



UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT



Annual Report 2006





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ACRONYMS

ACORD	Agency for Research and Cooperation in Development
ACT	Artemisinin-based Combination Therapy
AED	Academy for Educational Development
AIC	AIDS Information Centre
AIM	AIDS Integrated Model Project
ANC	Antenatal care
BASICS II	Basic Support for Institutionalizing Child Survival II Project
BCC	Behavior change communication
BEPS	Basic Education Policy Support Project
BESP	Basic Education Support Program
CARAVAAN	The Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations
CBGP	Community-based growth promotion
CCT	Coordinating Centre Tutors
CDWs	community development workers
CGPs	Community growth promoters
CHECHEA	Community Health and Education Agencies
CIE	Community involvement in education
CL	Cooperative learning
CPTCs	Core Primary Teachers Colleges
CPTs	Customized performance targets
CRHWs	Community reproductive health workers
CSO	Civil society organization
DCI	Development Cooperation of Ireland
DDHS	District Director Health Services
DHE	District Health Educator
DOT	Directly Observed Therapy
DPOs	Deputy Principals for Outreach
DPT	Diphtheria, pertussis, tetanus
DVO	District Veterinary Officer
EMS	Education management strengthening
ENA	Essential Nutrition Action (program)
EPI	Expanded Program of Immunization
ESA	Education Standards Agency
FAO	Food and Agricultural Organization
FARST Africa	Faith Acts, Research, Support and Training Africa Ltd.
FLEP	Family Life Education Program
FP	Family planning
GBV	Gender-based violence
GoU	Government of Uganda
HBMF	Home-based management of fever
HCP	Health Communications Partners
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome
HMIS	Health management information system
ICCM	Inter-Agency Coordination Committee on Malaria



IDPs	Internally displaced persons
IEC	Information, education, communication
IES	Integrated education strategy
IPT	Intermittent preventive treatment
IRC	Inter-religious Council of Uganda
IRS	Indoor residual spraying
ITNs	Insecticide-treated nets
JGI	Jane Goodall Institute
KAARO	Kaaro Rural Development Organization
LG	Local Government
LLINs	Long-lasting insecticide treated nets
LQAS	Lot Quality Assurance Sampling
MARPs	Most-at-risk populations
MCP	Mwizukulu Community Program
MDD	Music, dance and drama
MED	Monitoring, evaluation and dissemination
MIP	Malaria in pregnancy
MoA	Ministry of Agriculture
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoUs	Memorandum of understanding
NARO	National Agricultural Research Organization
NMCP	National Malaria Control Program
NMS	National Medical Stores
NSARWU	National Strategy for the Advancement of Rural Women in Uganda
OVC	Orphans and vulnerable children
PCVs	Peace Corps volunteers
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PLWA	People living with HIV/AIDS
PMI	President's Malaria Initiative
PSSG	Psychosocial support groups
PTC	Post-test clubs
CPTC	Core Primary Teacher College
QUEST	Quality Education in Schools through Training
RAIN	Rakai AIDS Information Network
RCQHC	Regional Centre of Quality of Health Care
RH	Reproductive health
RUGADA	Rukungiri Gender and Development Association
RUHECO	Rural Health Concern
RWODEC	Rukungiri Women Development Company
SBQR	School Based Quality Reform
SO8	Strategic Objectives 8
SP	Sulfadoxine-Pyrimithamine
STF	Straight Talk Foundation
TASO	The AIDS Support Organization
TB	Tuberculosis
TDMS	Teacher Development Management System
TE	Teacher effectiveness
TKL	The Kids League



TOTs	Training of trainers
TUKO	Tukolerewamu Club
UDTA	Uganda Development Theatre Association
UNCHO	Uganda National Health Consumers/Users Organization
UNEPI	Uganda National Expanded Program of Immunization
UNICEF	United Nations Children’s Fund
UPE	Universal primary education
UPHOLD	Ugandan Program for Human and Holistic Development
UPMA	Uganda Private Midwives’ Association
USAID	United States Agency for International Development
UShs	Uganda shilling
VHT	Village health team
WHO	World Health Organization
YSP	Yellow Star Program



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Letter from Chief of Party



Dear Partners,

It is again with pleasure that I present to you the Uganda Program for Human and Holistic Development (UPHOLD) Annual Report for Program Year (PY) 4 which covers the period from October 2005 to September 2006. This report describes the successes that UPHOLD has achieved during its fourth year but also presents some challenges that affected implementation over this period.

During 2005/06, UPHOLD continued to consolidate implementation efforts in the technical areas of HIV/AIDS, child and reproductive health, as well as primary education.

Some key achievements during this period include the following:

- UPHOLD's contribution to the uptake of HIV counselling and testing services greatly increased from 39,047 persons counselled and tested in 2004/05 to 172,057 in 2005/06 – a more than four-fold increase that is mainly attributed to the involvement of 25 civil society organizations and their partners in HIV/AIDS activities during this period.
- In the area of malaria prevention and control, from November 2005 to March 2006, UPHOLD successfully implemented community-based mass distribution of over 230,000 long lasting insecticide treated nets mainly to children under five years of age in nine districts but also to persons living with HIV/AIDS in 15 districts. Distribution to children under five years of age was guided by evidence from our 2004 Lot Quality Assurance Sampling (LQAS) survey that had identified areas of most need. Additionally, in September 2006, UPHOLD supported the re-treatment of 505,573 bed nets in 27 districts of the country in an effort to increase their efficacy in protection against malaria.
- UPHOLD also successfully implemented the second phase of the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY). Abstinence and 'stay safe' messages reached an estimated 4,334,393 children in about 17,000 primary schools in the country.

Education activities also continued to be based on an integrated and holistic approach to school-based quality reform (SBQR) in order to promote participation of all stakeholders in creating an enabling environment for pupils learning. This implementation period saw the finalization of several materials used to support SBQR including the four modules of education management strengthening, two modules on teacher effectiveness and tools and job aides to support community involvement in education. Performance improvement tools were also finalized and it is worth noting that some of the materials UPHOLD helped develop such as the School Open Day Guidelines have since been adopted by the Ministry of Education and Sports for use nationally.

Other achievements that were made during this reporting period are highlighted in the main report. In order to achieve results during PY4, UPHOLD provided an estimated total of US\$ 2,887,053,373 (\$1,649,745) to 29 district local governments, US\$ 5,046,442,731 (\$2,883,682) to 51 civil society and non-governmental organizations which had 89 partners and US\$ 246,543,975 (\$140,882) to 11 Core



Primary Teachers Colleges (CPTCs). Additionally, Ushs. 9,166,255.000 (\$5,237,860) was used by UPHOLD for its central program activities that included PIASCY, behaviour change communication, monitoring and evaluation, training and performance improvement, quality assurance as well as those education, health and HIV/AIDS activities that are centrally managed.

It is worth noting that the dual strategy of utilizing both governmental and non-governmental avenues to achieve results contributed to much of UPHOLD's success during this reporting period.

PY4 was however not without challenges. During this reporting period, we experienced a slow down in the implementation of activities due to the election process in early 2006 and also saw a further increase in the number of districts in UPHOLD's geographical area of coverage from 29 districts in 2004/05 to the current 34. This change in district numbers had the effect of reducing effective capacity of some districts to implement activities due to loss of staff to new districts and to UPHOLD it also meant that the same amount of resources had to be redistributed to a larger number of entities.

As we move towards UPHOLD's fifth and final year, I would like to take this opportunity to thank all of you for your most valuable contributions to-date and look forward to continuing to work with you to make a difference in the lives of Ugandans.

Enjoy the reading!

Sincerely,

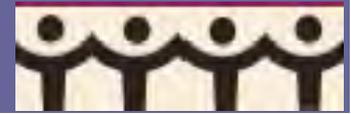
Samson Kironde, MD, PhD

JSI Research & Training Institute, Inc.

Chief of Party, UPHOLD



Executive Summary



This report presents the key achievements of UPHOLD in its fourth year of implementation. The project's interventions aim to improve human capacity through increasing access, quality and utilization of health, education and HIV/AIDS services whilst also addressing the Government of Uganda's priorities and contributing to USAID's Strategic Objective 8.

UPHOLD continues to achieve results through partnerships with district local governments (LGs) and civil society organizations (CSOs) as well as central program interventions managed by its technical staff. These interventions are implemented through six regional offices, whose staff is instrumental in providing technical assistance at district level, ensuring effective communication amongst partners and coordinating UPHOLD-supported activities. A total of US\$3,661,924,345/= was approved for disbursement through 29 LG grants and US\$4,285,451/= approved for disbursement through the family and community action grants. The LGs and CSOs were supported by the regional offices and for the CSOs, a deliberate and regular system of support supervision led by the private sector department of the program.

In the health sector, UPHOLD was privileged to be among the partners tasked to support the (United States) President's Malaria Initiative under which we supported case management of malaria, distribution of insecticide treated nets (ITNs) and prevention of malaria in pregnancy through intermittent preventive treatment (IPT). Under this initiative, a total of 1,786,194 children received prompt and appropriate treatment of malaria using Homapak within 24 hours of fever onset. A major support supervision exercise was initiated targeting all health facilities in the 29 UPHOLD-supported districts to improve the quality and utilization of malaria services including implementation of the new malaria drug policy using artemisinin-based combined therapy (ACT) and IPT for malaria in pregnancy. A mass distribution exercise of 228,873 long lasting insecticide-treated nets (LLINs) was carried out in nine districts including those in conflict situations and those that had low-net coverage as shown in the 2005 annual Lot Quality Assurance Sampling survey. A unique and successful experience in the distribution exercise was the effective use of the community medicine distributors (CMDs). In addition UPHOLD worked with the Ministry of Health and the Malaria Consortium to implement the third round of net re-treatment in the country, re-treating 505,573 bed nets in 27 districts, 15 of which were outside the program's geographical area of coverage.

UPHOLD also continued to address other major communicable diseases, in particular tuberculosis (TB) in which the focus was on supporting community-based TB directly observed therapy, short course (CB TB DOTS) and avian influenza for which the program worked with MoH to implement disaster preparedness interventions, specifically behavior change communication (BCC) activities. These included the printing of 10,000 fact sheets about avian influenza for district leaders and a radio campaign in 10 FM radio stations with national coverage to increase community awareness on the mode of transmission, prevention and control of avian influenza.

UPHOLD's support to improve child health focused on immunization and support to community-based growth promotion (CBGP) as an entry point to integrated child health care. Through support to routine immunization activities in the districts and Child Health Days, UPHOLD-supported districts realized a DPT₃ coverage of 89% and Vitamin A coverage of 82%. About three million (3,667,922) children



between the ages of one to 14 years were also dewormed of common helminthes. Under the CBGP interventions implemented in the five districts of Luwero, Bugiri, Mayuge, Kiruhura and Ibanda, 677 community growth promoters (GPs) were trained and 12,000 children under two years were served.

UPHOLD's reproductive health (RH) interventions embraced integrated RH services. 11,000 Clean Delivery (*Mama*) Kits were procured and distributed to pregnant women in internally displaced people's camps in the districts of Lira, Katakwi, Gulu, Nakapiripirit and Kitgum to increase the number of clean deliveries in these districts in conflict situations. UPHOLD continued to partner with six CSOs including Uganda Private Midwives Association, to mobilize communities for integrated RH services such as family planning, antenatal care (ANC), safe delivery, and also provide the services. To ensure integration of prevention of mother-to-child transmission (PMTCT) of HIV and ANC services, UPHOLD trained 168 health workers on Goal Oriented or Focused ANC using a revised training manual that incorporates PMTCT and ANC. The target health workers were from 52 out of 55 UPHOLD supported PMTCT sites. The training also covers IPT of malaria in pregnancy.

