG program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation.

The MOH/ACP and National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

In addition, the program will work with USG partners such as PIN, SPRING, HEALTHQual and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. KDLG program will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. The KDLG program will work under the guidance of MoH AIDS Control Program, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and support supervision. To ensure quality of TB tests, KDLG will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	8,337	0

Narrative:

The Kalangala District Local Government (KDLG) program will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. The program will contribute 765 children in the district of Kalangala to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages along service delivery points.

The program will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups to support retention in care. The program will implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

The program will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with PHDP services including, sexual and reproductive health services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities to improve adolescent care.

As part of the priority interventions the program will establish strong referrals between OVC care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and linked to care and support. The program will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

In continued provision of the basic care kits to clients the program will liaise with PACE for provision and distribution of the commodity. Additionally, liaise with National Medical Stores, and Medical Access Uganda Limited for other HIV commodities. KDLG will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

The program will be aligned to the National Strategic Plan for HIV/AIDs (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. KDLG will work under the guidance of MoH AIDS Control Program and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and support supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	80,000	0

Narrative:

The new Uganda AIDS Indicator Survey 2011/12 (AIS) shows that HIV Prevalence has changed since the last survey in 2004/5; the national HIV prevalence in 2011 has significantly increased to 7.3%. There are also changes in prevalence among population sub groups and data show that for youth aged 15-19, there was an increase in prevalence by 0.5%.
In Uganda, there has been over reliance on Abstinence and be faithful (AB) interventions which have proven to be less effective and PEPFAR Uganda changed the prevention portfolio by moving away from AB to increasing the investment in evidence based interventions. The AB programs have been scaled back significantly by reducing the number of AB USG partners from 27 to 11, the USG has developed partnerships and funded FBOs and other partners to promote AB programs with a focus on the youth and unmarried individuals.
This is one of the programs that received PEPFAR funds for AB promotion in FY 2013. The program will reach out to approximately 5,943 (2,414 females & 3,529 males) individuals with individual or small group preventive interventions that are focused on AB only. AB messages will be disseminated through school based programs, community meetings and individual one on one meetings to reach target groups. The program will implement targeted community behavior change communication for supporting combination prevention interventions to enhance the continuum of response, by promoting AB messages aimed at stemming HIV infections with a directed focus for development of risk reduction skills for in-school youth to delay sexual activity or practice secondary abstinence, and for unmarried individuals to practice abstinence. The KDLG 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 AB beneficiaries.

Working closely with the District Directorate of Health Services, education department and other stakeholders in the community, the program will support establishment or adoption of social and community norms that denounce forced sexual activity among unmarried individuals and promote being faithful and also disseminate messages that encourage staying in school, delaying sex and promote life skills. USG teams will work closely with district teams to conduct quarterly support supervision and monitoring visits which will be enabled by the program management to ensure realization of outputs and assessment of the quality of services provided to the AB beneficiaries.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	98,200	0

Narrative:

The goal of Kalangala HBVTC program is to contribute to the reduction of HIV infection rate and mitigate the impact of HIV in Kalangala District and the surrounding fishing communities by expanding delivery of comprehensive prevention, care and treatment services through a combination of evidence informed interventions. The program will contribute to the overall HIV Testing and Counseling (HTC) goals for

PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations which include fisher folks and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up Provider Initiated Testing and Counseling (PITC) in two Health Centers (HC) IVs and six HC IIIs and also intensify the use of targeted HTC outreaches. This activity proposes to reach 10,000 individuals including all pregnant mothers in the ANC clinic, eligible men who come for circumcision either in facility or in outreaches, family members of HIV positive individuals, couples and eligible children. Given the Male: Female sex ratio of 1.5:1, 6,000 males and 4,000 females will be tested for HIV. We anticipate outcomes to be: increased HTC awareness, increased HTC services uptake, 90% of targeted population to be reached with HTC, skilled and competent people to offer HTC and adequate supplies to support HTC and many stable sero-discordant couples will be identified.

This program will contribute to the continuum of response by linking clients to other health services using linkage facilitators to escort and physically link HIV positive clients to care and treatment services within public health facilities in the project areas and social support services by strengthening existing partnerships with other CBOs, NGOs (AMREF and KAFOPHAN) in the community and, with the aim of increasing demand for services and adherence for positive clients.

Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. Partner and district-level capacities were also key factors in determining the allocation of program resources. The project is a decentralized administrative entity serving highly mobile, high HIV-prevalence fishing communities in the Lake Victoria region. The District is a conglomeration of all fishing communities distributed in 84 islands on Lake Victoria who from time to time cross between the several fishing communities and are served by 11 local government health facilities. The target populations identified in this district for priority focus to receive HTC will be residents of fishing communities.

Currently, PEPFAR contributes to more than half of the MoH's HTC targets. Recognizing the important role of GOU, HTC program activities shall be conducted in partnership with district local governments under stewardship of the MoH, recognizing that the scale-up of activities will require a medium-term commitment by the USG.

The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered efficiently.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's

HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	170,000	0

Narrative:

For FY 2013, prevention pivots for Other Prevention (OP) includes addressing prevention needs for older population and youth, addressing condom distribution bottlenecks to increase accessibility and promotion, establishing specific intense prevention programs to target key populations in high burden districts and hot spots, sero-discordant couples and multiple partnerships in rural/urban populations and those residing in hard to reach areas to access core elements of combination prevention.

The National Prevention Strategy (NSP) defines MARPS as: sex workers and their partners, fisher folk, uniformed personnel, long distance truckers and men having sex with men (MSM). Uganda has provided for MSM programming in the NSP and PEPFAR Uganda has addressed this in FY 2013. Size estimation for MSM is underway and tailored programs for LGBTs (including MSM) will be implemented within a legally constrained environment.

For the purpose of this program, and taking male: female ratio of 1.5:1, 5,600 MARPS (3,360 males and 2,240 females) will be reached with focused high impact risk reduction interventions. These include: 600 Commercial Sex Worker (CSW), 200 truckers and 4,800 fisher folk. Identification and mapping of hot spots for MARPS to access the core elements of combination prevention (HTC, SMC, ART, PMTCT) services will be undertaken by the program in inhabited island areas.

The program will identify sero-discordant couples (SDCs) through HTC and support establishment of comprehensive risk reduction programs for both HIV negative and HIV positive persons, care (with more emphasis on strengthening the integration of positive health dignity prevention interventions and Post Exposure Prophylaxis (PEP) in clinical and community settings) and treatment services. Strengthening linkages of target populations to combination prevention interventions will also be a priority for this program from HCT/VMMC service points. Strategies for supporting couples to test together include: using influencing Village Health Teams (VHT) and community leaders to help promote couple's counseling and testing and educate couples about HIV and also use VHTs to educate and increase awareness among SDCs about the availability of PEP services and support referrals to HCs for those in need of PEP.

Condom service outlets will be established and increased from 49 to 400 at several sites as an effort to support and improve accessibility and promotion of both male and female condoms, and ensuring

efficient distribution systems at facilities, in landing sites and island communities with a focus on high prevalent areas within the district. This will be realized through engagement of VHTs, hospitality industry, bars and hotels at landing sites. The program will also undertake advocacy to de-stigmatize condoms through engagement of other stakeholders as well as religious and political leaders. All the 11 HCs will be supported to provide PEP services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	156,214	0

Narrative:

In FY 2013, Kalangala District Local Government (KDLG) will facilitate the implementation of PMTCT Option B+ activities in eight PMTCT sites in Kalangala district.

Key strategic pivots for PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy by ensuring provision of universal HIV Testing and Counseling (HTC) services during ANC, labor and delivery, and community mobilization.

2) Decentralizing treatment and Option B+ through the accreditation of all PMTCT sites at and Health Center (HC) IVs and six HC III levels. Activities will include site assessments for accreditation; identification of training needs; procurement of equipment; printing M&E tools, job aides, Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition of Option B+ in KDLG sites will be done in accordance with MoH guidance and a total of eight sites will be accredited by end of FY 2013. KDLG will support the delivery of Option B+ services using a family focused model within MNCH settings in which, family support groups will be formed at all PMTCT sites; will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding (IYCF) counseling, EID, family planning counseling, couples HTC, supported disclosure and ARV refills. Village Health Teams (VHT) will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for sero-discordant couples, treatment for those who are eligible and linkage to VMMC.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone

technology will be used to remind mothers and their spouses on appointments, EID results, and ARV adherence. Service providers will conduct home visits to trace clients who are lost to follow-up.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MoH, AIDS Development Partners, districts, USG, and implementing partner staff in accordance with MoH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools, and knowledge gaps.

5) Integrating voluntary and informed Family Planning (FP) services with PMTCT service to ensure FP sessions are integrated within PMTCT trainings, counseling; education, and information during ANC, labor and delivery, and postnatal periods, as well as, for women in care and treatment; based on respect; women's choices; and fulfillment of their reproductive health rights.

KDLG will provide HIV counseling and testing to 2,623 pregnant women in 11 service outlets during FY 2013. A total of 525 HIV positive pregnant women will be identified, of whom 425 will be initiated on HAART for life (Option B+) and 75 will be provided with ARV prophylaxis (Option A); in addition, 485 exposed babies will receive ARV prophylaxis and DNA/PCR tests.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	234,136	0

Narrative:

The KDLG program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The program will enroll at least 1,741 new adult clients on ART & support 4,598 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients & 490,028 individuals current on treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals & linkages along service delivery points. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, & key populations in Kalangala district, Uganda.

The program will support MoH roll out of Option B+ for eMTCT through the following activities; accreditation of six additional health facilities; training, mentorship and joint PMTCT/ART support supervision; and also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics. Continuum of Response (CoR) linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients.

KDLG program will support reproductive health integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.
Targeted community outreaches in high prevalence hard to reach & underserved areas for example Kasekulo, Senero, Bugoma Lujaabwa, Butulume, Keserwa, Nkose, Kachanga, Misonzi and BIDCO main camp will be conducted. KDLG will also target key populations using innovative approaches including setting up specialized services such as moonlight services.
The program will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment, improve adherence & retention, and monitor treatment outcomes. Use of innovative, low cost approaches for adherence, retention & follow up such as: phone calls, SMS reminders, appointment registers, 'alert' stickers will be supported. Special focus will be placed on adherence & retention of women enrolled under Option B+ and increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. The program will support the sample referral network in line with this national CD4 expansion plan; monitor & report clients' access to CD4 in quarterly reports.
The program will liaise with PACE for provision and distribution of basic care kits to clients and also liaise with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities. Building the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities will be done.The program will work with USG partners & other key stakeholders for provision of required wrap around services. Being aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), the program will support and strengthen the national M&E systems and work within district health plans. The program will work under the guidance of MoH/ACP & the Quality Assurance Department in trainings, ART/PMTCT mentorship & supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	16,289	0

Narrative:

The KDLG program will support efforts of the GOU in the National Strategic Plan 2011/12-2014/15, objective to increase access to ART from 57% to 80% by 2015. KDLG program will enroll at least 113 new HIV positive children and support 589 children on ART by APR 2013 in Kalangala district. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages along service delivery points. This will contribute to overall national and PEPFAR target of 39,799 new children on ART and 64,072 children current on treatment.

The KDLG program will prioritize support to the national program scale up of pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis

(EID) focal persons, peer mothers, SMS messages or phone calls and flagging files with 'initiate ART immediately' stickers. Test and treat for all HIV positive children under two years will be strengthened in all facilities in line with the national treatment guidelines.

The program will support early initiation, adherence and retention of adolescents on treatment using expert peers, adolescent support groups and training of health care providers. In line with quality service delivery, they will be provided with positive health dignity and prevention services including; sexual and reproductive health services, psychosocial support and life skills training.

To provide other key services KDLG will establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. Furthermore the program will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

The KDLG program will closely work with PACE for provision and distribution of basic care kits to clients. Also liaise with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. KDLG program will build the capacity of facility staff to accurately and timely reports, forecast, quantify and order commodities.

In addition, KDLG program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. KDLG will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The KDLG program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. This program will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 13874	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13877	**Mechanism Name: New Hope Project – Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Children's AIDS Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,981,785	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,981,785

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Children’s AIDS Fund-Uganda (CAF-U) implements the New Hope Project through four HIV clinics namely Family Hope Center Kampala district, Family Hope Center Jinja district, Kabwohe Clinical Research Centre in Mitooma District, and Bushenyi Medical Centre in Bushenyi District.

CAF-U has been supporting the four Implementing Health Facilities (IHF) to provide ART to 11,310 clients cumulatively since 2004. Other services include: HIV Counseling and Testing (HCT), ART and care, TB diagnosis and treatment, Positive, Health, Dignity and Prevention (PHDP), OI management, Behavior Change Communication (BCC), OVC care and support, HMIS support, nutrition and food security, community and adherence outreach, immunization, family planning services, cervical cancer screening and STI diagnosis and treatment.

The main goal of the project is to provide comprehensive HIV/AIDS care, treatment and prevention services in indigenous health facilities of Uganda, thereby strengthening capacity to achieve sustainability, as well as, national and PEPFAR goals.

IN FY 2012 CAF-U will implement a project called New Hope Project through the existing four IHFs with 15 outreach sites and expand to three new IHF namely Namugongo Special Fund for Children and Nurture Africa clinic in Nansana in Wakiso district and Alive Medical Center in Kampala.

Over the project period, CAF-U will scale up to support comprehensive HIV/AIDS care and support services to 11,300 individuals. Target expansion sites are based on a mapping exercise undertaken by USG based on identified service gaps.

CAF-U will purchase two motor vehicles for use in project implementation, monitoring and evaluation, coordination and operations including administrative and oversight functions over implementing health facilities.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13877**
Mechanism Name:	**New Hope Project – Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda**
Prime Partner Name:	**Children's AIDS Fund**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	238,275	0

Narrative:

PEPFAR will focus on supporting the Government of Uganda (GOU) to further expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015. CAF-U will support the provision of care services to 11,300 clients as a contribution to the overall PEPFAR target of 812,989 HIV positive individuals receiving care and support services. This target was derived using burden tables based on district HIV prevalence and treatment need. CAF-U will give specific attention to key populations such as truck drivers, fishermen, commercial sex workers and men who have sex with men. A Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. CAF-U will implement approaches to promote an effective CoR model and monitor key indicators along the continuum.