UPHOLD also worked with MoH to adapt the Malawian version of the *Woman's Passport* to the Ugandan context with a view of pre-testing it in two districts next year. The booklet is used to track a woman's RH history, making it easier for health workers to follow-up with her and manage her wherever she presents it.

HIV/AIDS services were implemented under the (United States) President's Emergency Plan for AIDS Relief (PEPFAR) with seven main focus areas. Under this program, a total of 172,057 individuals were counseled, tested for HIV, and received their results. This four and a half fold increase from last year's results is attributed to the innovation of home-based HIV/AIDS counseling and testing implemented by CSO partners, notably the Family Life Education Program (FLEP). The number of pregnant women who were counseled, tested and received their HIV test results also increased from 6,498 in 2005 to 19,795 in 2006 (a three fold increase), with 871 (4.4%) receiving prevention of mother to child transmission (PMTCT) of HIV prophylaxis. The main reasons for this increase are the scaling up of service outlets from 30 to 55 over the year and the support to integrated PMTCT-ANC services through training and support supervision.

UPHOLD was tasked to implement the second phase of the (Ugandan) Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) and under this program, reached 4,334,393 children with abstinence messages. Activities included the training cascade from national facilitators to Core Primary Teachers College tutors and district staff to school head teachers and classroom teachers on PIASCY II implementation as well as guidance and counseling. These trained staff in turn promoted pupil-centric activities at school level such as music, dance and drama, talking compounds and action oriented meeting with community members to devise ways to make school communities safer for their children.

UPHOLD reached 217,179 individuals with Be Faithful messages, mainly through CSO partnerships, while 189,487 people were reached with care and support services including TB.

UPHOLD's education interventions continued to be centered on its Integrated Education Strategy, which focuses on a holistic approach to school-based quality reform (SBQR) promoting participation of all stakeholders to create an enabling environment for improving pupils' learning. In addition to working through LGs and CSOs, UPHOLD signed disbursement instruments with Ministry of Education and Sports (MoES) to award grants to 11 Core Primary Teachers Colleges (CPTCs) in order



to hasten the roll out of education interventions and cover 100% of the schools in 17 of the 29 UPHOLD-supported districts.

In close collaboration with MoES, UPHOLD finalized a comprehensive package of materials to support SBQR, which includes a set of four Modules on Education Management Strengthening (EMS) training series; two Modules on Teacher Effectiveness (TE) using the cooperative learning (CL) methodology in the classroom; a package of tools and job aides to promote community involvement in education (CIE) and a set of performance improvement tools. The collaborative processes used by UPHOLD to develop the materials have ensured the adoption and mainstreaming of all the four modules in the EMS series and the School Open Day Guidelines (one of the job aides in the CIE package) by the MoES for use in all schools nationally. The MoES, using its own resources, has already printed 3,700 copies of each of the four modules in the management training series, and requested that UPHOLD print 16,000 additional copies of the School Open Day Guidelines for national use.

The past year also saw the successful finalization and dissemination of performance improvement tools to support UPHOLD investments in training of education managers and community mobilization for education. These tools include the *Support Supervision Guidelines* and *Certificates of Performance*, which have all been vetted and approved by the MoES for piloting in UPHOLD-supported districts with a view of using lessons learned in their implementation for mainstreaming these innovations within MoES operations. Other support interventions for education activities included radio spots to promote behavior change among education managers.

UPHOLD also partnered with several CSOs to promote CIE. Working through an exciting collaboration with the Inter Religious Council of Uganda (IRCU), UPHOLD solicited religious leaders' support as an important avenue of advocacy for active parental and community participation in childrens' education. This collaboration with IRCU and six other CSOs including Madrasa, is central to UPHOLD's sustainability strategy as this builds civil society's capacity and commitment to carry on the challenging work of increasing parental and community involvement in education after project close out.

During the year, UPHOLD continued to address its information needs and those of its partners for purposes of monitoring, evaluation and dissemination of best practices of the program. A national LQAS conference officiated by the Hon. Prime Minister, was held to disseminate experiences in use of the methodology with a view of mainstreaming it into the national monitoring systems. UPHOLD was privileged to be invited to share its achievements across the sectors at both national and international fora. To this effect, UPHOLD staff made a total of 21 oral and poster presentations at various conferences including the Global Health Conference, 2005, the 50th Comparative International Education Society (CIES) Conference, the XIV International Conference on HIV/AIDS and STIs in Africa (ICASA) 2005, and the Annual Makerere University–Institute of Public Health Scientific Conference, 2006. The program also participated in the planning of an international conference in which CSOs, FBOs, CBOs engaged in providing services for orphans and vulnerable children (OVC) show cased their activities. The conference was part of the discourse on the interpretation and implementation of the OVC policy.

Several studies and assessments were also conducted to inform programmatic direction. These include: a mid-term review of the 25 CSOs implementing HIV/AIDS activities to assess CSO capacities in implementation and determine their eligibility for a second round of PEPFAR funding; a process evaluation of the LLIN distribution exercise, which highlighted the effectiveness of using CMDs as end-point net distributors for the mass distribution exercise; and a CSO-CSO partnership study to assess the nature and effectiveness of CSO partnerships.



Several cross-cutting technical interventions continue to weave through UPHOLD interventions, enhancing the effects of communicable disease, child health and RH services. During this period, UPHOLD completed the training of health workers and community development workers (CDWs) for implementation of the Yellow Star Program. To date, 718 health workers have been trained in Yellow Star Program implementation to promote quality improvement activities at facility and community level. During the year, 695 facilities across the 29 UPHOLD-supported districts received at least one round of support supervision and quality assessment with five facilities achieving 100% of the basic standards for quality health care and 30% achieving at least 75% of the standards at their last assessment.

BCC interventions included radio and print materials and a major advocacy drive targeting local council (LC) leaders. Radio programs targeting 1,000 radio listening clubs across the 29 districts were aired to promote utilization and community participation in service delivery across the sectors. UPHOLD continued to publish the *Health Worker Matter* and *District Innovations* newsletters to promote better practices for service providers and the community. In addition, 1,160 LC III leaders from 30 districts were trained in advocacy for social services targeting UPHOLD supported interventions.

1.0 Health Services



UPHOLD has made significant gains in the health sector this reporting year through its interventions to address malaria, child and reproductive health, as well as tuberculosis control and epidemic preparedness against the avian flu. Interventions in these service areas were implemented through complementary activities funded through LG and CSO grants to ensure service availability at health facilities, and community mobilization to promote utilization of the services and improve health-seeking practices at the household level. Working closely with the Ministry of Health (MoH), UPHOLD also conducted joint training and supervision of field activities to ensure the quality and alignment of interventions to the MoH policy and strategic direction.

1.1 Malaria Prevention and Control

In June 2005, the (United States) President's Malaria Initiative (PMI), a five year initiative to rapidly scale-up malaria prevention and treatment interventions in Sub-Saharan Africa was launched. The goal of PMI is to reduce malaria mortality by 50% by achieving 85% coverage of at risk groups with four key interventions, namely Artemisinin-based combination therapy (ACT), intermittent preventive treatment (IPT) for malaria in pregnancy, insecticide-treated mosquito nets (ITNs), and indoor residual spraying with insecticides (IRS). In the fight against malaria, UPHOLD is among the organizations tasked by USAID to implement Year 1 activities of the PMI. The program's interventions include; the distribution of ITNs, net re-treatment, supporting home-based management of fever and increasing utilization of intermittent preventive treatment of malaria in pregnancy. Nationally, UPHOLD works closely with the MoH under the umbrella of the Inter-Agency Coordination Committee on Malaria (ICCM), chaired by the Director General Health Services, as well as the National Malaria Control Program (NMCP) which manages the day to day activities of PMI. UPHOLD is represented at all four technical working groups of the ICCM; Case Management, Vector Control, Information Education Communication (IEC) and Social Mobilization and Monitoring and Evaluation.

CASE MANAGEMENT OF MALARIA

OBJECTIVES

To increase the proportion of children under five years old who get appropriate anti-malaria treatment within 24 hours of onset of fever from 40% to 45%.

ACHIEVEMENTS

- 1,786,178 children under five treated within 24 hours of fever onset (65%)
- Conducted rapid assessment of the implementation of the new malaria treatment policy using Artemisinin-based combination therapy in 63 facilities.

Home-Based Management of Fever

The home-based management of fever (HBMF) strategy is a community based initiative that utilizes trained village volunteers, popularly known as community medicine distributors (CMDs), to identify children that have uncomplicated fever and treat them with pre-packed anti-malaria drugs branded as Homapak. The strategy aims to increase the proportion of children under five years of age who get prompt and appropriate anti-malaria treatment within 24 hours of onset of fever.

In PY 4, UPHOLD continued to train CMDs where there were critical gaps and focused more on supporting them in their work through quarterly supervision at review meetings. The program achieved its target of having two trained CMDs in each of the 19,203 villages in all the 29 UPHOLD supported districts. Available records indicate that over two and a half million episodes of fever in children under five were treated by the CMDs in the 29 districts. Sixty five per cent (65%) of the children with fever were treated within 24 hours with 92% recovering on Homapak treatment alone without needing referral (see Table 1 below). Program records also reveal that on average, 71% of the CMDs are active, as evidenced by their reporting.

Table 1: Number of children treated by CMDs, promptness and outcome of treatment

	<i>Oct-Dec 05</i>	<i>Jan-Mar 06</i>	<i>Apr-Jun 06</i>	<i>Jul-Sep 06</i>	<i>Annual Total</i>
<i>Number of Children treated by CMDs</i>	700,063	717,578	679,078	631,453	2,728,172
<i>Number of children receiving Homapak within 24 hours</i>	451,973 (65%)	495,667 (69%)	459,376 (68%)	379,178 (60%)	1,786,178 (65%)
<i>Number of children who recovered (%)</i>	607,182 (87%)	673,639 (94%)	642,051 (95%)	576,808 (91%)	2,499,680 (92%)

Source: Program Records, UPHOLD 2006



In this reporting period, UPHOLD supported the training of 1,042 CMDs and where needed, provided them with register books, carrier bags for their supplies, and t-shirts as motivation for their voluntarism. Recognizing their invaluable input as community volunteers, UPHOLD recruited 5,768 of these CMDs during the recently concluded distribution exercise of long-lasting insecticide-treated nets (LLINs) and used them as end point distributors of the bed nets. A documentary film entitled “*The Fight against Malaria*” was also produced by UPHOLD. This 22 minute documentary is being used by the MoH and partners at all levels as an advocacy tool for promoting prompt malaria treatment and prevention. It is also intended to commend the work of CMDs who voluntarily devote their valuable time to bring services nearer to mothers and children.



Mother and child receive their net as CMD verifies with records and LC1 officials

On-the-job Training of Health Workers on New Malaria Drug Policy

The MoH has reviewed the malaria management drug policy to combat emerging drug resistance in the country and instituted the use of Artemisinin-based combined therapy (ACT) using Coartem as the first-line drug for malaria treatment. Coartem is a combination of two anti-malaria drugs, artemether and lumenfatrine.



A Zonal Malaria Coordinator supports the In-Charge of a Health Centre IV on the new malaria

This new policy was disseminated to facilities through a training exercise for all health workers, which was rolled out during the year. UPHOLD supported the MoH, NMCP and districts to strengthen the implementation of the new malaria treatment policy through on-site support supervision of health workers.

A rapid supervision and quality assessment checklist that was developed by the NMCP was revised, finalized and used jointly by Malaria Zonal Coordinators, UPHOLD and district staff to assess the progress of implementation of the

new malaria treatment policy. The tools were used to test the on-site supervision to improve service delivery in 60 health facilities in the 12

districts of Amuria, Amolatar, Gulu, Ibanda, Rukungiri, Pallisa, Rakai, Kaliro, Kyenjojo, Mubende, Wakiso and Yumbe. The supervision reports, shared at a national forum hosted by UPHOLD, indicate that on average, ACT was prescribed in 41% of cases of malaria (range 0% to 59%). In two of the facilities, ACT had not been prescribed at all, while in some facilities, there was a large difference between prescription rates of ACT for under fives and over fives with variations of up to 30%. The overall trend however was to prescribe ACT for those above five years. Sixteen (16) facilities of the 60 facilities supervised (27%) reported stock outs of Coartem, the time of stock out ranging from a few days to two months. Subsequently, support supervision was conducted in 333 facilities in nine districts.



Highlights from ACT roll out Rapid Assessment Exercise

- 41% of malaria cases get ACT prescription (range 0% -59%)
- 27% of facilities had stock outs of ACT
- 70% of health workers did not communicate well on malaria

Among the successes cited by district staff regarding the implementation of the of the new policy was that over 90% of health workers were oriented and given the new treatment policy guidelines on management of uncomplicated malaria guidelines. The packaging of the medicines was also reported to be user friendly, making it easy to administer. Side effects due to Coartem were reported to be few and minor in nature and the community response in general was positive.

Using information generated from the rapid assessment and the revised supervision tools, subsequent ACT on-site supervision and quality assessment to health facilities was conducted by teams comprising the Malaria Zonal Coordinators, UPHOLD Regional Office staff and district health staff. The exercise covered the districts of Kyenjojo (38 health facilities) Mayuge (31), Luwero (56), Mbarara (40) and Mubende (48). Overall the outpatients' malaria burden is high, constituting over 50% of attendances in children below five years and over 40 % in those above five years. In the facilities visited, over 80% of the health workers assessed had adequate skills and practice malaria case management, but over 70% of the health workers were not communicating effectively with patients regarding their illness and prescription. The supervisors provided on site support for all the gaps or challenges identified.

CHALLENGES AND WAY FORWARD

Motivation of CMDs

The main challenge for the coming year is to keep CMDs motivated to continue rendering services. Involving them in other malaria interventions like bed net distribution and net re-treatment are some ways of motivating them as it enhances their value and recognition in communities. UPHOLD will continue to support them with a transport allowance to attend quarterly review meetings and enable them to meet their supervisors regularly to ease their work, as well as other motivational tools; bags for supplies, records books, badges and t-shirts for ease of identification,

Ensuring Regular Supplies of Homapak

In this reporting period, ensuring the availability of Homapak or its equivalent at community level has been challenging for some districts especially Gulu, Nakapiripirit and Kitgum due to several factors. In the previous year, UPHOLD procured Homapak for its partner districts and was able to follow up its distribution at national and district levels to ensure regular supplies of the drugs to communities.

This past year, however, districts relied on the MoH national distribution system through the National Medical Stores (NMS). Although, NMS had stocks of Homapak, distribution to the districts was sometimes delayed due to transportation or requisition problems. This has therefore affected the effective functioning of the HBMF structure and contributed to a reduced volume of work done by the CMDs. In the coming year, UPHOLD, through its integrated support supervision efforts at facilities and in communities will intensify support to the logistics system to ensure regular supplies of Homapak or its equivalent to communities.



Ensuring Smooth Transitioning to the New Malaria Drug Policy

Feedback from CMDs indicates that there is concern among both CMDs and the public about the efficacy of Homapak, which is based on the former policy guidelines for treatment of uncomplicated malaria. This is believed to be affecting the uptake of Homapak in some communities as caregivers request the new drug, suspecting that the old drugs are no longer effective. They reason that if Homapak is still effective, the government would not introduce another drug for malaria treatment.

Other constraints to effective implementation of the use of ACT for malaria at facilities are: stock-outs of the drug due to weak logistics management; poor filling of the pharmacovigilance forms and lack of job aides for health workers, specifically wall charts on the new policy.

In addition, a small proportion of public health workers and private-for-profit health care providers, missed the training on the use of Coartem. In the coming year, UPHOLD will address these problems through continuous orientation of health workers and CMDs during supervision visits using new tools developed jointly with the MoH and its Malaria Zonal Coordinators.

Efficient Retrieval of Data at the Community Level

The current Health Management Information System is more focused on facility-based data. Collection, compilation and transmission of data from community-based activities remains a challenge for UPHOLD and other stakeholders. In the first three quarters of the year, only about 30% of the CMDs were reporting regularly to the health facilities nearest to them (*Program Records, UPHOLD 2006*). However, a major data retrieval exercise, which yielded the information presented in this report, was conducted in September 2006 to improve data collection, compile data for the previous year and improve data quality from CMDs. The exercise has improved reporting of the CMDs to 71%. In the coming year, UPHOLD will continue to fund and strengthen quarterly review meetings of CMDs which will serve as a forum for data collection as well as supportive feedback to the CMDs. On-going support to improve data collection will also be addressed through integrated Yellow Star Program support supervision and the planned technical support supervision to health facilities using newly developed supervision tools.



MALARIA IN PREGNANCY

OBJECTIVES

To increase the uptake of intermittent preventive treatment (IPT) of malaria by pregnant women from 34% to 40%.

ACHIEVEMENTS

- 38% of mothers accessed IPT services in UPHOLD-supported districts
- Developed a concept paper on proposed steps to increase uptake of IPT in pregnancy.
- Developed and piloted tools for rapid assessment of IPT

UPHOLD works with the NMCP and Reproductive Health Division of MoH to strengthen training and support supervision of health workers on managing malaria in pregnancy (MIP) as well as monitoring and evaluation of MIP initiatives. Improving the uptake of intermittent preventive treatment (IPT) of MIP to at least two doses of sulfadoxine-pyrimethamine, the drug given in this intervention, is an integral part of increasing timely antenatal care (ANC) attendance to at least four visits of goal-oriented or focused ANC.

In the previous years, UPHOLD has consistently promoted integration of services by training health workers in goal-oriented ANC which integrates several services including PMTCT, family planning and IPT of MIP. In this reporting period, UPHOLD intensified its efforts to address MIP. A concept paper to increase IPT uptake was developed with the focus areas of on-job training and supervision of health workers for goal-oriented ANC. Together with MoH, supportive supervision tools were developed to explore issues pertaining to implementation of IPT of MIP, assessing the quality of service provision, and providing appropriate support to health facilities and workers. The supervision and assessment consisted of interviews with facility staff, a review of facility records and observation of health

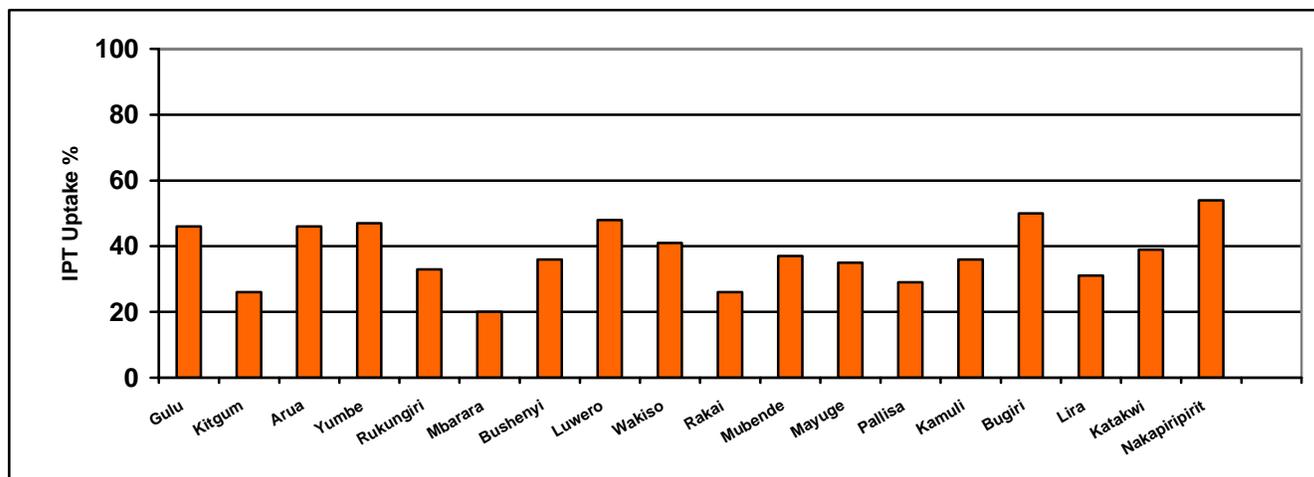
worker practices to ascertain the delivery of IPT in ANC clinics and study the factors that influence administration of directly observed therapy of IPT. During the visits, community dialogue sessions, based on an approach used under the Yellow Star Program, were also held to understand community perceptions of IPT.

The supervision visits also used a whole site approach to provide concrete, focused and timely support to health workers, enabling them to improve their practices in delivering ANC services in general and prevention of malaria in particular. The support areas included record keeping, logistics management, and improving client satisfaction and community-facility relationships. All supervision visits were conducted jointly by UPHOLD consultants who are experienced reproductive health (RH) and Yellow Star Program trainers, relevant district officials, including RH Focal Persons, Senior Nursing Officers, PMTCT Coordinators, District Assistant Drug Inspectors, District Health Educators, and HMIS Focal Persons.

The supportive supervision tools were piloted in 12 facilities in Kamuli and Luwero between April and June, 2006. The findings of the supervision visits, which were discussed with MoH officials, indicate that the supervised facilities in Kamuli had an average IPT uptake of 39.7%, while those in Luwero had an average uptake of 50.0%. These service statistics will be verified by the Lot Quality Assurance Sampling (LQAS) survey to be conducted in November 2006, and compared with MoH 2005 data on IPT uptake shown in *Figure 1*, which show an average of 38% IPT uptake in UPHOLD-supported districts



Figure 1: IPT uptake in UPHOLD supported districts



Source: Annual Health Sector Performance Report 2005/06, Ministry of Health, 2006

CHALLENGES AND WAY FORWARD

The continuing challenge is to increase early ANC attendance and ensure that health workers offer the full range of antenatal services to clients. This is a critical step to improving IPT uptake as well as PMTCT. Specific challenges identified during the facility supervision visits included: inadequate and irregular supplies of drugs for IPT; poor record keeping for IPT; poor organization of work flow in the facilities to support IPT; and limited awareness among health workers and mothers on the dangers of MIP. The community dialogue meetings revealed that mothers and their partners do not clearly understand why they are asked to swallow medicines when they are not sick. Mothers also reported that health workers' attitudes sometimes deter them from attending ANC and they only endeavor to come once to get an ANC card which facilitates delivery at the health unit in case of pregnancy complications.

In the coming year, UPHOLD will continue to strengthen the supervision skills and technical roles of district staff in order to improve the quality and use of ANC services, including IPT and PMTCT using the tools that have been developed. Priority targets for the supervision efforts will be the UPHOLD-supported PMTCT sites. UPHOLD will also promote the use of outreaches to increase IPT uptake in selected facilities.