CAF-U through seven Implementing Health Facilities (IHF) located in five districts of Uganda; Kampala, Jinja, Mitooma, Bushenyi and Wakiso will provide comprehensive care and support services in line with national guidelines and PEPFAR guidance.

Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidelines. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. CAF-U will support the sample referral network in line with the national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports keeping track and ensuring there are no client waiting lists.

CAF-U will liaise with PACE for provision and distribution of basic care kits to clients. Additionally, liaise with Joint Medical Stores and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). CAF-U will build the capacity of facility staff to accurately and in a timely manner report,

forecast, quantify and order commodities.

In addition, UPMB will work with USG partners for linkage to OVC services such as PIN, SPRING, HEALTHQual for CQI, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning will occur.

CAF-U working with MoGLSD will address the linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of sexually transmitted infections, and reproductive health counseling and services. As well, UPMB will support gender equity training for program managers, counselors, and M&E officers at a minimum will receive training to include gender-equity indicators and systematically audit gender equity performance
The New Hope Project will be aligned to the National Strategic Plan for HIV/AIDS (2011/12 -2014/15) and will support and strengthen the national M&E systems working within district health plans. CAF-U will work under the guidance of MoH/ACP and Quality Assurance Department for trainings, mentorship and supportive supervision.
Funding will be provided to support the recruitment of additional staff in the IMFs through the districts to meet the achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	84,401	0

Narrative:

CAF-U will focus on supporting the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. In addition, initiate 24,390 HIV positive clients in care on TB treatment. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages. CAF-U will contribute to this target by screening 10,170 HIV positive clients for TB, and 339 will be started on TB treatment. CAF-U will work in five districts of Wakiso, Kampala, Bushenyi, Mitooma and Jinja.

CAF-U will improve Intensified Case Finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies - GeneXpert and fluorescent microscopy. CAF-U will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2012, CAF-U will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. CAF-U will increase focus on adherence and completion of TB treatment, including DOTS through the use of proven low cost approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitor and ensuring adequate natural ventilation.

The MOH/ACP and the National TB and Leprosy Program (NTLP) will be supported to roll out provision of IPT, in line with the WHO recommendations.

CAF-U will collaborate with other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. CAF-U will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision.

Additionally, CAF-U will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	16,598	0

Narrative:

CAF-U will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal to achieve universal access to care by 2015. CAF-U will contribute 1,017 to the overall PEPFAR target of 74,555 HIV positive children receiving care and support services.

CAF-U will provide comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early infant diagnosis services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of caretaker support groups so as to support retention in

care. CAF-U will implement community mobilization and targeted activities such as “Know Your Child’s Status” campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to ensure timely initiation on treatment in line with MoH guidance.

CAF-U will support retention of adolescents in care, as well as, ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, sexual and reproductive health services, psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services will be screened for HIV and appropriately linked to care and support. CAF-U will also support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

CAF-U will liaise with PACE for provision and distribution of basic care kits to clients and liaise with Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). CAF-U will build the capacity of facility staff to report, forecast, quantify and order commodities accurately and timely.

CAF-U will work with USG partners such as SCORE, SUNRISE, PIN, SPRING for OVC support, HEALTHQual for CQI and others in their related technical areas to support integration with other health like nutrition services. CAF-UP will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. CAF-U will work under the guidance of MoH/ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	34,260	0

Narrative:

The CAF-U objective under the New Hope Project is to provide HIV prevention, care, treatment, and support services; and strengthening health systems for sustainable and integrated quality HIV services through the private sector. The project will increase access to HIV Counseling and Testing (HCT) by

providing HCT services to over 6,000 individuals and improving health workforce capacity targeting seven indigenous health care facilities in Kabarole, Kampala, Jinja, Wakiso and Bushenyi districts. In addition, Provider Initiated Counseling and Testing (PICT) will be integrated into routine health care at all implementing sites and will use innovative outreach approaches in the community to target key populations including special services for couples.

A continuum of response will be ensured by actively linking clients between MNCH, out patients and inpatients departments and to other HIV services targeting pregnant and breast feeding mothers in ANC settings, at labor, delivery and post-partum. In addition, male partners, families and the general population will be targeted based on existing HIV prevalence data and unmet need. This will increase demand and enrolment into care

CAF-U will make HCT available at lower-level satellite sites and train local health workers at those sites in developing and implementing gender-sensitive HCT protocols. In addition, health workers will carry out monthly community-based HCT outreach for children and adults following the MoH guidelines. Routine quality data will be collected and analyzed to generate periodic progress reports that to be shared with stake holders including: local governments, implementing partners and MoH.

The program will work in partnership with the Medical Access Uganda Limited to ensure a steady supply of HIV rapid test kits for HTC services to be delivered.

In order to maximize program success, this program will work towards gathering evidence for the purpose of standardizing service delivery using World Health Organization HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,552,601	0

Narrative:

CAF-U will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. CAF-U will enroll at least 2,658 new clients and support 6,989 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling it allows for higher achievements with continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations. CAF-U will work in five districts of Uganda: Wakiso, Kampala, Jinja, Mitooma, and Bushenyi.
CAF-U will support the MoH roll out of Option B+ for eMTCT through the following activities: implement

Option B+ at Implementing Health Facilities (IHF) offering antenatal and maternity services, training, mentorship and joint PMTCT/ART support supervision. CAF-U will also support ART/PMTCT integration at facility level piloting feasible service delivery models, such as, same day integrated HIV clinics.

Continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. CAF-U will support RH integration including family planning and cervical cancer screening at facility level through provision of the services or referrals.

CAF-U will hold targeted community outreach activities in high prevalence hard to reach and underserved areas of Bushenyi and will also target key populations using innovative approaches including setting up specialized services, such as moonlight services.

CAF-U will implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment, improve adherence and retention and monitor treatment outcomes. The use of innovative, low cost approaches for adherence, retention and follow up such as: phone/SMS reminders, appointment registers.
Special focus will be placed on adherence and retention of women enrolled under Option B+. Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. CAF-U will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports. CAF-U will liaise with PACE for provision and distribution of basic care kits to clients, as well as, with Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents) and CAF-U will build the capacity of facility staff to report, forecast, quantify and order commodities both accurately and timely. In addition, CAF-U will work with USG partners and other key stakeholders for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. CAF-U will work under the guidance of MoH/ACP and the Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision.
Funding will be provided to support the recruitment of additional staff in the IHFs through the districts to meet the achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	55,650	0

Narrative:

CAF-U will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. CAF-U will enroll at least 239 new HIV positive children and support at least 908 children on ART by APR 2013. This will contribute to overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment. CAF-U will work in five districts of Uganda; Wakiso, Kampala, Jinja, Mitooma, and Bushenyi.

In FY 2012, CAF-U will support the national program to scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through early infant diagnosis focal persons, peer mothers, SMS messages/phone calls and flagging files with “initiate ART immediately” stickers. Facilities will be supported to strengthen ‘test and treat’ for all HIV positive under two years in line with the national treatment guidelines.

CAF-U will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including: sexual and reproductive health services, psychosocial support and life skills training.

A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. CAF-U will support the integration of HIV services in routine pediatric health services, including the national Child Health Days.

CAF-U will liaise with PACE for provision and distribution of basic care kits to clients and liaise and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). CAF-U will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, CAF-U will work with USG partners such as SCORE, SUNRISE, PIN, SPRING for OVC support, HEALTHQual for CQI and others in their related technical areas to support integration with other health, nutrition and OVC services. CAF-U will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.

The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. CAF-U will work under the guidance of MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and supportive supervision.

Funding will be provided to support the recruitment of additional staff in IHF through districts to meet the

achievement of the targets. This will be done in collaboration with the Health Systems Strengthening technical working group.

Implementing Mechanism Details

Mechanism ID: 13880	**Mechanism Name: Provision of Comprehensive HIV/AIDS Services and Health Work Force Development for Managing Health Programs in the Republic of Uganda under the President's Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,813,658	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,813,658

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a new follow on program with the purpose of supporting continued delivery of comprehensive HIV/AIDS prevention, care and treatment services to an existing pool of HIV positive clients in Rakai District and to strengthen development of public health workforce in Uganda. The program will offer comprehensive HIV/AIDS services to children, adolescents and adults in line with the national guidelines and will provide technical assistance to the supported districts to plan and integrate Global Health Initiative principles into HIV/AIDS and other health services. The HIV/AIDS services will include PMTCT, HIV counseling and testing, Male circumcision, TB/HIV, ART, health system strengthening and laboratory support. These services will be implemented in collaboration with the districts and other implementing partners to harness synergy, ensure sustainability and ownership. In addition, the program will support

and strengthen the existing HIV fellowship program with an addition of FETP/FELTP programs to support disease surveillance program for HIV and related diseases, disease outbreak investigation and response; Public Health Informatics program purposely to build competent informatics professionals able to manage and support informatics needs of health institutions and a masters program in Monitoring and Evaluation to support national and district level M&E needs.

The program will achieve the following objectives: 1) Scale up access to comprehensive HIV combination preventive services 2) Scale up access to comprehensive HIV and TB care and treatment services and 3) Strengthen development of public health work force through fellowship trainings in HIV, FETP/FELTP, informatics and masters program in monitoring and evaluation.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	121,740
Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood

TB
Workplace Programs
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	**13880**
Mechanism Name:	**Provision of Comprehensive HIV/AIDS Services and Health Work Force Development for Managing Health Programs in the Republic of Uganda under the President's Plan for AIDS Relief**
Prime Partner Name:	**Makerere University School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	424,269	0

Narrative:

The Makerere University School of Public Health (MakSPH) program will focus on supporting the Government of Uganda (GOU) expand access to HIV care and support with the goal to achieve universal access of 80% in care by 2015.This program will support delivery of care and support services to 18,318 as a contribution to the overall PEPFAR target of 812,989 HIV positive individual in care.This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers and men who have sex with men.The Continuum of Response (CoR) model was applied to ensure improved referrals and linkages.The MakSPH program will be expected to implement approaches to promote an effective CoR model and monitor key indicators along the continuum in of Rakai District. This program will support health facilities to provide comprehensive care and support services in line with national guidelines and PEPFAR guidance including: strengthen positive health dignity and prevention; strengthen linkages and referrals using linkage facilitators; implement quality improvement for adherence and retention; pain and symptom management; and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas within the district like Kasensero fishing village. Focus will be placed on increasing access to CD4 assessment among pre-ART clients for ART initiation in line with MoH guidance.This has been a major bottleneck to treatment scale up nationally and working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved in the coming year 2013. The program will support the sample referral network in line with the national CD4 expansion plan.Clients' access to CD4 will be monitored and reported on quarterly basis as well as regularly

keeping track and report on client CD4 waiting lists.MakSPH will facilitate linkages between GBV and HIV, including tracking linkages to services for survivors of sexual violence, provision of post-exposure prophylaxis, treatment of STI and reproductive health counseling and linkage.MakSPH will liaise with PACE for provision and distribution of basic care kits to clients using the District, village health teams and PHA networks. Additionally, MakSPH will collaborate with National Medical Stores, and Medical Access Uganda Limited for other HIV commodities including cotrimoxazole and lab reagents.The program will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner. In addition, the MakSPH program will work with USG partners such as PIN,SPRING,HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels for provision of required wrap around services including family planning.The program will be aligned to the National Strategic Plan for HIV/AIDS (2011/12-2014/15); support and strengthen the national M&E systems, as well as, support provision of data collection and reporting tools, and working within district health plans.MakSPH will work under the guidance of MoH/ACP and the Quality Assurance Department for trainings, mentorship and supportive supervision in an effort to contribute to delivery of quality of of quality HIV care and support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	136,814	0

Narrative:

The MakSPH program will support the GOU to scale up TB/HIV integration; and specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care and initiate 24,390 HIV positive clients in care on TB treatment. This program will contribute to this target by screening 16,486 HIV positive clients for TB; and 550 of these will be started on TB treatment in Rakai District in Uganda. This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.

The program will work to improve intensified case finding (ICF) and the use of the national ICF tool, as well as, improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB and pediatric TB through the implementation of new innovative technologies- fluorescent microscopy and GeneXpert. MakSPH will support MDR-TB surveillance through sputum sample transportation to GeneXpert hubs and receipt of results at facilities.

In FY 2013, MakSPH will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and or the provision of ART in TB clinics. The MAKSPH program will increase focus on adherence and completion of TB treatment, including DOTS through use of proven low cost

approaches. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as, cough hygiene, cough sheds and corners, fast tracking triage by cough monitors and ensure adequate natural ventilation. The program will support MOH/ACP and National TB and Leprosy Program (NTLP) to roll out provision of IPT, in line with the WHO recommendations.

In addition, MakSPH will work with USG partners such as PIN, SPRING, HEALTHQual, and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. MakSPH will collaborate with other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15), support and strengthen the national M&E systems and work within district health plans. MakSPH will work under the guidance of MoH/ACP, NTLP and the Quality Assurance Department in trainings, TB/HIV mentorship and supportive supervision. Additionally, MakSPH will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	21,367	0

Narrative:

The MakSPH program will support the GOU to further expand pediatric HIV care and OVC with the goal of achieving universal access to care by 2015. This program will contribute 1,649 children to the overall PEPFAR target of 812,989 HIV positive individuals in care and support services of which 74,555 are children in Rakai District in Uganda. Procurement of HIV commodities and equipment for this program has been budgeted for under other procurement mechanisms; and therefore the budgets may appear low for the targets.

The MakSPH program will ensure provision of comprehensive child friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard to reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow up and active search of exposed children in facilities and communities to enable early enrolment of children in care. A focus will be on scaling up low cost approaches, such as use of care taker support groups so as to support retention in care. The program will support health facilities to implement community mobilization and targeted activities such as ‘Know Your Child’s Status’ campaigns to identify more children. Focus will be placed on improved assessment of pre-ART children for ART eligibility to

ensure timely initiation on treatment in line with MoH guidance.