To address the communication gaps, UPHOLD will work with the USAID-funded Health Communications Partners (HCP) to design appropriate behavior change communication (BCC) print and radio materials as well as job aides that will address the identified community and facility constraints to IPT uptake.

INSECTICIDE TREATED NETS

OBJECTIVES

To increase ITN coverage for children under five years from 20% to 29% in UPHOLD supported districts

ACHIEVEMENTS

- Distributed 224,183 long lasting insecticidal nets (LLINs) to households with children under five years old living in nine districts
- Increased ITN coverage for nine target districts from 19.3% in 2005 to 41.8% in 2006
- 87% of children below five years sleep under an ITN in the nine target districts
- Achieved 95% net retention by the beneficiary children more than six months after net distribution in the nine districts
- Supported re-treatment of 505,731 nets in 27 districts nationwide, 12 of which are UPHOLD supported

Distribution of LLINs to Children Under Five Years



Caretakers and under five year old beneficiaries of LLINs in Mubende District being shown how to use a bed net

As a jump start to the PMI activities, UPHOLD procured 260,000 long lasting insecticide treated nets (LLINs) and distributed 224,183 of them to families with children less than five years of age in nine districts. The nine districts which were targeted included five districts where usage of bed nets in 2004 was shown by LQAS to be below 10% (Bugiri, Bushenyi, Mayuge, Mubende and Rukungiri) and four districts in conflict situations (Gulu, Katakwi, Kitgum and Lira).

A unique experience in the distribution exercise was the use of 5,768 CMDs as end-point distributors of LLINs for the nine districts. Since they knew their communities well, they proved to be key in determining households with children under five and were instrumental as change agents promoting correct LLIN use. Information generated during the registration of the children

indicated that on average, one net is used by 1.7 children, which translates in an estimated figure of 381,111 children that have been accorded protection from malaria. This will be verified by the LQAS survey due to take place in November 2006, but a process evaluation of the distribution commissioned by UPHOLD¹ found out that using the CMDs was a very effective way to distribute a large volume of nets to the target population in a very short time. The study also found a 95% net retention by the beneficiary children more than six months after the net distribution and that 87% of children below five years slept under an insecticide treated net (ITN) the night before the study. *Figure 2* and *Annex II* shows the ITN coverage in the nine districts over the last three years.

¹ *An evaluation of UPHOLD's Long Lasting Insecticide Treated Nets Distribution Exercise, UPHOLD 2006*



Success Story: Insecticide Treated Nets Prevent Childhood Death

Komakec used to fall sick with fever every three to four weeks and in fact Oroma Monica, his mother, had just returned from the hospital where Komakec was admitted for severe fever when she learned of the ITN distribution exercise in her camp. Joining the waiting line, she received an ITN from UPHOLD supported distributors “*Now he has not fallen sick for over 3 months!*” reports Monica.

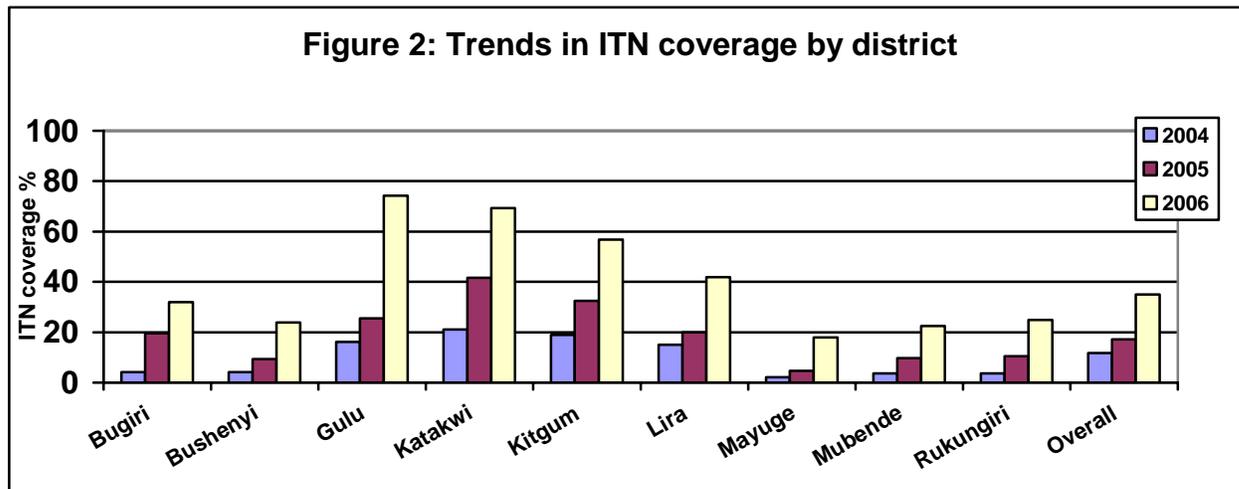
Oroma Monica lives in Ongako Internally Displaced Camps in one of the conflict affected districts of Uganda. She has already lost two children below three years to severe fever and she was very worried that her third child, Komakec would also be lost to the disease.

95% of Uganda is highly endemic for malaria and children below five years are most affected by the disease, especially in conflict affected areas. With an estimated 70,000 to 100,000 people dying every year we can imagine the fear that Monica has for her youngest child, 18 month old Komakec. Yet malaria is a preventable disease. Long Lasting Insecticide-treated Nets (LLINs) used regularly by young children can reduce the overall risk of dying by 20%, and clinical malaria episodes by 50%.

Over a three month period in 2006, USAID, through UPHOLD procured 260,000 ITNs and distributed 228,873 of them to vulnerable groups under the (United States) Presidential Malaria Initiative. Children under five years living in IDP camps like Komakec were a special target group as well as those living in districts with low bed net coverage. Using 5,768 Community Medicine Distributors who are trained to provide prompt and appropriate anti-malaria treatment to children under five years in communities, the nets were distributed to pre-qualified household with children under five years of age. An estimated 381,111 children were reached with this important preventive measure in nine target districts.



Komakec on his mother's laps and village mates



Source: 2004, 2005 UPHOLD LQAS Survey; Program Records, UPHOLD 2006

This was the first time in Uganda that such a large number of nets were distributed using a community-based mass distribution approach. Some of the post distribution observations indicate that benefiting communities were very grateful and mothers and caretakers of these children are able to clearly articulate that mosquitoes transmit malaria and know that ITNs prevent malaria. The advantage of the rapid community-based mass distribution is that nets reach their targets within the shortest time possible to avert malaria episodes—but on the other hand, it is an intense exercise that can only succeed if the whole community and its leaders are involved, are supportive of the exercise, and are fully appreciative of its benefits.



Mothers of under five year children receiving LLINs in Ongako camp, Omoro Sub-county, Gulu District

The use of community agents such as CMDs who are conversant with their own communities to target the beneficiaries was also helpful in minimizing misallocation of the nets.

After the distribution exercise, UPHOLD shared its experiences at a MoH partners' meeting organized for reviewing the ITN policy and discussing mechanisms for coordinating partner's efforts towards ITN distribution. The meeting adopted most of the lessons learned and MoH is adopting the UPHOLD approach as one of the ways to ensure effective distribution of the 1.8 million ITNs that have been purchased using Global Fund monies.

Distribution of Long Lasting Insecticide Treated Nets to HIV Positive Mothers

Recognizing the vulnerability of people living with HIV/AIDS (PLWA) and pregnant women to malaria, UPHOLD's health and HIV/AIDS teams devised a plan to avail bed nets to HIV positive pregnant mothers. Utilizing post-test clubs formed under HIV counseling and testing interventions and PMTCT psychosocial groups, a total of 4,690 HIV positive women received LLINs during the year.



Bed Net Re-treatment



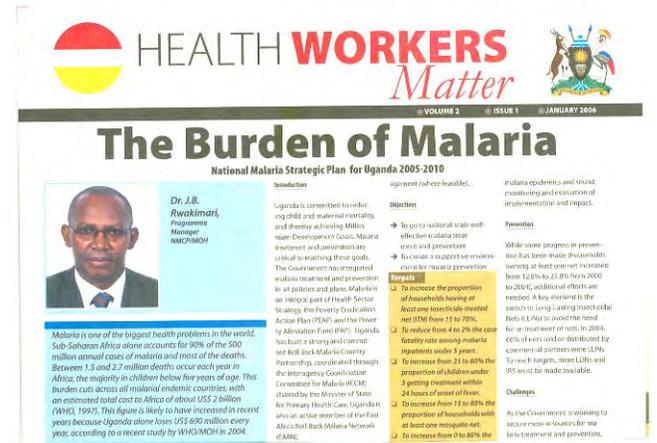
People lined up in a net re-treatment exercise, Kamuli District

Nabwigulu Sub-county, Kamuli District on 4th September, which was officiated by the Assistant Commissioner Health Services (Health Education and Promotion). Annex III, shows the number of nets retreated in the 27 districts during round three of net re-treatment in Uganda.

In PY4, UPHOLD also participated in the MoH's national bi-annual bed net re-treatment exercise to increase the effectiveness of those nets already in use at community level. A total of 505,573 bed nets were retreated in 27 districts during the month of September. Twelve of the districts are in UPHOLD's geographical area of operation. The extensive exercise was carried out in collaboration with UPHOLD's partner, Malaria Consortium, and was implemented through UPHOLD's regional offices with facilitators supervising the community mobilization and training of bed net dippers in the target districts. UPHOLD supported a colorful ceremony to launch the national re-treatment exercise in

Behavior Change Communication for Malaria

To promote better community and household behaviors for health, malaria is a key focus area for development of appropriate BCC materials. In collaboration with the MoH, UPHOLD developed four radio spots to promote the appropriate use of ITNs and appropriate care-seeking behavior for fever in young children. The spots, which were broadcast for three months, were translated into nine local languages and ran on 10 radio stations that cover all UPHOLD supported districts. Malaria was also a topic for programs targeting radio listening clubs broadcast at these 10 radio stations described in more detail in the section discussing program integration. In addition, UPHOLD procured and disseminated ITN leaflets which were given to CMDs and Local Council leaders participating in the net distribution exercise to enable them to articulate the benefits and appropriate use of the nets. In addition, each net was packaged with a leaflet in the relevant local language for the end users. Other print materials to support malaria interventions include an edition of the *Health Workers Matter* newsletter which focused on malaria.





1.2 Tuberculosis Control

OBJECTIVE

To support community-based TB DOTS activities.

ACHIEVEMENTS

- Orientated 73 health workers on community-based-TB DOTS approach focusing on integration of HIV/AIDS and TB

In this reporting period, UPHOLD's interventions focused on consolidating TB interventions in the former AIM Project supported districts especially on community-based TB directly observed therapy, short course (DOTS). In Bundibugyo District, 73 health workers (41 male, 32 female) were oriented on community based-TB DOTS approach focusing on integration of HIV/AIDS and TB. The trained health workers are currently supervising the community TB-DOTS volunteers and providing them with the supplies as well as providing care for those with HIV/AIDS and TB. Other districts have developed plans and budgets for orienting health workers on TB-DOTS, training laboratory staff on TB microscopy and generally revamping the TB treatment and preventive activities, which will be implemented in PY 5.

Facility-based TB services were also supported through the integrated HIV/AIDS/TB/STI/malaria supportive supervision initiative. Under this intervention, six HIV/AIDS sites were provided with intensive whole-site supervision to promote quality and integration of services.