The MakSPH program will support retention of adolescents in care, as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with positive health dignity prevention services including, psychosocial support and life skills training and linked to sexual and reproductive health services. Lessons learned from the planned national adolescent service assessment will be incorporated in activities to improve adolescent care.

To further strengthen service delivery in a Continuum of Response model, a key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. The program will also support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MakSPH will work in liaison with PACE for provision and distribution of basic care kits to clients. For ARVs and other commodities including cotrimoxazole and lab reagents the program will work in collaboration with National Medical Stores and Medical Access Uganda Limited to ensure availability. The program will build the capacity of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

The program will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. MakSPH will collaborate with other key stakeholders at all levels for provision of required wrap around services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	405,393	0

Narrative:

During FY 2013, changes will be made in PEPFAR support for laboratory program in Uganda in line with the identified pivots. The pivots will focus on a change from facility based to lab network strengthening. Building on success of Early Infant Diagnosis (EID) hubs there will be an increase in the number of hubs from 19 to 72 thus increasing the geographical coverage and access for specimen transportation, testing and result transmission. This is aimed at ART targeted population receiving CD4 tests to improve

coverage from 60% to 100% improving the quality of laboratory services, reducing stock out of reagents, laboratory supplies and commodities, reducing equipment downtime and improving data collection, transmission, analysis and utilization. To achieve this, technical staff will need to be hired and retained and where possible task shift non-technical activities to appropriately trained lay health workers. Implementation of the WHO Strengthening Laboratory Management Towards Accreditation (SLMTA) will be the mainstay for quality improvement in addition to other quality assurance activities.

The hubs are strategically located health facilities identified by the MoH to serve as coordination centers for specimen referral, testing and result transmission for a catchment area of 30km to 40km radius serving 20 to 50 facilities.

MakSPH will support the establishment of one hub for specimen transportation, testing and result transmission at Rakai Hospital which will undergo minor renovations. Through Medical Access the hub will be strengthened with capacity to carry out CD4, clinical chemistry and hematology tests by procurement hematology equipment and supplies. MakSPH will support the districts in the recruitment of two laboratory technologists and two technicians in an effort to avert the dire human resources in health gap in the district Lab sector. The support will also be extended to strengthen laboratory management towards accreditation in the labs to acquire WHO 3 star level by 2013. The program will also support rolling out of geneXpert in an effort to improve diagnosis of TB. MakSPH will support Kalangala District for specimen transportation, testing and result transmission for all specimens that cannot be tested at Kalangala to the nearest hub.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,650,521	0

Narrative:

MakSPH will work to strengthen and expand the development of national public health work force through apprenticeship training in the fellowship and field epidemiology training programs.

The capacity building activities and training will include: 1) the two-year long-term fellowships (including public health informatics), 2) the six-eight months medium-term fellowships, 3) graduate training programs in FETP (field epidemiology training program) and M&E (monitoring and evaluation), and 4) short courses.

The strategies of strengthening workforce development and training will include: 1) working in close consultation with stakeholders in project implementation, 2) working with public and private sector implementers to provide hands-on training while enhancing management capacity as well as innovations within their programs, 3) strong M&E mechanisms to enable continuous improvement of the effectiveness, efficiency and quality of programs, and 4) dissemination of experiences at the national, district and community levels to guide public health policy and practice.

The fellowships will focus on: HIV/AIDS, TB, malaria, tuberculosis, maternal and child health, field epidemiology, and public health informatics. The capacity building program will span beyond Rakai district, in order to achieve a national impact.

MakSPH will also provide the FETP, a two-year competence based Masters Degree program that provides 60 - 70% time of field based training in selected districts. This is intended to improve national capacity to: (i) investigate of disease outbreaks (ii) design and evaluate a surveillance system (iii) evaluate a public health program/intervention. This will be done within the National Strategic Health Plan and close participation of the MoH. Partnerships with other stakeholders like CDC, WHO, AFENET will be strengthened to improve their involvement in annual field supervision of residents. Additionally, epidemiologists from MoH will co-supervise residents for outbreak investigations. In addition to publications, dissemination of program outputs will be done annually, within the districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	920,756	0

Narrative:

Given the results of the 2011 UAIS showing an alarming increase in HIV prevalence and very low circumcision prevalence (aprox 25%), PEPFAR Uganda is prioritizing this prevention intervention as it is a major pivot to reduce the number of new HIV infections. By scaling up Voluntary Medical Male Circumcision (VMMC) and circumcising 4,200,000 men by 2015, 428,000 new adult HIV infections will be averted by 2025.

MakSPH will scale up VMMC and Health Systems Strengthening in Rakai District. VMMC will be offered as part of a comprehensive HIV prevention package, which includes: promoting delay of sexual debut (for primary abstinence), abstinence and reduction in the number of sexual partners and be faithful, providing and promoting correct and consistent use of male condoms, providing HIV testing and counseling

services and refer to appropriate care and treatment if necessary, and providing services for the treatment of sexually transmitted infections. MakSPH will target eligible men (adolescents and male) 15 years and above who are likely to be sexual active and at higher risk of acquiring HIV. VMMC services will be offered at facility level, outreaches and mobile outreach clinics in Rakai District.

MakSPH will create acceptance and demand for VMMC through community campaigns based on information from the Uganda National Communication Strategy on VMMC employing both media campaigns and person to person communication targeting localities with high numbers of men like markets, churches, taxi parks and 'boda boda' stages.

MakSPH with it vast experience in circumcision research and service provision, will provide VMMC training to providers from Rakai District and other districts around the country at the Rakai center and through regional VMMC skills training organized in collaboration with district health offices and other partners in regions that have adequate facilities for training. Training will utilize the current WHO circumcision skills training manual. About 20% of the
trainees will be visited at their work place to assess their proficiency, as well as, provide supportive supervision post-training.

The program will provide training for 300 providers including 100 surgeons, 100 operating room (OR) assistants, 100 VMMC counselors every year. MakSPH will also train 36
VMMC skills trainers (TOT), including 12 surgeon trainers, 12 OR trainers and 12 VCCM counselors.

MakSPHMakSPH will train six trainers from each of the six regions of the country including two surgeons, two OR assistants and two VMMC counselors. These interventions will increase the number of providers with skills to provide SMC and ultimately the number of men accessing SMC in Uganda.

In FY 2012, a total of 30 staff in the 4 HCF shall be trained in SMC and 7,033 males offered a comprehensive package of VMMC in line with MoH guidelines. VMMC supplies and commodities will be sourced from Medical Access Uganda Limited.

The MoH policy guidelines on VMMC will guide the integration of VMMC services in Uganda's national health system. Through these established policy guidelines on VMMC, MakSPH will contribute to the national VMMC target of one million circumcisions in
2012/2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	137,497	0

Narrative:

The goal of HIV Testing and Counseling Services (HTC) Program in the MakSPH Program is to increase HTC capacity by training more MakSPH and government health workers. The staff to be trained will be in public facilities in Rakai District. The training will cover both didactic and hands-on practice under the guidance of senior counselors. In collaboration with the MoH, the program shall integrate skills in collection of dry blood spot samples for DNA-PCR for Early Infant Diagnosis (EID). The program will contribute to the overall HTC goals for PEPFAR by increasing access to and use of essential counseling and testing services for the most-at-risk populations and other key populations determined by existing data on HIV prevalence in Uganda. The program will engage in scaling up both Provider and Client Initiated Testing and Counseling (P/CITC) and customized interventions relevant to key populations. This program will contribute to the continuum of response by linking clients to other health services including HIV care and treatment and social support services in the community with the aim of increasing demand and adherence for positive clients.

Program targets reflect the prioritization of districts with high HIV/AIDS prevalence and unmet need. Partner and district level capacity were also key factors in determining the allocation of program resources. The target populations in these districts will vary depending on need however, the following groups have been identified for priority focus: pregnant women, fishing communities, commercial sex workers and their clients and partners, uniformed forces, long distance truck drivers, and men who have sex with men. This is in addition to the usual target populations of HTC services that includes: men seeking Voluntary Medical Male Circumcision (VMMC), walking-in for testing at the HIV clinics to children 0-14 years and repeat testing for HIV negative partners in HIV discordant relationships (with facilitated couples counseling and disclosure), and via community outreach activities to the general population.

EID will be implemented in collaboration with MoH, through the Central Public Health Laboratory (CPHL). The program will provide HTC and HIV results to 13,000 people in the first budget year.

Currently, PEPFAR contributes to more than half of the MoH's HTC targets. Recognizing the important role of GOU, the HTC program activities shall be conducted in partnership with local district governments under stewardship of the MoH, recognizing that the scale-up of activities will require a continued commitment by the USG.

Additionally, in order to maximize program success, this program will work towards evidence gathering for the purpose of standardizing service delivery, to ensure consistency with World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

To be provided

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	216,043	0

Narrative:

In FY 2013, MakSPH will facilitate the implementation of PMTCT Option B+ activities in 28 PMTCT sites in Rakai District.

Key strategic pivots for PMTCT will focus on:

1) Improving access and utilization of eMTCT services in order to reach more HIV infected pregnant women as early as possible during pregnancy. To achieve this MakSPH will ensure provision of universal HIV Testing and Counseling (HTC) services during ANC, labor and deliver and community mobilization.

2) Decentralizing Treatment and Option B+ through the accreditation of all PMTCT sites at hospitals; Health Center IVs and Health Center III levels. Activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing M&E tools, job aides, and Option B+ guidelines, training of service providers and sample referral system for CD4+ and Early Infant Diagnosis (EID). The transition to Option B+ in MakSPH supported sites will be done in accordance with MoH guidance and a total of 24sites will be accredited by end of FY 2013.

MakSPH will support the delivery Option B+ services using a Family Focused model within MNCH settings. In this model family support groups will be formed at all PMTCT sites and will meet monthly to receive adherence counseling and psycho-social support, Infant and Young Child Feeding counseling, EID, Family Planning counseling, Couples HTC, supported disclosure and ARV refills. Village health teams will also be utilized to enhance follow-up, referral, birth registration, and adherence support. Through this model, male partners will receive condoms, STI screening and management, support for sero-discordant couples, treatment for those who are eligible and linkage to Voluntary Medical Male Circumcision (VMMC). At least 10,000 partners of pregnant women will be tested within the MNCH

setting.

3) Supporting intensive M&E of activities to inform Option B+ roll out through cohort tracking of mother-baby pairs and electronic data reporting. All sites will actively document services provided to the mother-baby pairs at both facility and community level. Each beneficiary will have a standard appointment schedule that will be aligned to the follow-up plan of each PMTCT site. Mobile phone technology will be used to remind mothers and their spouses on appointments, EID results and ARV adherence. Service providers will conduct home visits to trace client who are lost to follow-up. All sites will submit daily reports on key program elements electronically to support effective monitoring and timely management.

4) Facilitating quarterly joint support supervision and mentorships at all PMTCT/ART sites involving MoH, AIDS Development Partners, districts, USG, and implementing partners staff in accordance with MoH guidance. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies, commodities and tools and knowledge gaps.

5) Integrating voluntary and informed Family Planning (FP) services with PMTCT service MakSPH will ensure FP sessions are integrated within PMTCT trainings, counseling, education, and information during ANC, labor and delivery, and postnatal periods, as well as, for women in care and treatment, based on respect, women's choices and fulfillment of their reproductive health rights.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	735,414	0

Narrative:

The MakSPH program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015, enrolling at least 4,202 new clients and support 10,724 adults and children on ART by APR 2013, contributing to overall national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, it allows for higher achievements through continued program efficiencies. Priority will be given to enrolment of HIV positive pregnant women, TB/HIV patients, and key populations in the district of Rakai in Uganda. The Rakai District coverage for ART is 7.3% for children and 54% for adults. The plan to increase coverage in this district has been to expand this program's support for HIV care and treatment to district wide coverage. Additionally, to support MOH plan's for universal access.

This program will support the MoH roll out Option B+ for eMTCT through the following activities;

accreditation of 26 additional health facilities; training, mentorship and joint PMTCT/ART support supervision. This program will support ART/PMTCT integration at facility level piloting feasible service delivery models, such as same day integrated HIV clinics and reducing the ART preparation period while ensuring quality of ART treatment services. The continuum of response linkages and referrals will be strengthened using linkage facilitators across different service points in facilities and communities. Facilitators will also be utilized for TB/HIV integration to ensure early ART initiation for TB/HIV patients. Further support will be provided for service integration including informed voluntary family planning and cervical cancer screening at facility level through provision of the services or referrals.

Targeted community outreaches in high prevalence hard to reach and underserved areas of Rakai will be conducted. MakSPH will also target key populations using innovative approaches including setting up specialized services; such as moonlight services.

The program will also implement quality improvement initiatives for the ART framework: early initiation of ART eligible clients on treatment, improve adherence and retention and monitor treatment outcomes. The use of innovative, low cost approaches for adherence, retention and follow up such as: phone call or SMS reminders, appointment registers, 'alert' stickers will be supported.

Special focus will be placed on adherence and retention of women enrolled under Option B+.
Focus will be placed on increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance. We will support the sample referral network in line with the national CD4 expansion plan; and will monitor and report clients' access to CD4 in quarterly reports.

The MakSPH program will liaise with PACE for provision and distribution of basic care kits to clients with National Medical Stores, and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). We will build the capacity of facility staff to produce accurate and timely reports, forecast, quantify and order commodities. Further to this MAKSPH will work with USG partners and other key stakeholders for provision of required wrap around services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	65,584	0

Narrative:

The MakSPH program will focus on supporting the National Strategic Plan 2011/12-2014/15 objective of increasing access to ART from 57% to 80% by 2015. This program will support enrolling at least 840 new HIV positive children and support 1,394 children on ART by APR 2013. This will contribute to overall

national and PEPFAR target of 38,161 new children and 63,704 children current on treatment and MakSPH will provide support to all accredited ART facilities in Rakai District, as well as, supporting accreditation of more facilities including all Health Center III's. Procurement of HIV commodities and equipment for this program has been budgeted for under other procurement mechanisms; and therefore the budgets may appear low for the targets.

In FY 2013, this program will support the national program scale up pediatric treatment through strengthening the identification, follow up and treatment for all infants through Early Infant Diagnosis (EID) focal persons, peer mothers, SMS messages or phone calls and flagging files with 'initiate ART immediately' stickers. Health facilities will be supported to strengthen 'test and treat' for all HIV positive children under two years in line with the national treatment guidelines.

The program will prioritize support for early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with positive health dignity and prevention services including, psychosocial support and life skills training and linked to sexual and reproductive health services.

Of critical importance will be establishing strong referral links between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment. The MakSPH program will support the integration of HIV services in routine pediatric health services, including the National Child Health Days.

MakSPH will liaise with PACE for provision and distribution of basic care kits to clients and also working in coordination with National Medical Stores and Medical Access Uganda Limited for ARVs and other HIV commodities including cotrimoxazole and lab reagents. To further improve service delivery MakSPH will support capacity building of facility staff to accurately report, forecast, quantify and order commodities in a timely manner.

In addition, MakSPH will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST and Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. The program will collaborate with other key stakeholders at all levels for provision of required wrap around services.
To achieve program objectives we will work in alignment to the National Strategic Plan for HIV/AID (2011/12-2014/15), support and strengthen the national M&E systems and work within district health plans. To ensure adherence to National standards. MakSPH will work under the guidance of

MoH/ACP and the Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and support supervision.

Implementing Mechanism Details

Mechanism ID: 13885	**Mechanism Name: Spring**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow Inc (JSI)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Integrated Management of Acute Malnutrition (IMAM) program will focus on identifying, treating, and weaning children and adults who are severely wasted/ malnourished. HIV/AIDS has exacerbated the problem of malnutrition in the country and significantly contributes to the problem of acute malnutrition/wasting. Malnutrition contributes up to 60% of childhood mortality.

Targeted nutrition interventions will be provided to children (including OVC), pregnant and lactating women, and persons living with HIV/AIDS to help break this cycle of malnutrition, disease and mortality, and to improve the quality of life and increase productivity. Family-centered nutrition service delivery will entail treatment of malnutrition through therapeutic and supplementary feeding, promotion of effective infant feeding practices, and maternal nutrition. This program will provide district-wide coverage of IMAM through the health system at facility and community levels and will target districts with high levels of malnutrition and HIV/AIDS prevalence. The proposed project geographic coverage for malnutrition treatment services is within the Government of Uganda health system, at community and health facility

levels, in the same areas where - STAR SW provides comprehensive HIV services in the districts of Ntungamo and Kisoro.

The program is implemented in collaboration with District Health Teams and government health workers and, as much as possible, uses government approved tools like guidelines, reporting and supervision mechanisms. Coaching and mentoring are also emphasized as part of skill building and task shifting to ensure sustainability. This alignment with the GoU underscores GHI principles of country ownership and sustainability.
There are no expected vehicle purchases

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities

Budget Code Information

Mechanism ID:	**13885**
Mechanism Name:	**Spring**
Prime Partner Name:	**John Snow Inc (JSI)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	733,400	0

Narrative:

The proposed activity will provide supplementary and/or therapeutic feeding services through in-patient and outpatient services based on defined entry and exit criteria, clinical status, and severity of malnutrition. Target groups include undernourished adolescents and adults with acute malnutrition in facilities and communities in two districts in South Western Uganda. More than 8,500 adolescents and adults with acute malnutrition (including pregnant and lactating women, and people living with HIV (PHA)) will be reached with IMAM activities. Locally produced ready-to-use therapeutic foods (RUTF) and other fortified blended foods will be provided by prescription to moderately malnourished pregnant and lactating women and adult PHAs through the health system.

Community level activities will focus on active case finding and referral of malnourished pregnant and lactating women and adult PHAs. Targeted nutrition interventions will be provided with the goal of enhancing knowledge and practice of good nutrition and hygiene at the household level. The program will use existing community structures such as the village health team (VHT), opinion/religious leaders, community-based organizations to strengthen health facility/community linkages for follow-up, adherence, and linkage to other food security interventions. The IMAM activities will be implemented within the existing health system structures at the facility and community level. Integration with other health activities will occur through out-patient and in-patient services (including ART/care clinics), ante-natal care (including PMTCT), and community outreach service delivery points.

In-service training and mentoring during supportive supervision will be undertaken in partnership with the district and the Ministry of Health. Activity implementation will also be done within the framework of other service delivery channels using national tools and guidelines. In doing this, the health workers will be equipped with skills that will ensure sustainability beyond the project life.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	266,600	0

Narrative:

The proposed activity will provide supplementary and/or therapeutic feeding services through in-patient and outpatient services in the districts of Kisoro and Ntungamo based on defined entry and exit criteria, clinical status, and severity of malnutrition. Integrated Management of Acute Malnutrition (IMAM) activities will be made available to eligible children receiving ART care. Locally produced ready-to-use

therapeutic foods (RUTF) and other fortified blended foods will be provided by prescription to moderately malnourished children. Community level activities will focus on active case finding and referral of malnourished children. The program will use existing community structures such as the village health team (VHT), opinion/religious leaders, and community-based organizations to strengthen health facility/community linkages for follow-up, adherence and linkage to other food security interventions. The IMAM activities will be implemented within the existing health system structures at the facility and community level. Integration with other health activities will occur through out-patient and in-patient services (including ART/care clinics) and community outreach service delivery points. The project fits into and contributes to the Health Sector Strategic and Investment Plan (HSSIP) and the Child Survival Strategy and operates within the Infant and Young Child Feeding (IYCF) policy and IMAM guidelines for Uganda. In-service training and mentoring during supportive supervision will be undertaken in partnership with the district and the MOH. Activity implementation will also be done within the framework of other service delivery channels using national tools and guidelines. In doing this, the health workers will be equipped with skills that will ensure sustainability beyond the project life.

Implementing Mechanism Details

Mechanism ID: 13892	**Mechanism Name: Literacy and Health Education Program/School Health and Reading Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,795,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,795,000

Sub Partner Name(s)

World Education		

Overview Narrative

USAID provides support to Uganda's Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) as the primary HIV/AIDS prevention strategy led by Ministry of Education and Sports (MOES). PIASCY is MOES' national mechanism for reaching out to young people in primary and post-primary schools with age-appropriate messages to empower them with knowledge and life skills to influence positive behavior change and, as a result, help them stay safe from HIV/ AIDS. The Literacy and Health Education Program builds upon the UNITY Program that worked with MOES to provide HIV/AIDS-related instructional materials and teacher training to primary and post-primary schools throughout the country. Support to PIASCY will continue under this new program that focuses on 2 primary objectives:(1) to create sustainable systems for HIV/AIDS prevention through the education sector; and (2) to deepen the impact of HIV/AIDS & health education through improved coordination between IPs working in target districts. This program will support strategic objectives laid out in Uganda's education sector HIV/AIDS prevention strategy including: (1) to increase the proportion of individuals with comprehensive knowledge and skills for preventing HIV infection; (2) to increase the number of individuals that access or are referred for appropriate prevention, care, treatment, social support services; and (3) to strengthen the capacity of MOES' institutions to plan, implement, coordinate, monitor and evaluate their HIV prevention programs.

This program contributes to GHI principle 2: "Encourage country ownership and invest in country-led plans". A Performance Management Plan will be developed to track progress towards the achievement of the project objective. Three vehicles will be purchased

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13892**
Mechanism Name:	**Literacy and Health Education Program/School Health and Reading Program**
Prime Partner Name:	**Research Triangle International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,795,000	0

Narrative:

The PIASCY program is designed to reach and benefit students at both primary schools and post primary education and training (PPET) institutions throughout Uganda. PIASCY uses these schools and school communities as channels to impart skills and knowledge to youth and their families to promote positive behavior change and prevent the spread of HIV/ AIDS. The program also aims to promote a stigma-free school environment in support of students affected or infected by HIV/ AIDS.

PIASCY interventions have been designed to build on USAID investments in the education sector over the years and to work through MOES structures and systems as a mechanism to build capacity and sustainability of program outcomes. USAID will continue to focus on school-based and student-led HIV/AIDS prevention activities (i.e., PIASCY clubs, music, dance, and drama, guidance and counseling, and community engagement). The program will continue the provision of PIASCY instructional materials and teacher training to better handle the challenges faced in dealing with the effects of HIV and AIDS. While the previous activity focused largely on promotion of abstinence, this new program will take a comprehensive approach that raises student awareness on other HIV prevention approaches especially VMMC.

Under this new program, however, USAID will re-orient programming to change from an input-driven approach (i.e., trainings conducted, materials produced) to one focused on achieving measurable impact in teacher and student knowledge, improved cross-sector coordination, and sustainability of HIV/AIDS and health education within the sector. A baseline study will assess the impact and sustainability of current approaches and shape a five-year strategic plan with clear objectives and benchmarks for

determining progress toward achievement on both fronts. Over the coming year, , USAID will focus on building MOES' capacity to (1) monitor and evaluate the impact of HIV/AIDS and health education; and (2) expand cross-sector coordination with other HIV/AIDS and health actors at the school level. Year 2-5 activities will support agreed-upon HIV/AIDS prevention objectives while rigorously evaluating the impact of cross-sector coordination by USAID-funded implementing partners within target districts. Within target districts, USAID will use a semi-experimental design to assess the impact of increased coordination and collaboration between USAID-funded education and health implementing partners. Through improved cross-sector collaboration, USAID will aim to strengthen school-level and district-level impact; improve referral systems for prevention, care, treatment and social support services, and better address the needs of students and teachers affected by HIV/AIDS.

Implementing Mechanism Details

Mechanism ID: 13897	**Mechanism Name: Public Health Workforce and Systems**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Field Epidemiology Network	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

AFENET is a non-profit organization dedicated to helping Ministries of Health in Africa to build strong, effective, sustainable programs. It is currently supporting 19 African member countries in field epidemiology training programs and field epidemiology/laboratory training programs which both build

capacity and support the Ministries of Health. It also supports the public sector to build capacity to improve public health systems on the African continent. The AFENET CDC cooperative agreement is a mechanism through which applied field epidemiology capacity and public health management is expanded and strengthened in Africa to build an effective and responsive public health system.

Programming in Uganda with AFENET will focus on supporting the Ministry of Health (MoH) to establish a post-MPH Fellowship initiative for embedding technical assistance positions. The focus of these fellowships could include, supporting operations research for an AIDS-Free Generation, establishing case-based surveillance for HIV at the district level, strengthening integrated disease surveillance and response to achieve International Health Regulations compliance, and priority initiatives of the MoH. These fellowships will allow for continued development of cross-cutting skill-sets in applied epidemiology, informatics, management, monitoring and evaluation, and laboratory systems, while providing public health services. Due to its established rapport with the MoH and history of successful support for Government of Uganda imperatives, the AFENET CDC CoAg is an ideal mechanism for supporting this initiative. AFENET also possesses the physical and organizational infrastructure, partnership to successfully support this post-MPH, referred to herein as a Public Health Service Program (PHSP).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13897**
Mechanism Name:	**Public Health Workforce and Systems**
Prime Partner Name:	**African Field Epidemiology Network**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	350,000	0

Narrative:

Overall Goal: Establish a Fellowship in support of the MOH in Uganda, capacities for reinforced implementation of priority public health programs, and cross-cutting disease surveillance and response.
Multi-Year Objectives:

1. Support GoU to achieve an AIDS-free generation through reinforcement of surveillance and priority interventions
2. Contribute towards Uganda's attainment of its national health policy goals and MDG targets for maternal and child health, HIV/AIDS, TB and malaria
3. Reinforce other priority disease control and elimination/eradication programs, including non-communicable disease and injury
4. Strengthen rapid detection of integrated disease surveillance and response (IDSR) priority diseases and provide surge capacity for outbreak response by districts
5. Support consolidation and effectiveness of detection and response at existing and future sentinel surveillance sites for conditions including HIV/AIDS, viral hemorrhagic fevers, Hepatitis E, acute febrile illness, etc.

Strategic Approach: Establish and institutionalize a service program for the MOH for providing public health leadership and technical skills. Officers in this program will serve for a minimum of two years to support ongoing disease detection and response, active trans-boundary projects, and public health workforce development. PHSP Officers will dedicate 40% of their time to IDSR following implementation at their field site, and 60% time on planned projects/studies related to a disease control priority.
Officers will serve in multi-disciplinary teams of three – a combination of human and animal health practitioners and laboratory staff. At the national level, targeted institutions could include the constellation of technical bodies responsible for surveillance and response - Epidemiology and Surveillance Division (ESD), Central Public Health Laboratory (CPHL), the Uganda Viral Research Institute (UVRI) and the veterinary laboratories at Makerere University and the Ministry of Agriculture Animal Industries and Fisheries (MAAIF), Entebbe.

Additional modular training for Officers could be provided to build competency in various areas.

At the end of the fellowship, Officers in the PHSP will have:

1. Managed a field station or served in a national level technical institution to support surveillance and response and/or a priority health initiative of the GoU
2. Strengthened implementation of a priority disease control and/or health service delivery program
3. Designed/Improved and implement the quality of data collected for IDSR and other priority programs
4. Led responses to outbreaks and Conducted a monitoring and/or evaluation project
5. Trained and mentored national and sub-national health staff on SOPs
6. Developed and implemented a research protocol and public health informatics project

AFENET will work with the MOH, Makerere University School of Public Health, CDC and other partners to devise a competency-based, modular curriculum. Competency development will revolve around specific issues that the MOH wants to address through these post-MPH fellowships. In Year 1 of this initiative, four full-time Fellows, eight MPH students and 20 district health team officers and various cadres at the district levels will be supported. This project will also contribute to the PEPFAR target of having 140,000 healthcare workers trained for six months or more.

Implementing Mechanism Details

Mechanism ID: 13898	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13900	**Mechanism Name: Northern Uganda Health Integration to Enhance Services (NU-HITES)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: PLAN International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,888,091	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	2,888,091

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID has issued an award of $50 million over 5 years for a new integrated health program (NU-HITES) to strengthen the national systems for delivery of HIV/AIDS and Tuberculosis (TB) services in Uganda.. This is a follow-on program to the Northern Uganda Malaria HIV/AIDs and Tuberculosis (NUMAT) program and it will operate in 15 districts: Nwoya, Gulu, Amuru, Kitgum, Lamwo, Pader, Agago, Lira, Otuke, Oyam, Kole, Apac, Alebtong, Dokolo and Amolatar. .The purpose of the program is to provide quality HIV/AIDS prevention, care and treatment, PMTCT, TB/HIV and related laboratory services at facilities and the community level and to build the capacity of the public and private sector to provide care and treatment in a sustainable manner.