1.3 Avian Influenza

During this reporting period, UPHOLD collaborated with the National Task Force on Avian Influenza including the Ministry of Agriculture, MoH, FAO, UNICEF, WHO, and National Agricultural Research Organization (NARO) to prepare and operationalize an epidemic preparedness plan for a possible avian influenza outbreak. Working together with this task force, UPHOLD developed an avian Influenza media campaign that focuses mainly on prevention under the thematic title *The Poultry Doctor*. The campaign includes the involvement of district government officials, namely the District Director Health

OBJECTIVE

To contribute to the national and district efforts towards epidemic preparedness for avian influenza.

ACHIEVEMENTS

- Printed 10,000 copies of Avian Influenza fact sheet
- Trained 1,160 local leaders on advocacy
- Developed radio campaign named '*The Poultry Doctor*'

services (DDHS), District Health Educator (DHE) and District Veterinary officer (DVO), as guest speakers for talk shows which focus on the mode of transmission, recognition and prevention of avian influenza, proper cooking of chicken for human consumption, the role of the community in surveillance, current status of avian influenza, national preparedness and risk factors.

To increase awareness on the disease, UPHOLD supported the MoH to reprint 10,000 copies of the fact sheet on avian influenza that has been distributed to District Administrators and partner media houses who use them as reference documents for information sharing and roundtable discussions.

In addition, UPHOLD successfully utilized the integrated Local Council training on advocacy for social services to disseminate information about avian influenza and solicit community involvement in surveillance and monitoring. A total of 1,160 Local Council III leaders were trained in 30 of the UPHOLD-supported districts.



WAY FORWARD

A three-month radio campaign for avian influenza will be broadcast beginning in October 2006, from the 12 FM radio stations listed below, which were selected due to their reach and flexible programming.

Central Region	Western Region
1. Buddu FM	7. Radio West
2. Radio One	8. Hoima FM
3. Akaboozi	9. Voice of Tooro
Eastern Region	Northern Region
4. Open Gate FM	10. Unity FM
5. Voice of Teso	11. Mega FM
6. Nile Broadcasting	12. Arua One

The programs will be aired in English (four versions), Luo, Runyankole-Rukiga, Runyoro-Rutooro, Ateso, Luganda, and Swahili. The talk shows will also be supported by 1,080 adverts to be aired three times per day and approximately 2,940 radio spots with three spots running during prime time each day. The adverts and radio spots focus on providing information for prevention, recognition and required response in case of a bird influenza outbreak. After the three month radio campaign UPHOLD will follow-up the radio awareness campaign with a more participatory intervention through the 800 established radio listening clubs in 34 UPHOLD supported districts. In addition to the above, UPHOLD is in the process of finalizing the District Innovations Newsletter, which has been creatively designed to captivate the attention of the local community. The Newsletter will carry tactical adverts on avian influenza that will uniquely complement other program events.

1.4 Child Health

OBJECTIVES

- To increase DPT₃ from 73% to 85% in UPHOLD-supported districts
- To increase Vitamin A coverage from 79% to 85%
-

ACHIEVEMENTS

- Increased DPT₃ coverage for children under one in UPHOLD districts to 89%
- Increased Vitamin A coverage for children 6-59 months to 82%
- 3,667,922 children 1- 14 years de-wormed

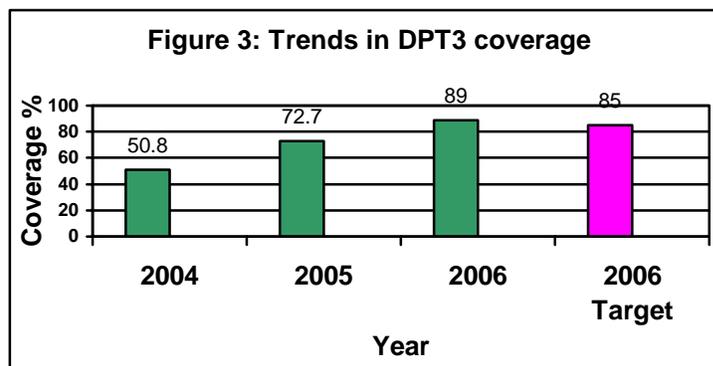
IMMUNIZATION

During PY 4, UPHOLD continued to support the MoH immunization activities both at national and district levels. UPHOLD worked with the Uganda National Expanded Program of Immunization (UNEPI) to develop a new Expanded Program of Immunization (EPI) Multi-Year plan and budget for the period 2006-2010 and annual work plans to support it. In response to a request from the MoH, UPHOLD also printed 4,000,000 Child Health Cards and distributed them to health units using the health system. Routine immunization was supported through LG and CSO grants. Through the LG mechanism, UPHOLD supported the training of 183 health workers and 1,104 (601 females and 503 males) community-based vaccinators from ten districts.



CHILD DAYS

UPHOLD supported Child Days activities to promote immunization, Vitamin A supplementation and de-worming of target children as well as vaccinating women aged between 14 and 49 years with tetanus toxoid. A total of US\$207,713,000/= was provided to districts and the Central Government to ensure effective micro-planning, supervision and community mobilization for the Child Days' services. Altogether, 392,196 (89%) children under one year received the third dose of the pentavalent vaccine for diphtheria, pertussis, tetanus (DPT₃), hepatitis B, haemophilus influenza type B vaccine, while 1,686,653 (82%) children between six and 59 months received Vitamin A supplementation and 3,667,922 children between one and 14 years were dewormed of common helminthes such as roundworms and hookworms. *Figure 3* shows the positive trend in DPT₃ coverage over the three years.



USAID, through UPHOLD, also helped to coordinate a special event in the northern districts to mobilize communities' participation in Child Days. The Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations (CARAVAN) in collaboration with The Ministry of Gender, Labor and Social Services, TASO, AIC, and Gulu Youth Center as well as UPHOLD grantees (such as Straight Talk Foundation and ACORD) performed six concerts over six days in northern Uganda (four in Gulu and two in Lira) to mobilize communities for the Child Days services. The initiative in the Koch Goma Internally Displaced Camp (IDP) mobilized 1,800 children to get Child Days services. The picture shows the CARAVAN Initiative performing with school children in community mobilization for health services in an IDP camp in Gulu District.



CSO PARTNERSHIPS

UPHOLD partners worked with nine CSOs across seven districts to mobilize communities to utilize child health services. To enhance the CSO interventions, three organizations, Community Health and Education Agencies (CHECHEA), Faith Acts, Research, Support and Training (FARST) Africa, and Mwizukulu Community Program (MCP) were contracted to provide technical support to UPHOLD-supported CSOs implementing child health interventions as well as to provide support to District Health Teams in on-job training and supervision of child health interventions. The CSOs are targeting to reach



a total of 236,763 children less than five years of age with immunization, growth promotion, vitamin A supplementation and de-worming services to contribute to the overall achievements under child health.

CHALLENGES AND WAY FORWARD

Despite the increase in immunization coverage, outreach services are not taking place as regularly as expected in the districts. This is partly due to funding shortfalls from LG sources as a result of the abolition of graduated tax in 2005. In addition, measles cases, which had reduced markedly after the 2003 mass measles campaign have began to increase rapidly with 32 districts in the country reporting epidemics or sporadic cases in this reporting period. A total of 1,624 cases were reported in the country by the end of September 2006 of which 440 were confirmed by laboratory tests. To address this problem, UPHOLD will support the supplemental measles and polio campaigns in the coming year as well as continue to support routine immunization and Child Days activities. To this effect, a total of US\$ 350 million has been earmarked for the mass measles/polio campaign.

OBJECTIVE

- To train 1,500 community growth promoters in four selected districts and establish community growth promotion in 500 villages serving a total of 15,000 children under two

ACHIEVEMENTS

- Trained 27 trainers in community-based growth promotion in Arua and ten in Kiruhura
- Identified and trained 677 community volunteers to work as community-based growth promoters
- Oriented 218 Local Council I leaders on community-based growth promotion.

INTEGRATED CHILD HEALTH / GROWTH PROMOTION

The implementation of the integrated community child health package using the community based growth promotion (CBGP) model was initiated towards the end of last financial year. The program is based on the current Village Health Team (VHT) concept of the MoH and covers the five districts of Luwero, Bugiri, Mayuge, Kiruhura and Ibanda, covering 300 villages with an estimated 12,000 children under-two benefiting as shown in *Table 2*, below. Due to delayed and limited availability of funds, the planned districts of Arua and Bundibugyo have not taken CBGP activities up as expected. Instead, more attention and support has been provided to CSOs working in this area in Mayuge, Kiruhura and Ibanda Districts.

Table 2: Growth Promotion Program Coverage

District	Implementer	No Sub-counties	Villages	No Growth Promoter	Male	Female	Estimated children <2 years served
<i>Bugiri</i>	Local Government	4	50	150	83	67	3,000
<i>Luwero</i>	Local Government	4	34	109	45	64	1,000
<i>Mayuge</i>	CSO-IDDA	1	65	130	68	62	4,000
<i>Kiruhura</i>	CSO-KAARO	4	119	238	109	129	3,000
<i>Ibanda</i>	CSO-KAARO	1	25	50	32	18	1,000
Total		14	293	677	337	340	12,000

Source: Program Records, UPHOLD 2006



During this financial year, a total of 677 community growth promoters (CGPs) covering 293 villages in the five districts have been trained on community growth promotion. The six-day training aims at developing skills in program implementation, such as how to develop and keep a register, child weighing and determining adequate growth, counseling for the negotiation of improved child feeding and care, data collection, compilation, and reporting to supervisors, health workers and the communities. Community volunteers show high levels of interest during the training



Training community-based growth promoters, Luwero District

“I like the training because we are learning a lot of new things to improve child health in our communities” – Participant CBGP training, Luwero

“I like it because we will be called doctors in our communities” – Participant CBGP training, Bugiri

All five districts implementing CBGP received national-level support supervision visits for provision of technical assistance during training and early implementation of the program. District and sub-county trainers were supported during the first few training sessions of community growth promoters to enable them roll out the training to other villages. Later on follow-up support was provided focusing mainly on improved record keeping and reporting.

To support community growth promotion activities, UPHOLD assembled 3,500 Growth Promotion Tool Kits and procured 6000 t-shirts for inclusion in the Tool Kits. By September 2006, 1,000 of the tool-kits had been distributed to Village Health Team members and their supervisors during their training in CBGP. The tool kits contain job aides as well as equipment to enable CGPs to carry out their duties and a motivational t-shirt.

The Integrated Child Health Tool Kit contains:

- Handbook for CGPs
- Laminated table of minimum expected weight gain
- Village growth promotion register
- Five Child Health Cards
- *Grow Healthy* monthly summary sheets
- Routine immunization monthly summary sheets
- Referral sheets for sick children
- Stationery (pen, pencil, ruler, eraser and sharpener)
- T-shirt
- Weighing scale (1 for each village team of 2 or 3 CBGPs)

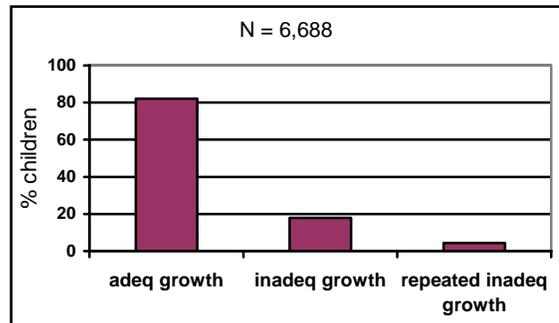


Toolkit items for CGPs



An average of 80% of registered children participated in the sessions. Of all children weighed, 82% showed adequate growth while 18% had inadequate growth. Five percent (4.5%) of all children under-two are estimated to be malnourished as measured by the percentage of children in the community with repeated inadequate growth (see *Figure 4*).

Figure 4: Growth promotion indicators in five districts



In Bugiri District, CGPs from all 50 villages trained in July and August 2006 conducted their community census in August and September 2006, registering a total of 3,225 children under-two. By the end of September, all villages but five had had their first community growth promotion session, of which 22 had submitted their results. Nearly 60% of children in these 22 villages had participated, with 70% seen with adequate growth and 30% with inadequate growth. It is still too early in the program to see any changes.

Luwero District trained 109 growth promoters from a total of 34 villages between July and September 2006. The community census and development of village registers is still ongoing in 19 villages and data was not yet available at the time of reporting. One parish covering six villages had initiated monthly growth promotion activities under Basic Support for Institutionalizing Child Survival (BASICS II) Project and received refresher training. Data from the monthly sessions held since January 2006 shows an average participation of 70-80% of the children under-two. About 20% of these show inadequate growth, a quarter of them with chronic undergrowth situation. The growth promoters are well motivated and have neat and nearly correct registers.

In Mayuge District, growth promoters were trained in February 2006 and monthly sessions have been held since March. During the second quarter the reporting rate by CGP increased to 90% compared to 70% in the first quarter. It was also found that 6% of children under-two had missed one or more immunizations as reported in August. Growth promoters have requested additional training in child health and nutrition in order to be able to provide better quality counseling and support to mothers. Through the planned roll out of the Essential Nutrition Action (ENA) Program, this training will be provided in the next financial year.

Growth promotion interventions in Kiruhura, Ibanda and Rakai Districts are implemented by CSOs, namely, Kaaro Rural Development Organization (KAARO) and National Strategy for Advancement of Rural Women of Uganda (NSWARU). During the year, a training of trainers for both KAARO and NSWARU staff was organized in order to strengthen the training of community volunteers and to address these issues. Since then KAARO has trained 300 growth promoters in 150 villages but still suffers weak data collection, whereas the NSARWU Project was closed before activities could be consolidated.

Essential Nutrition Action Program

As a member of the Uganda Essential Nutrition Actions (ENA) team, UPHOLD participated in two regional trainings in Addis Ababa and in Kampala, facilitated by the Academy for Educational Development (AED) and the Regional Centre of Quality of Health Care (RCQHC), and contributed to the harmonization of ENA messages for behavior change communication. The training equips program officers with technical and BCC skills and provides each participating team with training manuals and



tools that can immediately be used to expand the use of the approach at the country level. UPHOLD will use the above to improve its approaches to child health interventions in order to enhance results.

CHALLENGES AND WAY FORWARD

Only 677 of the targeted 1,500 CGPs were trained during of this PY because of delayed and limited availability of funds. UPHOLD aims to expand the program to another 160 villages by training an additional 500 growth promoters during the first quarter of PY 5. Funds for 14 out of the 17 planned training sessions have already been made available to the regional offices for training to start in October 2006.

Record keeping in communities and compilation of community data at parish, sub-county and district level is still incomplete and slowly forthcoming. Districts are at different levels of implementation and the districts of Kiruhura and Ibanda require more support. An evaluation of programs in their districts by UPHOLD staff in April revealed irregularity of weighing of children, limited or no record keeping and data collection and a focus on health education rather than behavioral change. The initial focus has been on getting started with community growth promotion activities, but the quality of counseling for behavior change is still weak and needs a lot of support during the next fiscal year. In an effort to intensify and strengthen support supervision and improve data collection, UPHOLD will train 70 parish and sub-county level coordinators/supervisors in basic support supervision skills, monitoring and reporting requirements and common problem solving. Monthly support supervision visits from parish, sub-county, district and national levels will also help to consolidate the initiated interventions.

The ENA approach is an integrated package of key nutrition actions that are promoted throughout the continuum of care for young children and women. UPHOLD aims to support five participants from the CBGP implementing districts to participate in a national training of trainers scheduled to be held in October 2006, after which ENA will be integrated into the CBGP activities through the quarterly review meetings with growth promoters. Knowledge and understanding of ENA will reinforce community level counseling on issues related to infant and young child feeding and maternal nutrition.



1.5 Reproductive Health

UPHOLD supported reproductive health interventions are primarily delivered through CSOs. These include Rakai Aids Information Network (RAIN), Rukungiri Women Development Company (RWODEC), Tooro Kingdom, Straight Talk Foundation and Rural Health Concern (RUHECO). These organizations carry out advocacy activities and community mobilization for increased use of services, with some of them providing services as well. Additionally, UPHOLD supports the Uganda Private Midwives' Association (UPMA), whose members offer integrated reproductive services at their private clinics and work in 14 UPHOLD-supported districts.

OBJECTIVE

To improve the reproductive health of women in UPHOLD supported districts

ACHIEVEMENTS

- 11,000 Clean Delivery (Mama) Kits procured and distributed to internally displaced persons (IDP) camps in Lira, Gulu and Kitgum Districts
- 168 health workers trained in eight districts on goal-oriented antenatal care
- 50 private midwives oriented in domiciliary services
- 7,239 mothers reviewed by private midwives during antenatal care visits,
- 1,556 deliveries conducted by private midwives
- 5,765 sick children treated by private midwives
- "Woman's Passport" adapted to Ugandan context

UPHOLD-supported interventions in family planning (FP) are intended to fulfill the unmet need for family planning and make a contribution towards the increased use of contraception. UPHOLD works on the understanding that FP supplies are available in the districts but their demand and use is limited by various factors such as lack of awareness, lack of job aides, and inadequate community mobilization.

During the year, UPMA reports indicate that 50 private midwives were oriented in domiciliary services, 7,239 mothers reviewed by private midwives during antenatal care visits, 1,556 deliveries conducted by private midwives and 5,765 sick children treated in their clinics.

Tooro Kingdom, a CSO operating in Kyenjojo District, established two Youth Centers to enhance adolescent reproductive health and reached out to 210 adolescents. The CSO also held community dialogue meetings to discuss quality of care at health facilities and six drama shows to mobilize the community for FP services, recruiting 1,066 new modern FP users.

Bushenyi Medical Center conducted a seminar to discuss plans to improve RH services in particular ANC services workshop and also held run three market booths to provide RH services including

HIV counseling and testing and reached about 1,500 people with RH messages.

Rural Health Concern (RUHECO) operating in Lira District, trained and provided t-shirts to 441 community RH workers (CRHWs) to promote couple communication on family planning and safe motherhood. The CRHWs reached out to 4,398 people through home visiting activities, of which 3,057 new FP users were mobilized. The CSO trained and utilized 127 adolescent peer educators (67 males and 60 females) to reach out to 5,479 adolescents with RH and HIV prevention messages, 579 people with messages on prevention of gender-based violence and 24,593 people with safe motherhood messages. Thirty four (34) drama shows were also staged in six IDP camps covering 28 parishes of Lira District.

Through Rakai AIDS Information Network (RAIN), UPHOLD purchased 200 t-shirts and caps with reproductive health messages which were used by CRHWs and drama groups during home visits. The



CSO also held four orientation meetings on better interpersonal communication skills and consumer-provider relationships with a focus on increasing the usage of modern contraceptives attended by 65 health workers (17 males and 48 females) from both government and private health units.

RWODEC, operating in Rukungiri District, trained and equipped 84 CRHWs with bicycles, record books, and t-shirts for community outreach activities, held four drama shows in the community and aired 30 radio talk shows on RH health. The CRHWs have mobilized 3,037 new modern FP users, 3,526 women to attend ANC services, and 2,322 women to deliver at health facilities. In the process, they have also distributed 11,000 ANC cards and 300 clean delivery (*Mama*) Kits.

Clean Delivery

UPHOLD worked in partnership with the Uganda Prevention of Maternal Mortality Network, an organization which assembles Clean Delivery Kits (*Mama Kits*) to produce and distribute 11,000 *Mama kits* to IDP camps in the districts of Lira (2,560 mama kits), Gulu (2,000) and Kitgum (2,600), Nakapiripirit (1340) and Katakwi (2,500). The kits were distributed at health facilities to encourage women to attend antenatal care (ANC) services at least four times in their pregnancy and ensure clean deliveries.

Goal-Oriented Antenatal Care /Prevention of Mother-to-Child Transmission of HIV

This program year, UPHOLD embarked on the integration of goal-oriented ANC with prevention of mother-to-child transmission of HIV (PMTCT) to ensure that the trained service providers have the required knowledge and skills to offer high-quality services to different categories of clients. A total of

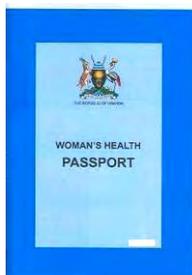
“During outreach programs, we see different categories of clients with reproductive health concerns. It is no longer just HIV counseling and testing” Midwife, Kakuka Health Centre III Bundibugyo District

“Client loads increased markedly after IEC activities at Sub-county level” Midwife, Kyegegwa Health Centre IV Kyenjojo District

168 health workers were trained in both PMTCT and goal-oriented ANC in the districts of Wakiso, Luwero, Bugiri, Kamuli, Bundibugyo, Kyenjojo, Gulu, and Kitgum and the feedback on the training has been positive. Of the 55 UPHOLD supported PMTCT sites, 52 (95%) have now been covered with this training. In addition, with the start of the PMI activities, the training manual was expanded to include a focus on how to implement directly observed therapy of Sulfadoxine-Pyrimithamine

(SP) in order to increase the uptake of intermittent preventive treatment (IPT). The training is to be expanded to cover all the 34 UPHOLD supported districts. The integrated support supervision at facility level for IPT uptake, described under the malaria section, is the planned mechanism to follow up all health workers trained in goal-oriented ANC and PMTCT. The supervision provides an opportunity to address factors hindering IPT uptake within localized contexts.

The Woman’s Health Passport



The Woman’s Health Passport, is a hand-held reproductive health (RH) medical record which in one booklet contains the MoH’s seven RH forms that are used to follow a woman through four pregnancies. These forms include out-patient department client forms and a FP method eligibility checklist in addition to key RH information. This passport is kept by a woman and presented to every health provider when she seeks health services. UPHOLD worked with Ministry of Health to adapt the Malawian version of the health passport. The Woman’s Health Passport is to be pre-tested in Rukungiri and Rakai Districts before it is produced in large quantities for distribution country wide. UPHOLD plans to produce

43,500 woman passports for distribution to the two districts mentioned above.



CHALLENGES AND WAY FORWARD

The main challenges to uptake of RH services include communication barriers at provider-client interaction, some of which are described under the Malaria in Pregnancy section of this report (page 12), and quality of care.

1.6 The Yellow Star Program

OBJECTIVES

40% of health facilities in UPHOLD-supported facilities achieve 75% of basic health care standards

ACHIEVEMENTS

- 695 health facilities in 27 districts received at least one round of support supervision to assess the quality of care using the Yellow Star Program tools
- 30% of facilities in UPHOLD-supported districts achieved 75% of basic health care standards
- 25 mentors in the Eastern region were trained as 'champions' for quality health service delivery
- Consumer advocacy initiated in two districts

assessment using YSP tools. Among these facilities, 30% of them achieved at least 75% of the quality standards at the last supervision visit, while five of them; Buluba Hospital in Mayuge District, Kisubi Hospital in Wakiso District, Kabwooko HC III and Bikiira HC III in Rakai District and St Luke's Namaliga Health Centre III in Luwero District achieved 100% of the basic health standards. St Luke's Namaliga HC III, which had maintained the 100% achievement over two consecutive quarters, was awarded the Yellow Star at a colorful ceremony officiated by the Minister of State for Health.