This program will contribute to the national ART and PMTCT goals of providing HIV counseling and testing services to all pregnant women attending ANC and providing PMTCT services to 80% of the target population within the 15 districts. In order to meet the above goals, technical support for integrated PMTCT/RH/MCH services will be provided to all hospitals, health centers IV-III and PMTCT outreach to health centers II that provide maternity services and linkage to HIV/AIDS care and treatment services to all HIV positive pregnant women and their families. This program will work closely with the MOH and other PMTCT and treatment partners to coordinate support and maximize coverage of PMTCT and HIV treatment services. Program implementation will be monitored routinely and reports will be submitted to the MoH and USG using the available M and E systems in place.

In this FY, seven vehicles will be procured to implement this project in addition to three vehicles to be inherited from the former NUMAT project.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	200,000
Human Resources for Health	376,338

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13900**
Mechanism Name:	**Northern Uganda Health Integration to Enhance Services (NU-HITES)**
Prime Partner Name:	**PLAN International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,315,177	0

Narrative:

PEPFAR will focus on supporting the GOU to further expand access to HIV care and support with the goal of achieving universal access of 80% in care by 2015. NU-HITES will support the provision of care services to 43,830 HIV positive adults as a contribution to the overall PEPFAR target of 812,989 HIV positive individual receiving a minimum of one clinical care service. This is a subset of the overall care target. This target was derived using burden tables based on district HIV prevalence and treatment need. Specific attention will be given to key populations such as truck drivers, fishermen, commercial sex workers, and MSMs. The Continuum of Response (CoR) model was also applied to ensure improved referrals and linkages.
NU-HITES will implement approaches promoting CoR models and monitor key indicators along the

continuum. NU-HITES will provide comprehensive care and support services aligned to national and PEPFAR guidelines including: positive health dignity and prevention (PHDP), linkages and referrals using linkage facilitators, quality improvement for adherence and retention, pain and symptom management, and targeted community outreach in high prevalence, hard-to–reach, and underserved areas.
Focus will be placed on increasing access to CD4 assessment among clients for ART initiation in line with MoH guidance. This has been a major bottleneck to treatment scale up nationally. Working with the Central Public Health Laboratory and other stakeholders, CD4 coverage will be improved from 60% currently to 100% over the next 12 months. NU-HITES will support the sample referral network in line with this national CD4 expansion plan, and will monitor and report clients' access to CD4 in quarterly reports. In addition, to the project will regularly keep track and report on client waiting lists.
NU-HITES will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, the project will coordinate with the National Medical Stores, Joint Medical Stores, Supply Chain Management Systems and Medical Access Uganda Limited for other HIV commodities (cotrimoxazole, lab reagents). NU-HITES will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities. In addition, NU-HITES will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, and Hospice Africa Uganda in their related technical areas to support integration with other health and nutritional services. Collaboration with other key stakeholders at all levels will continue for provision of required wrap-around services including family planning.
The program will bealigneddd with the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15) to support and strengthen the national M&E systems by working within district health plans. NU-HITES will work under the guidance of the MoH AIDS Control Program (ACP) and Quality Assurance Department for trainings, mentoring, and supportive supervision.
NU-HITES will ensure gender awareness and issues are integrated in programs to ensure equitable access to care and treatment services such as identifying and addressing barriers that women and men may face in adhering to treatment or receiving ongoing care.
NU-HITES will support new recruitment of critical health workers in 13 districts to support care and treatment services for both public and PNFP facilities based on the new scale up targets and the current staffing levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

NU-HITES will focus on supporting the GOU to scale up TB/HIV integration, specifically the PEPFAR goal to achieve TB screening of 90% (731,690) of HIV positive clients in care. NU-HITES will contribute to this target by screening 43,349 HIV positive clients for TB, and 1,444 will be started on TB treatment.

This target was derived using burden tables based on district HIV prevalence and treatment need. The Continuum of Response (CoR) model was also applied to determine how many clients will be eligible to access other HIV services and ensure improved referrals and linkages.
NU-HITES will improve Intensified Case Finding (ICF) by using the national ICF tool as well as improve diagnosis of TB among HIV positive smear negative clients, extra pulmonary TB, and pediatric TB through the implementation of new innovative technologies - GeneX-pert and fluorescent microscopy.
NU-HITES will support Multiple Drug Resistance (MDR)-TB surveillance through sputum sample transportation to Gene Xpert hubs and receipt of results at facilities.
In FY13, NU-HITES will ensure early initiation of all HIV positive TB patients on ART through the use of linkage facilitators and/or the provision of ART in TB clinics. NU-HITES will increase focus on adherence and completion of TB treatment, including Directly Observed Treatment (DOTS) which is a proven low cost approach. A TB infection control focal person will be supported to enforce infection control at facilities using interventions such as: cough hygiene, cough sheds and corners, fast tracking triage by cough monitors, adequate natural ventilation, etc.

The MOH AIDS Control Program (ACP) and the National Tuberculosis and Leprosy Control Program (NTLP) plans to roll out provision of Isoniazid Preventive Therapy (IPT), in line with the WHO recommendations, especially among breast-feeding children with sputum positive TB mothers. In addition, NU-HITES will work with USG partners such as PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health and nutrition services. NU-HITES will collaborate with other key stakeholders at all levels for provision of required wrap-around services.
The program will be aligned with the National Strategic Plan for HIV/AIDS and National TB Strategic Plan (2011/12 – 2014/15) to support and strengthen the national M&E systems by working within district health plans. NU-HITES will work under the guidance of ACP, NTLP and Quality Assurance Department in trainings, TB/HIV mentoring and supportive supervision. Additionally, NU-HITES will support facilities to participate in national external quality assurance for TB laboratory diagnosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	41,886	0

Narrative:

NU-HITES will focus on supporting the GOU to further expand pediatric HIV care and OVC with the goal of achieving universal access to care by 2015. NU-HITES will target 4,335 HIV positive children with care

and support services, contributing to the overall PEPFAR target of 73,169 HIV positive children receiving at least one minimum clinical care service. This is a subset of the umbrella care PEPFAR target.
NU-HITES will provide comprehensive child-friendly care and support services in line with national guidelines and PEPFAR guidance, improve adolescent services, strengthen linkages and referrals using linkage facilitators, implement quality improvement for adherence and retention and provide support to targeted community outreaches in high prevalence hard-to-reach and underserved areas. Early Infant Diagnosis (EID) services and focal points at facilities will be scaled up to ensure follow-up and active search of exposed children in facilities and communities to enable early enrollment in care. NU-HITES will scale-up low cost approaches, such as use of care-taker support groups to support retention in care.
NU-HITES will implement community mobilization and targeted activities such as “Know your child status” campaigns to identify more children. Focus will be placed on improved assessment of children for ART eligibility to ensure timely initiation of treatment in line with MoH guidance.
NU-HITES will support retention of adolescents in care as well as ensure a smooth transition into adult life using expert peers and adolescent support groups. They will be provided with Prevention With Positive (PWP) and Positive Health Dignity and Prevention (PHDP) services including sexual and RH services, and psychosocial support and life skills training. Lessons learned from the planned national adolescent service assessment will be incorporated in activities.
A key priority will be to establish strong referrals between OVC and care and support programs to ensure HIV positive children are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to care and support. NU-HITES will also support the integration of HIV services in routine pediatric health services, including national Child Health Days.
NU-HITES will liaise with PACE and UHMG for provision and distribution of basic care kits to clients, and with the National Medical Stores, Joint Medical Stores and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). NU-HITES will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.
NU-HITES will work with USG partners in their related technical areas to support integration with other health, nutrition and OVC services. NU-HITES will collaborate with UNICEF and other key stakeholders for provision of required wrap-around services.
The program will be aligned with the National Strategic Plan for HIV/AIDS (2011/12 – 2014/15) to support and strengthen national M&E systems by working within district health plans. NU-HITES will work under the guidance of the MoH ACP and Quality Assurance Department in pediatric trainings, national pediatric mentorship framework and supportive supervision. Funding has been provided to support the recruitment of additional new staff in NU-HITES districts to achieve scale-up targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

During FY 2013, NU-HITES will assist the Ministry of Health (MOH) by working in collaboration with the Central Public Health Laboratories (CPHL) to establish six hubs in the Anaka, Amolatar and Kalongo Hospitals, and the Atiak, Madi Opei, and Dokolo health centers. NU-HITES will also strengthen the laboratory at Kitgum hospital which is one of the 19 functional hubs across the country, which brings the total of hubs under NU-HITES districts to seven.

The major focus of NU-HITES support will be to: build CD4 capability in all the hubs, strengthen the specimen referral and result transmission network, improve laboratory infrastructure, improve facility level quantification and reporting to reduce CD4 reagent stock out, and assist all seven hubs to implement the WHO-recommended stepwise strengthening laboratory management towards accreditation (SLAMTA) with the aim to achieve a minimum of the World Health Organization three stars by September 2014. NU-HITES will also work with district officials and relevant stakeholders to recruit seven lab technologists and nine lab technicians to ensure that all seven hubs have the necessary human resources required to run their laboratories at an optimal capacity.

NU-HITES will work with the Strengthening Ugandan Systems for Treating AIDS Nationally (SUSTAIN) and the Supply Chain Management Systems (SCMS) projects to ensure that CD4 machines have regular preventive maintenance to reduce equipment down time. In addition to the seven hubs, NU-HITES will also ensure that all facilities in Northern Uganda that received MOH PIMA point of care CD4 analyzers receive the necessary cartridges, reagents and supplies through the national medical stores by assisting the facilities to quantify need and project gaps in a timely manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

In FY 2012 NU-HITES will support Strategic Information (SI) Pivot 3 – “Strong/robust basic M&E systems at service delivery points and districts” across 15 districts in northern Uganda. It aims at generating strategic information that serves to inform national policy and decision making, tracking program targets including outcome and impact measurements, evidence based programming and health systems strengthening. . This will involve adapting, developing and harmonizing tools for data analysis, presentation, interpretation, and use with a major focus towards district evaluation studies conducted through Lot Quality Assurance Surveys (LQAS). The activity will also support the key national HIV/AIDS data use processes and activities taking place at the districts in order to build sustainability.

The project will focus on building upon NUMAT's efforts to restore the disrupted health system through training and mentoring biostatisticians and record clerks on the revised GoU tools to improve the paper-based HMIS and other GoU reporting systems, aimed at strengthening facility level and district-level monitoring and reporting systems. This will support the existing national data collection, use, and reporting systems at the district and lower levels for purposes of building sustainability.
Evidence-based planning and decision making will be achieved through regular measurement of program performance and progress at districts and lower levels. This will be achieved through the use of LQAS as a methodology to measure performance of service coverage in addition to the routine HMIS and other sectors' data. LQAS survey results will also be used to develop remedial action plans at district, sub-district and sub-county levels.
Data quality assessments will identify data gaps and improve the quality of reporting. District-led regular and timely feedback to supported local governments, non-governmental organizations and civil service organizations through district coordination systems are aimed at tracking performance against targets and identifying solutions to program barriers. These will be complimented by bi-annual Civil Society Organization (CSO) specific performance reviews during which quarterly CSO work plans will be reviewed. SI staff at districts, service delivery points and CSOs will be trained to strengthen their M&E skills to address gaps. By supporting district, health sub-district and sub-county level performance reviews and LQAS disseminations, NU-HITES will contribute to building human resource capacity for effective data utilization at all levels which is a key M&E strategy of the national health sector plan. SPAI will also be conducted in selected districts to improve performance.
The strategic information intervention will be integrated with all sectors, and the project will provide supported districts with GoU data collection and reporting tools, equipment, and infrastructure like computers and internet modems to assist in data management. This project will contribute to the accelerated rollout of the MoH Electronic Medical Record System in ART sites by installing and maintaining computers and training medical records staff on the system. It will also support the operationalization of national OVC MIS at the lower levels. These activities contribute to national capacity building efforts at national, district and lower levels to effectively collect, manage data and reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,466,282	0

Narrative:

Strategic pivots for Voluntary Medical Male Circumcision (VMMC) in the Northern Uganda Health Integration to Enhance Services (NU-HITES) project will focus on increasing coverage in 15 districts that have high HIV prevalence in the general population, high HIV prevalence among women, and low

circumcision prevalence. The primary target populations will be males aged 30 years and above, and hard to reach populations and communities particularly the fishing communities. Interventions will focus on all eligible men (including adolescents) in the "catch up" phase to identify persons who are sexually active and at higher risk of acquiring HIV. A total of 100,000 men will be circumcised by the NU-HITES project.
VMMC will be offered as part of the NU-HITES comprehensive HIV prevention package, which includes: promoting delay of sexual debut, abstinence and reduction in the number of sexual partners and being faithful, providing and promoting correct and consistent use of male condoms, providing HTC services, treatment of sexually transmitted infections and, referring HIV+ men to appropriate care and treatment services. NU-HITES will integrate VMMC services as part of the continuum of response (COR), contributing to access to reproductive health care for men, better engagement of men in care, and advocacy and better health seeking behaviors of their female partners for HTC, ANC, and PMTCT.

To attain the above target, the NU-HITES project will use multiple approaches to scale up VMMC that include: stand-alone sites with dedicated teams, integrated VMMC services within 50 health facilities, and outreach activites and camps. NU-HITES will use the Model for Optimizing the Volume for Efficiency (MOVE) as a means to optimize the efficiencies and increase the volume safely in all VMMC service outlets. A total of 35 service providers will be trained from Rakai Health Center, Walter Reed Project and IDI/IHK (public-private partnership) to increase the pool of trained VMMC providers. Quality improvement and assurance will be integrated as part of the minimum package of VMMC services through the implementation of national and international quality standards and external quality assurance (EQA). NU-HITES will build the capacity of providers to use non-surgical VMMC devices (Pre-Pex) in the supported sites.