UPHOLD continues to support improved delivery of quality health services through the Yellow Star Program (YSP), which is a Ministry of Health (MOH) initiative. The program focuses on improving service delivery through a system of supervision, certification and recognition of health facilities that achieve and maintain basic standards of health care. These basic standards are communicated to stakeholders who are given skills in promoting support supervision and community dialogue to create linkages between the facilities and the communities. The goal is to improve quality of services as well as client satisfaction and increase utilization of services.

During the year 285 (178 males and 107 females) supervisors and community development workers (CDWs) were trained in supervision of health services and YSP implementation in the eight districts of Mbarara, Bushenyi, Rakai, Gulu, Luwero, Yumbe, Kamuli and Arua. This training concludes the establishment of the YSP in all UPHOLD supported districts with 718 health workers and CDWs (437 males and 281 females) trained in quality assurance skills. Among these trainees, 282 trainees of them in 13 UPHOLD-supported districts were followed up to support initiation of quality improvement activities.

During the year, 695 facilities in 27 districts received at least one round of integrated support supervision and quality of care



Namaliga HC III, Luwero awarded the Yellow Star

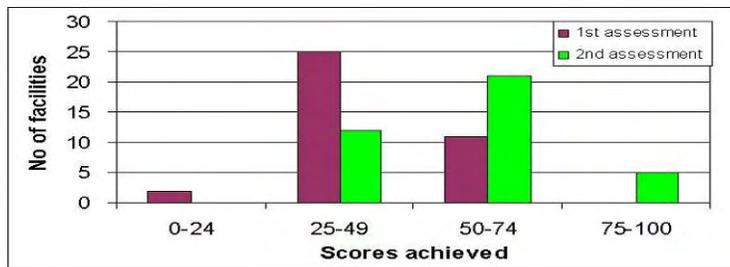
Stars in Progress: Community Involvement to Improve Quality Of Health Services

'Stars in Progress' is an innovative activity to complement the Yellow Star Program by involving community members in the recognition of a facility's progress towards achieving the Yellow Star



award. This year, six districts with trained community mobilizers participated in holding ceremonies for at eight health facilities, where quality of health care was advocated for through music, dance and drama and results of the health unit quality assessments were shared. The ceremonies culminated in painting a large star in front of the facility depicting the facility’s achievement of standards with the painted surface area reflecting the proportion of YSP standards the facility has achieved. In Pallisa District, the ceremony resulted in the appointment of a new health unit in-charge by the District Director of Health Services because of concern by the district managers and community members about the poor quality of care at the facility.. A number of districts have earnestly taken up the YSP as a management tool and ensured quarterly integrated support supervision to all their facilities. Bugiri District, an example of such a district, has shown a steady improvement in the achievement of standards by health facilities.

Figure 5: Achievement of quality standards by health units in Bugiri District



Source: Program Records, UPHOLD 2006

Community Partnerships for Service Improvement

Facility-community partnerships are an integral part of the YSP approach. To date, facility-community partnerships have been initiated around 74 health facilities to improve the quality of services and client satisfaction in various ways, including change in health worker behavior, improved infection prevention practices and community participation in quality of care as exemplified in the quotes below. UPHOLD has successfully utilized this approach to explore community perspectives on IPT and develop action plans to address barriers to service uptake.

“The In-charge purchased buckets, Vim and other items for infection control” **Staff member, Katanga Health Centre Bugiri District**

Staff who used to report on duty stinking of alcohol now no longer do it. **Community Member, Kalong Village, Luwero District**

The health unit at least opens earlier these days’ **Community Member, Pabbo Health Centre, Gulu District**

“Health Unit Management Committee members are now known by facility staff.” **Community member, Bobi Health Centre, Gulu District**



Mentoring for Improved Supervision

During the year, UPHOLD introduced an innovative approach, to create “champions” of supervision through a mentorship program. The goal of the mentoring program is to strengthen continuous quality improvement and address performance factors related to job expectations, performance feedback, and organizational support. Twenty five health-workers (12 females and 13 males) were selected through meetings with the District Health Teams and were trained on how to mentor their subordinates for improved performance in various areas including HMIS.

Follow up visits were made to 11 of 13 mentors in the three districts of Kaliro, Kamuli and Pallisa. District Directors of Health Services were supportive of the program and looked forward to its results. Of the eleven mentors visited, nine were matched with mentees and had started developing mentoring relationships.

Consumer Advocacy

To further strengthen demand, utilization and quality of health services, UPHOLD worked with two districts of Mayuge and Bugiri and the Uganda National Consumers/Users’ Organization (UNHCO) to develop an advocacy program for health and HIV/AIDS services. UPHOLD supported and facilitated the development of a training manual for district trainers and consumer advocates at lower levels. Thereafter, the advocacy program was introduced to 67 district level leaders (52 males and 15 females) in both districts, 30 district trainers in consumer advocacy for both districts (22 male and 8 female) were trained and these in turn trained 90 community consumer advocates (68 males and 22 females). They have been engaged in mobilizing the communities for health and HIV/AIDS service utilization, through community dialogue meetings. A total of 24 such meetings were held in communities around 12 health facilities. In addition, representatives of Health Unit Management Committees from all health units in the two districts were oriented on their roles and responsibilities and introduced to concepts health rights and responsibilities as part of their advocacy package. Towards the end of the reporting period, radio spots and posters were developed to support the advocacy initiative and will be disseminated in the next quarter.

CHALLENGES AND WAY FORWARD

Despite training activities which provide health workers with the technical knowledge and skills to perform on-job support supervision, several factors constrain the supervision system in districts. These include: limited allocation and availability of funds for supervision activities under Primary Health Care grants from Central Government to the districts; slow LG grant accountability also lead to delayed release of funds from UPHOLD; and poor motivation and low demand for service data or supervision reports from managers. UPHOLD will continue to integrate YSP approaches to supervision and community dialogue to improve quality of care and support supervision activities at the district level.

1.7 Behavior Change Communication for Health

ACHIEVEMENTS

- Trained 200 local drama groups operating in 34 UPHOLD-supported districts in acting skills, and how to convey messages that promote positive health behaviors
- Trained 45 trainers of trainers and community health educators in Community Dialogue for Music Dance and Drama (MDD) groups
- Promoted healthy behaviors to target audiences in the 34 districts, through Radio including ITN use, seeking prompt malaria treatment for under-fives and Family Planning

MUSIC, DANCE AND DRAMA

During the year, music, dance and drama (MDD) training was carried out in the three districts of Nakapiripirit, Katakwi and Amolatar. A total of 45 trainers were trained in MDD skills that convey messages to promote positive health behavior. After the training, the MDD groups introduced six UPHOLD-developed scripts addressing various service areas. *The Charm*, educates communities on immunization, *My Woes*, provides messages on child spacing, *The Clever Dancer* focuses on abstinence, *Are you Sure* focuses on HIV counseling and testing, *Is this a Home*, has messages on violence prevention, and *Are you Safe* promotes faithfulness.

RADIO LISTENING CLUBS

Radio listening clubs to promote community dialogue in the target areas of health, education and HIV were initiated this year and are discussed in more detail in the section discussing integration. In the month of February 2006, health sector topics focused on Child Days, goal-oriented antenatal care including IPT uptake by pregnant women, nutrition, child spacing, malaria prevention and case management using Homapak and ITNs, as well as community involvement and quality assurance at health facilities. In total,

there are over 1,700 radio listening clubs countrywide. Based on the coverage the programs are estimated to reach more than 11 million people with approximately 10,000 community leaders directly participating in the shows.



*Kitanyata single mother's radio listening club,
Kyenjojo District*



THE *HEALTH WORKERS MATTER* NEWSLETTER

In collaboration with the MoH, UPHOLD produced and distributed the second and third edition of the *Health Workers Matter* newsletter. The topics highlighted were FP and malaria. Articles were written for a rural health worker audience and focused on helping them to understand FP and malaria treatment protocols. A total of 10,000 copies of each edition were produced and distributed to health workers in all 29 UPHOLD-supported districts. The next edition, already in development for printing in early 2007, will focus on tuberculosis.

2.0 HIV/AIDS Services



During PY4, UPHOLD interventions implemented through the President's Emergency Plan for HIV/AIDS Relief, continued to focus on strengthening the national capacity to respond to the HIV epidemic through improving access, quality and sustainable use of HIV and AIDS services. This objective was pursued through supporting the training of various cadres of service providers, providing site-based support supervision and mentoring, creating an environment conducive for service delivery and working towards integration of HIV/AIDS services. Table 3 below summarizes the progress that was made in relation to the annual targets, while table 4 shows the number of individuals trained in the various services.

Table 3: Beneficiaries of HIV/AIDS services

<i>Program Area</i>	<i>Number of people reached against Targets</i>			<i>Increase</i>
	<i>Actual 2005</i>	<i>Planned 2006</i>	<i>Actual 2006</i>	
Abstinence and Be Faithful	93,104	510,000	4,551,572	49 x
Abstinence only	55,422	229,500	4,334,393	78 x
PMTCT	6,498	20,000	19,795	3 x
HIV counseling and testing	39,076	40,000	172,057	4 x
Care and support (including TB care)	741	17,000	189,487	256 x
Orphans and vulnerable children	5,753	5,000	6,388	-
Other prevention	51,577	60,000	60,865	-

Source: Program Records, UPHOLD 2006



2.1 Interventions on Prevention (Abstinence and Being Faithful)

OBJECTIVES

- To increase the number of youth who delay sex
- To increase the number of couples practicing mutual faithfulness

ACHIEVEMENTS

- 4,551,572 people reached with abstinence and be faithful messages
- 4,334,393 youth reached with abstinence only messages through PIASCY
- 13,576 service providers trained to provide abstinence promotional services
- 217,179 adults including couples reached with be faithful messages
- 13,822 service providers trained to offer be faithful promotional services

PROMOTING ABSTINENCE IN SCHOOLS

In this reporting period, UPHOLD implemented the second phase of the (Ugandan) Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) in 79 districts in an estimated 17,000 primary schools. A total of 4,334,393 youth were reached with abstinence messages through PIASCY II interventions and 13,576 service providers were trained during this reporting period. Abstinence promotional activities in schools included debates, life skills training, music, dance and drama, and experience sharing events in schools. To support these activities, UPHOLD procured and distributed 104,298 copies of print materials to 1,078 model schools including copies of the *Brave Girl* story book which the program developed to encourage girls' education. The book contains life stories of girls who have overcome extreme challenges to attain education. PIASCY activities, which are describe in more detail below, were augmented by the work of nine UPHOLD supported CSOs, whose interventions focused on promoting dialogue between local leaders and school management committee members to discuss child rights and responsibilities.

PROMOTING ABSTINENCE AND MUTUAL FAITHFULNESS IN COMMUNITIES

Local music, dance and drama (MDD) troupes mobilized by CSOs were engaged to propagate messages on abstinence and mutual faithfulness in communities. More than 50 troupes performed several times on abstinence to audiences of over 1,000 people each time adapting the abstinence script developed by UPHOLD, entitled *The Clever Dancer*, to local contexts. In the script, the heroine models skills for refusing to be caught up in compromising situations and life skills to abstain from sex until marriage. After performances, the troupes engaged their audiences in interactive dialogues on the topic of abstinence and innovative solutions were arrived at. Abstinence commitment cards were also another innovation promoted

by CSOs for youth who wished to make self commitments on abstinence. To improve the focus of drama messages, UPHOLD trained 34 supervisors from the Uganda Development Theatre Association (UDTA) to train and supervise community dialogue activities conducted by these local MDD groups. During the year, technical assistance to local MDD groups supported by UPHOLD was provided by two national non-governmental organizations, Ndere Troupe and Raising Voices contracted by UPHOLD for this purpose. Ndere Troupe supported 123 MDD groups to improve performance messaging and dialogue, while Raising Voices worked with three CSOs to improve programming to address gender-based violence.