The NU-HITES will implement community campaigns to create acceptance and demand for VMMC through a mix of approaches including: peer-to-peer strategy for interpersonal communication, use of linkage facilitators to mobilize men, community mobilization, and use of appropriate channels of communication including print and electronic mass media. The goal is to increase knowledge of HIV status among PHLA and their partners,; reduce the risk of HIV transmission, and reduce HIV acquisition among persons at high risk for infection.
Emphasis will be placed on increasing linkages of HIV+ clients from VMMC to care and treatment services as part of the COR.

NU-HITES will enhance monitoring and reporting through the MOH VMMC Operational Center. Use of HMIS tools and periodic data quality assessments (DQA) Data at the facility level will be strengthened through supporting M&E focused in-service training for health workers to foster evidence-based decision-making and program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

The goal of the Northern Uganda Health Integration to Enhance Services (NU-HITES) Program is to improve the health and nutritional status of the northern Uganda population by strengthening the district-based integrated package of quality health services. This region is particularly challenging due to its expansive geography and historical background of displaced populations who are resettling after the civil war that ended 5 years ago. As a new program, a mapping exercise will be done to determine sub-county and parish specific needs as appropriate.

NU-HITES will contribute to HTC goals by increasing access to and use of essential counseling and testing services for the most-at-risk populations (MARPS) and other populations determined by existing data on HIV prevalence in Uganda. NU-HITES will engage in Provider- and Client-Initiated Testing and Counseling (PITC) and customized outreach relevant to key populations. PITC will be covered at all NU-HITES partner health facilities. The program's VMMC and PMTCT components will play a key role in referring and receiving clients from one service to another. Most importantly, NU-HITES will benefit from the large influx of social-service NGOs and donor-supported programs in the region, thereby making it easier to implement the continuum of response. The presence of strong USG-supported health partners in the region will also allow the program to link clients with either HIV positive or negative diagnosis, to other health services.

In addition, this region has been categorized as higher-prevalence with a high unmet need for HTC, with both immigration and emigration presenting major challenges for accurate data. In spite of these challenges, NU-HITES will prioritize based on district-level prevalence as well as previous partner data (NUMAT) to support its target breakdown. NU-HITES will test about 95,000 individuals in 15 districts (Gulu, Amuru, Nwoya, Kitgum, Lamwo, Pader, Agago, Oyam, Lira, Kole, Apac, Amolatar, Dokolo, Alebtong and Otuke). The following groups have been identified for priority focus for this HTC intervention: commercial sex workers and their clients and partners, the fishing communities in a few districts, uniformed forces, and long distance truck drivers, including cross-border drivers from neighboring countries. It is anticipated that the program will reach over 11,000 individuals from these priority groups. However, special attention will also be paid to discordant couples as families were displaced for many years, leaving women and to a lesser, yet important degree, men to re-marry, engage in long-term partnerships, or engage in or seek transactional sex, in the absence of intense HTC service delivery in conflict affected communities. NU-HITES will scale-up by training 228 providers to provide PITC. NU-HITES will test 95,000 people in the general population, approximately 94,420 men >15 years from VMMC sites, and 5600 MARPs and other sexually active individuals.

Recognizing the important role of the GOU, NU-HITES will train and supervise sites in partnership with district/local governments under stewardship of the Ministry of Health. Furthermore, NU-HITES will work towards evidence-based programming by gathering data for purposes of standardization with the World Health Organization's HTC Quality Assurance/Quality Improvement guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The key pivots for Other Prevention aim to ensure a balanced portfolio that will address prevention needs for the older population as well as youth as the primary target groups and support high impact interventions in 15. NU-HITES will focus on addressing key bottlenecks to condom use through increasing accessibility, availability and acceptability of condoms among the target populations.
NU-HITES will also implement targeted interventions for key populations including commercial sex workers and truckers in high burden districts and hot spots and to ensure that they have access to condoms and other prevention services as needed. NUHITES will target clients with positive health dignity and prevention (PHDP) interventions to ensure that they have access to condoms and other prevention services as needed.
NU-HITES will promote condom use among key populations, sero-discordant couples and multiple partnerships in rural and urban populations by increasing to 300 the number of distribution outlets at facilities, the community level, landing sites, and hard to reach areas. NU-HITES will also engage with social marketing partners to increase distribution and promotion of condoms in hospitality industries particularly bars and hotels, at landing sites, and hot spots to ensure condoms availability. NU-HITES will engage religious and political leaders to promote faithfulness in marriage and denounce forced sexual activity.
NU-HITES will provide age- appropriate and comprehensive risk reduction strategies for young people who access their sites. These will include promotion of delayed sexual debut, reduction in the number of sexual partners and being faithful, providing and promoting correct and consistent use of male condoms. Among MARPS, interventions will focus on increasing perception of HIV risk associated with sex workers, strengthening PwP among infected MARPs at facility and community levels, and scale-up of evidence-based behavioral interventions.
NU-HITES will target clients in care and treatment with PHDP interventions. NU-HITES will ensure that at least 19,577 people are reached with prevention interventions with supportive behavior change communication and demand creation for services. PHDP interventions will aim at increasing knowledge of HIV status among PHLA and their partners, reducing the risk of HIV transmission and reducing HIV

acquisition among person at high risk for infection. NU-HITES will implement community campaigns to create acceptance and demand for condoms through: peer-to-peer strategy for interpersonal communication, use of linkage facilitators to mobilize men, community mobilization and use of appropriate channels of communication including print and electronic mass-media. Program M & E activities will be supported by facilitating the collection of data through national Health Management Information Systems tools. To improve the quality of data, periodic data quality assessments shall be done and in-service M&E focused training will be held for 120 health workers. NU-HITES will implement combination prevention including promoting consistent use of condoms, reduction in multiple concurrent partnerships, addressing structural issues, and addressing male norms and gender based violence. It will work with MoH and district health educators to ensure reliable supply of condoms to identified outlets and replenishing non-traditional outlets to increase access by communities to condom supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The new Northern Uganda—Health Integration to Enhance Services (NU-HITES) project will continue the implementation of eMTCT services in 15 districts in the north-central region. NU-HITES will facilitate the transition of the eMTCT sites to Option B+ during the period of January- March, 2013. HIV counseling and testing services will be provided to 76,602 pregnant and lactating women, hence identifying 6,967 HIV-positive pregnant women, of which 5,157 will be initiated on HAART for life and 910 will be provided with ARV prophylaxis. Infant ARV prophylaxis and EID will be provided to 6,967 exposed babies. All four PMTCT prongs will be supported in line with the goals of virtual elimination of MTCT and keeping mothers alive. To achieve this, NU-HITES will implement the following strategic pivots:
1) Improve utilization of eMTCT services to reach more HIV-infected pregnant women early especially during ANC, labor/delivery, and post-partum periods
2) Decentralize treatment and Option B+ through accreditation of supported sites. Activities will include site assessments for accreditation, identification of training needs, procurement of equipment, printing of M&E tools, job aids, and Option B+ guidelines, training of 700 service providers, and sample referrals for CD4+ and EID. The transition of Option B+ in the north-central region will start initially in the ART sites; and then all non-ART PMTCT sites will be accredited to provide Option B+. Retention will be enhanced through the family- focused service delivery model within the PMTCT/MNCH settings coupled with the formation of family support groups (FSGs) at eMTCT sites led by peer mothers and midwives. FSGs will meet monthly to receive adherence counseling and psycho-social support, supported disclosure,; IYCF counseling, EID,; FP counseling, couples HTC, repeat-testing, ARV refills, and linking negative male partners to VMMC if required. Village health teams will be used to enhance follow-ups, facility referrals, and adherence support.

3) Intensive M&E at facility and community levels in NU-HITES-supported sites through cohort tracking of mother-baby pairs and electronic data reporting for effective Option B+ monitoring and program management. Mobile phone technology will be used to remind mothers and their partners of appointments, Early Infant Diagnosis (EID) results, and ARV adherence. Home visits will be conducted to trace those who are lost to follow-up.
4) NU-HITES will enhance the quality of eMTCT services through quarterly joint supportive supervision and mentorships at eMTCT/ART sites. Site level support will entail cohort reviews, adherence rates, retention rates, data management, availability of supplies (commodities, HIV test kits, tools, job aids and ARVs), and addressing existing knowledge gaps on Option B+.
5) NU-HITES will integrate voluntary and informed family planning services based on respect, women's choices, and fulfillment of their reproductive health rights. FP sessions will be integrated within eMTCT trainings for all service providers. FP counseling, education, and information will be provided to all women during ANC, labor/delivery, and postnatal periods, and in care/ treatment settings. Dual protection will be promoted among positive women and their partners. In addition, adolescents, women and men of reproductive age will receive counseling on birth spacing, and cervical cancer screening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	64,746	0

Narrative:

NU-HITES will support the National Strategic Plan objective to increase ART access from 57% to 80% by 2015 by enrolling at least 9,889 new HIV+ adults on treatment and supporting 22,707 adults on ART by September 2013; contributing to the national and PEPFAR target of 190,804 new clients and 490,028 individuals current on treatment. This target is not a ceiling, allowing for higher achievements with continued program efficiencies. Priority will be given to enrolling HIV+ pregnant women, TB/HIV patients, and key populations. NU-HITES will support MoH roll out of Option B+ for eMTCT through: accreditation of health facilities; training, mentorship and joint PMTCT/ART supportive supervision. NU-HITES will support ART/PMTCT integration at the facility level by piloting feasible service delivery models, such as same day integrated HIV clinics. CoR linkages and referrals will be strengthened using linkage facilitators across service points in facilities and communities and will include TB/HIV integration to ensure early ART initiation for TB/HIV patients.
Targeted community outreach in high prevalence, hard-to-reach and underserved areas will be conducted. NU-HITES will target key populations using innovative approaches including setting up specialized services like moonlight services. NU-HITES will implement quality improvement initiatives through: early initiation of ART eligible clients on treatment, improved adherence and retention, and monitoring treatment outcomes. Use of innovative, low-cost approaches for adherence, retention and

follow-up such as: phone/SMS reminders, appointment registers, and 'alert' stickers will be supported. Special focus will be placed on adherence and retention of women enrolled under Option B+ and increasing access to CD4 for routine monitoring of ART clients in line with MoH guidance.
NU-HITES will support sample referral networks in line with the national CD4 expansion plan and will monitor and report clients' access to CD4. NU-HITES will liaise with PACE and UHMG for provision and distribution of basic care kits to clients, and work with the National Medical Stores, Joint Medical Stores, and Supply Chain Management Systems for ARVs and other HIV commodities (cotrimoxazole, lab reagents). NU-HITES will build the capacity of facility staff to accurately/timely report, forecast, quantify and order commodities. NU-HITES will support health workers in pharmaceutical management and implement the MOH tool called supervision and performance assessment strategy (SPAS) through the district and sub-district staff trained as Medicines Management Supervisors. Additionally, NU-HITES will work with USG partners and stakeholders for provision of required wrap-around services such as family planning and malaria prevention. NU-HITES programming will be aligned to the M&E systems of the National Strategic Plan for HIV by working within district health plans. NU-HITES will work under the guidance of the MoH ACP and Quality Assurance Department in trainings, ART/PMTCT mentorship and supportive supervision.
NU-HITES will support the new recruitment of additional staff in 13/15 districts to address scale-up targets in both public and private facilities and address the human resource bottlenecks to service delivery. NU-HITES will also ensure gender awareness and issues are integrated in programs by addressing barriers that women and men face in adhering to treatment or receiving care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

Narrative:

NU-HITES will focus on supporting the National Strategic Plan 2011/12-2014/15 objective to increase access to ART from 57% to 80% by 2015. The NU-HITES program will enroll at least 2,472 new HIV positive children on treatment and support 3,393 children on ART by September 2013. This will contribute to the overall national and PEPFAR target of 39,799 new clients and 64,072 children current on treatment.

In FY13, NU-HITES will support the national program to scale-up pediatric treatment through strengthening the identification, follow-up and treatment for all infants through EID focal persons, peer mothers, SMS messages/ phone calls and flagging files with "initiate ART immediately" stickers. Facilities will be supported to strengthen 'test and treat' for all HIV positive children under 2 years in line with the

national treatment guidelines.

NU-HITES will support the early initiation, adherence and retention of adolescents on treatment using expert peers and adolescent support groups. They will be provided with PWP /PHDP services including: sexual and reproductive health services, psychosocial support, and life skills training.
A key priority will be to establish strong referrals between OVC and care and support programs to ensure children on treatment are linked to OVC services, and children provided with OVC services are screened for HIV and appropriately linked to treatment.
NU-HITES will support the integration of HIV services in routine pediatric health services, including national Child Health Days.

NU-HITES will liaise with PACE and UHMG for provision and distribution of basic care kits to clients. Additionally, the project will liaise with the National Medical Stores, Joint Medical Stores, Supply Chain Management Systems, and Medical Access Uganda Limited for ARVs and other HIV commodities (cotrimoxazole, lab reagents). NU-HITES will build the capacity of facility staff to accurately and timely report, forecast, quantify and order commodities.

In addition, NU-HITES will work with USG partners such as SCORE, SUNRISE, PIN, SPRING, HEALTHQual, ASSIST, Hospice Africa Uganda in their related technical areas to support integration with other health, nutrition and OVC services. NU-HITES will collaborate with UNICEF and other key stakeholders at all levels for provision of required wrap around services.
The program will be aligned to the National Strategic Plan for HIV/AID (2011/12 – 2014/15) tosupport and strengthen the national M&E systems and by working within district health plans. NU-HITES will work under the guidance of the MoH/ AIDS Control Program and Quality Assurance Department to support pediatric trainings, implementation of the national pediatric mentorship framework and supportive supervision.

Funding has been provided to support the recruitment of additional new staff in the districts to achieve the targets. This will be done in collaboration with the PEPFAR Health Systems Strengthening technical working group, in collaboration with district governments and the MoH.

Implementing Mechanism Details

Mechanism ID: 13901	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13924	**Mechanism Name: Production for Improved Nutrition (PIN) Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: RECO Industries	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,037,416	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,037,416

Sub Partner Name(s)

University Research Corporation, LLC		

Overview Narrative

The goal of the Improved Nutrition (PIN) project is to reduce the burden of under-nutrition in Uganda through strengthening the capacity of a local company to become a sustainable manufacturer and distributor of therapeutic and supplementary foods to meet national and/or regional demand. RECO Industries Limited is the lead implementing agency with partners NUTRISET and University Research Company providing technical support on the quality standards of food production and organizational and management systems. The objectives are to: (1) Provide technical support to an indigenous private food manufacturing organization to improve its financial management systems; marketing; food production quality control; human resource management, and supply chain management; (2) Provide livelihood empowerment; improved agricultural practices; and increased market access of at least 80,000-150,000 small scale farmers located in rural districts; (3) The procurement and distribution of therapeutic and supplementary foods from the local company for the treatment of acutely malnourished children, pregnant and lactating women and PLHAs in North Central and South Western Uganda. The FY 2013 target is to procure 257.773 metric tons of RUTF and 642.901 metric tons of fortified blended foods for 26,187

children, pregnant and lactating women and adult people living with HIV/AIDS. In addition, the project will produce therapeutic and supplementary foods to meet local demand. This activity contributes to the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda (2007-2015), the Child Survival Strategy (2008-2015) and the National Health Policy which advocates strengthening of public-private partnerships to achieve national goals.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Food and Nutrition: Commodities	2,500,000
Gender: Reducing Violence and Coercion	17,416
Human Resources for Health	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**13924**

Mechanism Name:	Production for Improved Nutrition (PIN) Project
Prime Partner Name:	RECO Industries

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	600,000	0

Narrative:

This activity is cross-cutting and will focus on the provision of therapeutic and supplementary foods (nutrition commodities). It will strengthen priority interventions for the production and distribution of therapeutic and supplementary foods that includes sourcing quality ingredients from indigenous farmers and local industries, attaining local and international certification, and quality control. This program will provide therapeutic and supplementary foods to USG funded comprehensive district-based programs supporting HIV care and treatment services at district level, including 42 sites formerly supported by USAID-funded NULIFE project. The FY 2013 target is to procure 257,773 metric tons of RUTF and 642,901 metric tons of fortified blended foods for 26,187 children, pregnant and lactating women and adult people living with HIV/AIDS.

The PIN project contributes to the COP 12 Care & Treatment strategic pivot of Strengthening linkages and referrals of malnourished adults and children in care and treatment settings. FY 2013 target beneficiaries are adult PLWHA enrolled in HIV care and treatment programs. RECO will produce therapeutic foods for the outpatient treatment of severely malnourished adults in the focus districts and sites. Supplementary foods will be produced for use in patients recovering from severe acute malnutrition and to prevent those with moderate acute malnutrition from progressing to severe acute malnutrition.

This activity will strengthen distribution of the therapeutic and supplementary foods to health facility and community levels through three approaches: use of the national drug distribution system for essential drugs, direct distribution to facilities and social marketing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

Narrative:

Under the OVC component, PIN plans to provide quality services to minimize the vulnerability of children. The primary focus will be households identified by the community as having malnourished, critical and moderately vulnerable children in 20 selected districts. To achieve its objectives, PIN will implement the following strategies:

1. Promote increased agricultural production and livelihoods diversification to OVC households to strengthen their food security. Most OVC households are food insecure and do not have enough food for 6-12 months of the year. The project will focus on ensuring that the selected OVC households produce

adequate nutritious food and sustain food security, working through and with support of farmer groups through improving productivity. OVC households will be provided with seeds for selected grains and vegetables to reduce the periodic food shortage and poor nutrition common in most OVC households. The registered households will be encouraged to form Producer Organizations (POs) through which project support will be channeled. Each PO will identify a lead farmer who will be trained in Farmer Field School (FFS) methodology, agronomy, kitchen gardening, crop conditioning and storage of crops and especially of maize, groundnuts and soybeans. These POs will be mainstreamed in the PIN system of sourcing raw materials for production of RUTF and FBF.

2. Promote increased access and retention of vulnerable children in schools to realize equal education opportunities for all children. The project will strive to enable neediest OVC households to consistently attend school by provision of scholastic materials. It is hoped that after one year (three school terms), the income generating projects (centered on food security) started by OVC households with project support will have started to generate enough income to cater for the scholastic materials of the OVC.

3. Enhance asset growth for OVC and their households through life skills training and support for formation of saving schemes. Caregiver POs will be trained to form Village Savings and Loan Associations (VSLAs) and they will be supported to form their Area Cooperative Enterprises (ACEs) if they are not incorporated in the regular ACEs and operate banking accounts. This will enable consistent access to affordable credit to respond to emergencies and to acquire assets for better living conditions. The OVC POs and ACEs will be linked to RECO Industries and other identified millers and buyers of produce to ensure a ready and competitive market for the OVC's produce. The project will also enhance the capacity of the savings and credit schemes through follow up visits and linking them to existing micro-credit schemes for possible technical and material support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	257,416	0

Narrative:

This activity contributes to the COP12 PMTCT Pivot 1 Improving utilization of eMTCT services to reach more HIV infected pregnant women as early as possible during ANC, labour/delivery, and post-partum periods. This activity will focus on the provision of therapeutic and supplementary foods (nutrition commodities) to HIV positive pregnant and lactating women and their infants identified in 28 districts in the North Central and South West regions that are supported by USAID district-based nutrition projects. In addition, PIN will continue procuring and providing RUTF and FBF to the 42 health units in other

regions that were previously supported by the NuLife project. USAID/Uganda will directly procure from RECO therapeutic and supplementary foods for integrated management of acute malnutrition (IMAM) and enhanced nutrition practices during the weaning and complementary feeding periods in order to eliminate post-natal prevention of mother-to-child transmission of HIV. PIN's overall target is to reach 26,187 children, pregnant and lactating women and adult people living with HIV/AIDS, including HIV exposed children aged from 6 months to 18 years. Therapeutic foods will be produced for the outpatient treatment of severely malnourished children and adults, and supplementary foods will be produced for use in patients recovering from severe acute malnutrition, and to prevent those with moderate acute malnutrition from progressing to severe acute malnutrition, as well as during the weaning period.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,351,262	0

Narrative:

This activity is cross-cutting and will focus on the provision of therapeutic and supplementary foods (nutrition commodities). It will strengthen priority interventions for the production and distribution of therapeutic and supplementary foods that includes sourcing quality ingredients from indigenous farmers and local industries, attaining local and international certification, and quality control. This program will provide therapeutic and supplementary foods to USG funded comprehensive district-based programs supporting HIV care and treatment services at district level, including 42 sites formerly supported by USAID-funded NULIFE project. The FY 2013 target is to procure 257,773 metric tons of RUTF and 642,901 metric tons of fortified blended foods for 26,187 children, pregnant and lactating women and adult people living with HIV/AIDS.

The PIN project contributes to the COP 12 Care & Treatment strategic pivot of Strengthening linkages and referrals of malnourished adults and children in care and treatment settings. FY 2013 target beneficiaries are adult PLWHA enrolled in HIV care and treatment programs. RECO will produce therapeutic foods for the outpatient treatment of severely malnourished adults in the focus districts and sites. Supplementary foods will be produced for use in patients recovering from severe acute malnutrition and to prevent those with moderate acute malnutrition from progressing to severe acute malnutrition.

This activity will strengthen distribution of the therapeutic and supplementary foods to health facility and community levels through three approaches: use of the national drug distribution system for essential drugs, direct distribution to facilities and social marketing.

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	678,738	0

Narrative:
This program will provide therapeutic and supplementary foods to all USG district-based programs supporting HIV care and treatment services for integrated management of acute malnutrition (IMAM). all sites formerly supported by USAID-funded NULIFE project. PIN project is aligned to the revised COP 12 strategic pivot of strengthening linkages and referrals of malnourished adults and children in care and treatment settings. FY 2013 target beneficiaries will be HIV exposed and OVC children aged from 6 months to 18 years and eligible members of their households will be enrolled as small scale farmers. Therapeutic foods will be produced for the outpatient treatment of severely malnourished children in the targeted regions. Supplementary foods will be produced for use in patients recovering from severe acute malnutrition; to prevent those with moderate acute malnutrition from progressing to severe acute malnutrition; and during the weaning period. RECO Industries will produce these nutrition commodities will in addition receive organizational development technical support focusing on improvement of internal control, marketing, and quality control. The support will address the weaknesses identified in the control environment and jointly with the private sector organization. This activity will strengthen distribution of the therapeutic and supplementary foods at health facility and community levels through three approaches i.e. use of the national drug distribution systems for essential drugs; direct distribution to facilities; or social marketing. The quality of the food products must be palatable, easy to digest, easy to prepare and culturally appropriate.

Implementing Mechanism Details

Mechanism ID: 13944	**Mechanism Name: USAID/Uganda Good Life HIV Integrated Counseling and Testing Kampala**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Health Marketing Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 884,019	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	884,019

Sub Partner Name(s)

Integrated Community Based Initiatives	Johns Hopkins University Bloomberg School of Public Health	

Overview Narrative

USAID/Uganda recently awarded a three-year program to UHMG and its partners, Integrated Community-Based Initiatives (ICOBI) and Johns Hopkins' Bloomberg School of Public Health Center for Communications Programs (JHU/CCP), to clearly identify and sustainably address the behavioral and structural obstacles to reducing the incidence of HIV in five divisions of Kampala City. The proposed integrated HIV Counseling and Testing project can be distinguished from other USG-supported activities in that its focus is on private sector health delivery. The objectives of the program are: 1) increase demand for HCT services as an entry point to prevention and care services; 2) increase access to and utilization of HCT services among most-at-risk populations; 3) strengthen networks, referral systems and linkages to other HIV/AIDS, TB, Reproductive Health, Maternal and Child Health services and; 4) build capacity for sustainability of services initiated by the program.

The program will work with the Kampala Capital City Authority throughout the five divisions of the city, and also over 100 private facilities in the city, to counsel and test over 130,000 clients and link them to other services. The program will use mass communications and media to relay messages on HIV and other health services including risk reduction behaviors, as well as information on prevention counseling and referrals.

The program will purchase three vehicles in year one. One vehicle will be for administrative purposes while the other two will be used for mobile counseling and testing outreaches.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13944**
Mechanism Name:	**USAID/Uganda Good Life HIV Integrated Counseling and Testing Kampala**
Prime Partner Name:	**Uganda Health Marketing Group**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	744,019	0

Narrative:

The Uganda AIDS Indicator Survey (AIS) 2011 revealed that Kampala residents have considerably high knowledge of HIV testing and benefits yet only 44% of the residents have ever been tested, and nationally 43 percent of new HIV infections occurred in mutually monogamous heterosexual couples. Late identification of HIV status also impacts early mortality on or before initiation of treatment. In this

context, HCT, especially for high-risk populations, is a critical entry point for other HIV and health services. In this context, HCT, especially for high-risk populations remains a key variable in the broader national HIV/AIDS response equation. Through this project, nearly 2,000,000 individuals will access HCT services and be linked to HIV care and treatment services.

This new activity will endeavor to increase access to HCT services through the private sector in Kampala district with the aim of promoting early knowledge of HIV status, reducing the risk of transmitting and/or acquiring HIV and likewise improve timely access to care. The program will target Most-at-Risk Populations (MARPs), including couples and other sexual partners, mobile populations, commercial sex workers, uniformed personnel, as well as incarcerated populations. A baseline study will enable the project to better understand barriers to access for other at-risk-populations, including the LGBT community, in Kampala specifically, as well as the role of private sector in increasing health seeking behaviors.

Given the mobility of Kampala residents as well as the influx of individuals from outside of Kampala throughout the day, the program will employ activities that will reach individuals with a range of HIV outreaches and in their workplace communities.

In order to complement other PEPFAR-supported efforts, the program will work with private sector facilities and at the community level to provide referrals for VMMC, PMTCT and EID, as well as HIV/AIDS care and treatment. The program's communication campaign will highlight the benefits of HCT, partner disclosure, and highlight the populations most at risk in Kampala by increasing mobile technology platforms and use of social network mediums for populations that are tech-savvy.

The project will benefit clients that are seeking health services by providing HCT as a complementary offering. This approach positions the project to increase PICT and post-test health service support.

The project is aligned with the National HIV/AIDS Strategic Plan and contributes to its objective of scaling up HCT services to facilitate universal access. Services will also be delivered in accordance with the national HCT protocols and guidelines.

Activities will be implemented in partnership with Village Health Teams and other community volunteers so that there is considerable linkage and referral for clinical care and treatment. This will empower them with skills to successfully manage the services as well as ensuring ownership and sustainability beyond the project period.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	140,000	0

Narrative:

In alignment with the key COP12 pivots, Kampala HTC activities will address the prevention needs of the general population as well as specific populations in Kampala City with unique needs such as discordant couples, youth, commercial sex workers, motorcyclists, and upper income and working class professionals. Program activities will be carried out through the implementation of high impact interventions in a variety of settings relevant to Kampala's population, including private clinics, outreach campaigns, bars and clubs frequented by commercial sex workers, and various work place locations.

UHMG has a solid track record of using social marketing to mobilize communities and influence their health-related behavior. It has demonstrated success in influencing groups most-at-risk of HIV to consistently use condoms. To increase demand and utilization of condoms among these key populations, Kampala HTC will work through JHU, its communications partner, to develop an advocacy strategy aimed at de-stigmatizing condoms. Community promotional campaigns will be implemented in all facilities and outreaches through peer-to-peer strategy for interpersonal communication; use of linkage facilitators to mobilize men; community mobilization; and use of appropriate channels of communication including print and mobile mass media. The program will also provide condoms to support its PHDP activities.

The program will engage a call-in center as part of the communication campaign and referral system to ensure that individuals can access information and counseling on HIV and STD prevention, including benefits and necessity of, and the location of health facilities and services in the Kampala area. The project's baseline study will determine additional barriers to access and utilization that can be addressed by the call-in center as well.

Amongst the MARPS, the interventions will focus on increasing perception of HIV risk associated with sex work, strengthening couples counseling for HIV and other health services at facility and community levels, and scale up of support for counselors that will be placed at the private sector facilities, the call-in center, and at community outreaches to provide information on sexual and reproductive health.

Program monitoring and evaluation activities will strengthen the collection of data to support national Health Management Information Systems tools and to improve the technical quality of data through periodic data quality assessments. The program will engage in a secondary analysis of the UDHS to better understand how and when to target Kampala's key populations, as well as the interventions most effective for each unique community. The call-in center will also provide data for program design and implementation purposes.

Implementing Mechanism Details

Mechanism ID: 14297	**Mechanism Name: The South to South Couple HIV Testing and Counseling (CHTC) Technical Assistance (TA)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Emory University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 80,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	80,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There is substantial evidence that working with couples reduces HIV transmission, promotes behavior change and facilitates communication between couples.

Despite this evidence, scale up of Couples HIV/AIDS Counseling and Testing (CHCT) has been slow largely because the Voluntary Counseling and Testing model widely promoted emphasizes on individual HIV counseling and testing. Institutional, social, cultural, and psychological barriers make shift to CHCT difficult. In addition, there is poor training, and promotion for CHCT.

PEPFAR II Legislation specifically mentions interventions with discordant couples as a high priority and Uganda HTC policy guidelines highlights the importance of CHCT and the need to prioritize this intervention in national HTC strategies and activities.

South to South Technical Assistance Project in Couples Counseling and Testing is a PEPFAR funded cooperative agreement for Technical Assistance (TA) in couples testing that builds on experience, skills of staff in Zambia and Rwanda. This project will work with Emory University to provide Technical Assistance to the Uganda HTC program to support training in couples HTC for service providers and promoters. Six countries in the Southern Africa region have already benefitted from such TA including: Botswana, Malawi, Mozambique, South Africa, Swaziland and Tanzania.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**14297**
Mechanism Name:	**The South to South Couple HIV Testing and Counseling (CHTC) Technical Assistance (TA)**
Prime Partner Name:	**Emory University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	80,000	0

Narrative:
Emory will work with the MoH to provide technical assistance purposed to improve the uptake and quality of Couple HIV Counseling and Testing (CHCT). Uganda's MoH submitted a request for CHCT initiation support, which will be conducted by RZHRG in the budget year. The Ugandan MoH is already working with USAID on CHCT advocacy, materials development and distribution, but is requesting support in the training, implementation and monitoring and evaluation procedures. Emory University will conduct a one week training of the individuals who will conduct CHCT promoters training. Subsequently the promoters will undergo a one-week training session regarding the provision of community health education and mobilization for CHCT. This provides a powerful avenue for increasing community knowledge in regards to CHCT. Additionally the leaders of the Uganda CHCT initiative will visit Rwanda and Zambia in order to observe and assess RZHRG's CHCT programs. They will use this experience to influence their implementation methods. After these goals are achieved, RZHRG will visit Uganda and facilitate the implementation of CHCT services in their health facilities. RZHRG will provide Uganda with four visits to guide service implementation and provide ongoing support for CHCT. The key activities will include: 1-week training of 25 promoters 1-week training of 25 trainers for promoter training 4 visits to support implementation 2-week exchange visit to Rwanda and Zambia Emory University has been allocated $80,000 to provide technical assistance for CHCT in the revised COP 2012.

Implementing Mechanism Details

Mechanism ID: 16594	Mechanism Name: Measure Evaluation
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MEASURE Evaluation is the USAID Global Health Bureau's primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition worldwide. This activity helps to identify data needs, collect and analyze technically sound data, and use that data for decision making for the health sector. Technical leadership is provided through collaborations at local, national, and global levels to advance the field of health monitoring and evaluation. It also builds the capacity of individuals and organizations to identify data needs, collect and analyze technically sound data, and use that data for decision making for health sector programming.

This year's funding to MEASURE Evaluation through field support is to implement hot spot mapping using the Priorities for Local AIDS Control Efforts (PLACE) methodology and build the capacity of USG staff in impact evaluation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16594		
Mechanism Name:	Measure Evaluation		
Prime Partner Name:	Measure Evaluation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0

Narrative:

MEASURE Evaluation will support SI Pivot 2 – “Increased use of data for evidence based planning and decision making at all levels in all program areas” and SI Pivot 3 – “”Strong/robust basic M&E systems at service delivery points and districts”.

In light of Uganda’s rising HIV prevalence, there is need to strengthen HIV prevention efforts and to monitor new infections more frequently. MEASURE Evaluation will partner with the GoU to implement PLACE, a rapid assessment tool used to monitor and improve AIDS prevention program coverage in areas where HIV transmission is likely to occur. The following activities will be undertaken: surveillance, monitoring behavior and program coverage, intervention design, scaling up programs and community mobilization. This activity will inform targeted programming and resource allocation through identification of gaps in current prevention programs. The findings will be used to improve program delivery and monitor coverage using easy-to-understand indicators. PLACE will therefore provide the critical information required for developing and implementing action plans for local prevention efforts, thus contributing to reducing HIV incidence.

MEASURE Evaluation will strengthen capacity for USG staff in impact evaluations. It will also use field-based TA to strengthen capacity of national and sub-national organizations responsible for M&E. The training will be modular based to cater for hands-on experience. This activity will contribute to GHI principles 5 and 6: “Increase impact through strategic coordination and integration” and “Promote learning and accountability through monitoring and evaluation” respectively.

No vehicles will be purchased. A Performance Management Plan will be developed to track progress towards the achievement of the project objective.

Implementing Mechanism Details

Mechanism ID: 16595	**Mechanism Name: Project Search**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Project Search	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of Project SEARCH is to carry out research and evaluation to improve the coverage, quality, and effectiveness of HIV/AIDS prevention, care, and treatment programs in developing and resource-poor countries. In addition, it will serve to strengthen local capacity in HIV/AIDS research and public health assessments through training and in-country collaborations. Project Search will contribute to the GHI principles 6 and 7 – “Promote learning and accountability through monitoring and evaluation” and “Accelerate results through research and innovation” respectively.

PEPFAR/Uganda will use Project SEARCH field support for quick-turnaround learning purposes such as conducting baseline surveys, situation analysis and project evaluations. Project Search will also be used for:

- Developing and evaluating models of HIV/AIDS prevention, care, and treatment
- Identifying and disseminating best practices to improve program efficiency and effectiveness
- Developing national and international standards and indicators for the purpose of program

monitoring and evaluation

- Conducting analyses of clinical, community-level, and population-based epidemiologic, demographic, and surveillance data
- Testing program implementation models including research on practical applications of new technologies and intervention models in resource-poor settings
- Carrying out feasibility studies, community-preparedness studies, and policy analyses
- Developing local capacity in applied research and ethical procedures

No vehicles will be purchased with these funds and an M&E plan will inform implementation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16595**
Mechanism Name:	**Project Search**
Prime Partner Name:	**Project Search**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:
Using pipeline funds, Project SEARCH will support two SI Pivots: Pivot 2 “increased use of data for evidence-based planning and decision making at all levels in all HIV/AIDS program areas,” and Pivot 3 “Strong/robust M&E systems at service delivery points and districts”. Uganda recently commenced the roll out of PMTCT Option B+ that provides life-long ART to pregnant, HIV-positive women. This approach is aimed at making significant contribution to the elimination of mother-to-child transmission of HIV in Uganda. PEPFAR/Uganda will monitor progress of the activities and evaluate the impact on children and mothers. In order to assess the impact on child infection, Project SEARCH will identify relevant indicators, develop a design for an impact evaluation and conduct a baseline evaluation in FY12. PCR administered on a sample of children attending immunization clinics and campaigns may be used as proxy. In addition, this activity will collate and analyze program data to complete a progress assessment in the national rollout.

Implementing Mechanism Details

Mechanism ID: 16603	**Mechanism Name: Male circumcision Blanket Purchase Agreement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Joint Medical Stores	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,567,899	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,567,899

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This Blanket Purchase Agreement (BPA) enables USAID/Uganda to contract with any one of three

pre-qualified local pharmaceutical wholesalers to procure, ship, clear, and store a standard basket of quality pharmaceutical products and consumables required to supplement the disposable male circumcision (MC) kits that are currently procured through the SCMS mechanism. The commodities are for use by USAID implementing partners (IPs) providing MC services as part of PEPFAR support to the national HIV/AIDS program. The commodities include anesthetics, reusable surgical instruments for the dorsal slit procedure, consumables like surgical gloves and extra sutures and sterilization drums. Products falling under the ADS 312 on restricted pharmaceutical procurement receive prior USAID/W approval. The BPA is planned to cover the period May 2012 through May 2014 (if funds are sufficient) for a total estimated cost of $2,567,899.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16603**
Mechanism Name:	**Male circumcision Blanket Purchase Agreement**
Prime Partner Name:	**Joint Medical Stores**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,567,899	0

Narrative:

To support the Government of Uganda's national HIV/AIDS prevention program, USAID/Uganda IPs will be carrying out 358,487 VMMC procedures among eligible men during the COP12 period. The purpose of the BPA is to provide USAID IPs with easy, reliable access to quality-assured pharmaceutical products and consumables at standardized prices. Three pharmaceutical wholesalers with requisite capacity and experience were identified through a market survey. Contracting one or more pre-qualified local pharmaceutical suppliers to provide a standard basket of commodities enables the Mission to control product quality, reduce cost through bulk procurement and gain efficiencies by relieving IPs from the time-consuming task of procurement. This arrangement should also eliminate the difficulties IPs have experienced in finding sufficient quantities of some products on the local market. If SCMS is able to contract with MC kit manufacturers to produce a disposable kit for the dorsal slit procedure, in quantities sufficient for the Uganda program, then items such as the surgical instruments needed to make the current disposable kit suitable for dorsal slit will no longer need to be procured. The BPA mechanism has been made flexible enough to include any new product items that may be required for the MC program as it is scaled-up and rolled-out through various models.

Implementing Mechanism Details

Mechanism ID: 16604	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16606	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16626	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16650	**TBD: Yes**
REDACTED	


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USG Management and Operations

1.

Redacted

2.

Redacted

3.

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4.

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5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		0			0
ICASS		0			0
USG Staff Salaries and Benefits		0			0
Total	**0**	**0**	**0**	**0**	**0**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State	tbd	0
ICASS		GHP-State	tbd	0

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		26,582			26,582

Institutional Contractors		145,000			145,000
Non-ICASS Administrative Costs		117,836			117,836
Staff Program Travel		34,448			34,448
USG Staff Salaries and Benefits		282,000			282,000
Total	**0**	**605,866**	**0**	**0**	**605,866**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		26,582
Non-ICASS Administrative Costs		GHP-State	$17,836 for program activities.$10,000 to be spent on vehicle repairs and gasoline for field support supervision.$3,000 for communication and purchase of a phone for Program Manager.$1,000 for office supplies,$1,236 for travel desk contract and $2,600 for courier mail services.$100,000 for contractual services such as building repairs & renovations;cleaning services,pest control,garbage	117,836

			collection,guard services,meetings and workshops;repair and maintenance of office equipment and stationery.	

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		280,000			280,000
Computers/IT Services		710,000			710,000
ICASS		1,300,000			1,300,000
Management Meetings/Professional Developement	280,150	376,867			657,017
Non-ICASS Administrative Costs	728,823	1,718,083			2,446,906
Staff Program Travel	540,632	763,920			1,304,552
USG Staff Salaries and Benefits	6,490,395	506,000			6,996,395
Total	**8,040,000**	**5,654,870**	**0**	**0**	**13,694,870**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State	A total of $280,000 will be required in	280,000

			COP 12 meet HHS CDC's mandatory share of costs in providing safe and facilities secure U S mission facilities (CSCS) for Fiscal year 2012.	
Computers/IT Services		GHP-State	Computer Services/IT will require $710,000 to support the base-level of connectivity for the primary CDC office in-country and connection to the HHS/CDC global network as well as IT equipment maintenance to ensure continued IT service and support.	710,000
ICASS		GHP-State	$1,300,000 will be required for ICASS to enable uninterrupted administrative services provided though ICASS	1,300,000
Management Meetings/Professional Developement		GAP	This is required to carry out essential staff professional development and to attend important	280,150

			regional and international management meetings.	
Management Meetings/Professional Developement		GHP-State	This is required to carry out essential staff professional development and to attend important regional and international management meetings.	376,867
Non-ICASS Administrative Costs		GAP	This covers payments for rent and utilities including telephone land lines, cell phone usage and internet connectivity; and payments for leases, and water and electricity at Direct hire employees' residences. This will also be used to procure laboratory supplies for the CDC Lab; fuel for vehicles and generators; office supplies and equipment; and other blanket purchase orders for maintenance and	728,823

			servicing of CDC motor vehicles; office equipment such as photocopiers and lab equipment	
Non-ICASS Administrative Costs		GHP-State	This covers payments for rent and utilities including telephone land lines, cell phone usage and internet connectivity; and payments for leases, and water and electricity at Direct hire employees' residences. This will also be used to procure laboratory supplies for the CDC Lab; fuel for vehicles and generators; office supplies and equipment; and other blanket purchase orders for maintenance and servicing of CDC motor vehicles; office equipment such as photocopiers and lab equipment	1,718,083

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		61,446			61,446
Non-ICASS Administrative Costs		0			0
USG Staff Salaries and Benefits		328,133			328,133
Total	**0**	**389,579**	**0**	**0**	**389,579**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		61,446
Non-ICASS Administrative Costs		GHP-State	State OGAC will use existing pipeline, apart from ICASS costs, to fund FY2012. The detailed cost breakout of the items in this category of Non-ICASS Administration include, $4,000 for communications, $500 for postage and courier services, $1,000 for printing and reproductions.	0

			However, no vehicle has been planned for purchase during FY2012.	

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Management Meetings/Professional Developement		26,400			26,400
Non-ICASS Administrative Costs		21,300			21,300
Peace Corps Volunteer Costs		1,583,800			1,583,800
Staff Program Travel		11,600			11,600
USG Staff Salaries and Benefits		364,700			364,700
Total	**0**	**2,007,800**	**0**	**0**	**2,007,800**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Developement		GHP-State		26,400
Non-ICASS Administrative Costs		GHP-State	The detailed cost breakout of the items in this category of Non ICASS Administration include $4,700 for	21,300

			communications, $1,200 for postage and courier services, $1,000 for utilities, $500 for printing and reproductions, $8,600 considered for other services, $1,500 for equipment maintenance and $3,800 for supplies. However, no vehicle has been planned for purchase during FY2012.	