T-shirts provided to couples to promote faithfulness.



Through UPHOLD support, Tukolerewamu (TUKO) Club a CSO that works jointly with the Office of the First Lady, trained CSOs in 17 districts to carry out couple training and counseling focusing on being faithful. During this reporting period, TUKO Club trained 27 trainers from 25 CSOs, who later trained 375 “model couples.” The model couples have in turn, reached 1,205 couples with be faithful messages. Motivational materials provided to the model couples included t-shirts and bicycles, which helped facilitate their community mobilization activities.



TUKO Club Project Manager giving out bicycles to couples in Bundibugyo District

Other efforts to reach out to couples to promote faithfulness were made through counselors, religious leaders, mothers’ and fathers’ unions, and during marriage ceremonies. By the end of the program year, a total of 217,179 adults including couples, were reached with be faithful messages and 13,822 service providers were trained during this reporting period.

CHALLENGES AND WAY FORWARD

There is still limited involvement of males in community campaigns promoting abstinence and being faithful. Gender-based violence (GBV) is an on-going and significant issue and in addition to other social ramifications also hinders the adoption of desired preventive behaviors, especially for women. To increase awareness of GBV, UPHOLD began by holding an orientation workshop for its own technical staff on GBV issues and programming. In the coming year, the program will continue to address GBV as a confounding factor to the AIDS epidemic by working with CSOs to raise awareness and promote dialogue on GBV in communities, especially through model couples and drama troupes.

OBJECTIVES

To increase the number of school youth who delay sex

ACHIEVEMENTS

- 151 national facilitators trained in PIASCY implementation
- 568 Core PTC Coordinating Centre and Pre-Service Tutors and 8,337 teachers trained in PIASCY implementation
- 4,520 PTC pre-service students trained in PIASCY
- 100,643 copies of PIASCY print materials procured and distributed to 1,078 model schools

THE UGANDA PRESIDENT’S INITIATIVE ON AIDS STRATEGY FOR COMMUNICATION TO THE YOUTH (PIASCY)

The goal of PIASCY is to help primary school-going youth, the source of Uganda’s future, to stay safe from HIV/AIDS. The first phase of the program was implemented by MoES in 2004, focusing primarily on training approximately 45,000 teachers from 15,680 schools. UPHOLD was given the mandate to implement the second phase of PIASCY and with the support of the MoES, consolidate the gains from the first phase, in order to reach the pupils through integrated school activities targeting the school communities. The roll out of activities was facilitated by the signing of a memoranda of understanding between UPHOLD and Ministry of Education and Sports (MoES) to channel funding for the activities through disbursement agreements with 23 Core Primary Teacher Colleges (CPTCs).

A total of 4,334,393 school children were reached with abstinence messages through PIASCY II interventions and 13,576 service providers were trained during this reporting period.



A primary strategy for the PIASCY (phase) II is the creation of centers of excellence or model schools that promote practices to create an enabling environment for children to abstain from sex. UPHOLD worked in partnership with MoES to develop criteria for selecting model schools and MoES identified 1,078 of them.

The roll out of PIASCY II activities began with consensus building workshops and meetings at the central level. A national consultative stakeholders meeting was held to enlist stakeholders' appreciation of the overall plan for PIASCY II. Participants included 42 Primary Teacher College (PTC) Principals, 22 Deputy Principals for Outreach (DPOs), 18 PTC bursars, 60 District Inspectors of Schools, eight participants from MoES headquarters, one participant for Basic Education Policy Support Project (BEPS), eight participants from UPHOLD and one participant from USAID. Subsequently, a joint meeting was organized for the MoES PIASCY Primary Working Group (PPWG) and the Department of Planning to harmonize PIASCY II monitoring and evaluation with the MoES systems.

Through cascade training, 151 national trainers, 568 (144 female, 424 male) coordinating center (CC) and pre-service tutors, 8,337 teachers (3,047 female, 5,180 male) and 4,520 pre-service students (2,491 male, 2,029 female) were trained in PIASCY II implementation, guidance and counseling, and Primary 1-3 Reading and Writing Curriculum Guidelines as shown in Annex IV.

PIASCY II interventions are supported by a number of print BCC materials including guidelines for implementation and job aides. During quarter two of the year, UPHOLD procured and distributed 100,643 of these print materials as shown in Table 4 below.

Table 4: PIASCY materials printed and distributed during PY 4

	<i>Item</i>	<i>N° distributed</i>
1	PIASCY Teachers' Hand Book: P.3-P.4	20,000
2	PIASCY Teachers' Hand Book: P.5-P.7	20,000
3	PIASCY Log Book	7,328
4	Basic Training for School Service Providers Manual	6,480
5	Child Guidance and Counseling for Primary Schools Manual	6,480
6	Resource Book for Primary School Guidance and Counseling	6,480
7	Guidance and Counseling for Primary Teacher Colleges	6,480
8	Guidance and Counseling Activity Chart	6,480
9	Guidance and Counseling Brochure	6,480
10	Community Integration Program Toolkit	6,480
11	Community Integration Program Facilitators' Guide	6,480
12	Community Involvement in Education Tool Kit	1,475
Total		100,643

Source: Program Records, UPHOLD, 2006



School Incentive Grant and Performing Arts Festivals

In an effort to promote sustainability of PIASCY interventions, UPHOLD has encouraged the model schools to plan and budget for school-level activities, through the school incentives grant (SIG) Program. The grants are intended to strengthen and sustain PIASCY interventions and support the transfer of best practices from model schools to others within their CC's catchment area. The grants are worth US\$ 688,000/= per school with US\$ 100,000/= of each grant earmarked for developing 'talking school compounds'. By the end of this reporting period, only one CC had submitted applications for the SIG and the rest were expected during October 2006.

Documentation of PIASCY Activities

In an effort to document the impact of the program for dissemination to a wider range of stakeholders, UPHOLD also partnered with BEPS to film PIASCY interventions for the Office of the (US) Global AIDS Coordinator in October, 2005.

CHALLENGES AND WAY FORWARD

Implementation of the PIASCY II was delayed due to the slow completion of a memorandum of understanding with the MoES. Teacher during the school term also affected school programs, leaving some schools without staff during the training period. To address this, UPHOLD conducted a planning exercise with all the PTCs, which enabled smoother implementation and catch up of activities. Core PTCs are also being encouraged to involve the district education offices as they develop supervision schedules for better coordination.

The majority of PIASCY materials are in English and require translation to local languages to ensure effective use, especially in rural settings. UPHOLD has recommended to PTCs and CCTs to translate some of the materials to local languages.

There is no baseline information for several PIASCY indicators and time is running out for this since interventions are now in high gear. It is hoped that the baseline study to be conducted for PIASCY II by Monitoring and Evaluation Management Services (MEMS) Project will be conducted early in PY 5.

2.2 Other Interventions on Prevention

OBJECTIVES

- 60,000 individuals reached with other prevention messages

ACHIEVEMENTS

- 60,865 people were reached with other prevention messages and services
- 34 people were trained to deliver other prevention services

MOST AT-RISK POPULATIONS

During PY 4, UPHOLD's other prevention interventions focused on most-at-risk populations (MARPs). Seven CSOs continued to conduct outreach services to MARPs, specifically, fishing communities in Bugiri and Mayuge, *boda-boda* cyclists, HIV+ couples, discordant couples, plantation migrant workers (mainly from tea plantations in Kyenjojo), and IDPs in Gulu and Kitgum. These groups all received tailored preventative messages. In addition, during support-group meetings for people living with HIV/AIDS (PLHAs) which were held by post-test clubs and psychosocial support groups of PMTCT mothers, issues of discordance, STIs (including herpes simplex) and messages on correct and consistent use of condoms continued to be passed on to members. A total of 34 people were trained to deliver other prevention services and 60,865 people from the above groups

were reached with other prevention services and messages during this period.



Out of School Youth

The out-of-school youth were targeted through youth-friendly services at Gulu Youth Centre, as well as Kajjansi, Namayumba and Buwambo Health Centers. Peer educators were actively involved in providing accurate information on HIV, counseling, encouraging peers to utilize HIV counseling and testing (HCT) services provided at these centers, and promoting life skills activities. Other out-of-school youth were reached by CSOs during outreach made to their social groups.

2.3 HIV Counseling and Testing

OBJECTIVES

To provide HIV counseling and testing (HCT) services to 40,000 people.

ACHIEVEMENTS

- 172,057 people (71,119 males and 100,938 females) tested for HIV at UPHOLD-supported sites.
- HCT sites increased from 119 to 683 sites (including outreaches)
- Initiated renovations in 18 health units to improve quality of HC/PMTCT
- 223 service providers trained in HIV counseling and testing (including 43 people from 33 private clinics)

During PY 4, a total of 172,057 people (71,119 males and 100,938 females) were tested and received HIV results from UPHOLD supported sites, an increase of almost four and half times that of 2005. This achievement is attributed to several factors including the increase in UPHOLD supported sites from 119 in 2005 to 683 in 2006 thus scaling up services especially to hard to reach areas, improvement in service quality, the innovation of home based HCT by the Family Life Education Program (FLEP) and the use of music, dance and drama (MDD) to mobilize communities for service uptake. Couple counseling was encouraged in all UPHOLD supported sites, resulting in a total of 3,843 couples reported as having received HIV testing and results over this period.

Examples of HCT outreaches targeting hard to reach populations include those to IDPs (33 camps in Kitgum with a population of 356,481 and in Gulu nine camps with a population of 135,015 people), fishing communities in the Lake Victoria Islands (including Sigulu, Sagitu, Lolwe, Hama, Selinya, Jaguzi, Kaaza, Bumba and Masolya) and on the shores of Lake Victoria (in the areas of Kassanje, Wakawaka, Bibinge, Walumbe, Lwanika, Bwondha, Namoni and Namadhi).



Training participants arranging their samples for HIV testing practicum



Improving Service Quality

The quality of services was enhanced by training of health workers in HCT, renovating selected facilities to ensure privacy in counseling and support supervision for health workers implementing HCT. Using the newly revised MoH HCT algorithm of rapid testing (finger stick approach), UPHOLD supported the training of 223 counselors, of which ten were from the Gulu Youth Centre where the demand for HCT services by the youth from the IDPs has been overwhelming. To boost private sector involvement in HCT service delivery, 43 (27 males and 16 females) private providers from 33 private clinics in 17 districts were also trained in HCT by MoH trainers with UPHOLD support.

Due to a lack of space in existing health facilities and the lack of resources to put up new structures, UPHOLD supported districts to take on the low cost option of refurbishing existing structures to create a suitable environment for service delivery. UPHOLD funded renovation of 18 health units in 12 districts as listed in Table 5 below.



Kyegegwa Health Centre IV, Kyenjojo District before renovation. The facility now has three counseling rooms, ANC waiting area and a water harvesting system

Table 5: Facilities by status of renovation with UPHOLD support

<i>District</i>	<i>No. sites</i>	<i>Status of renovation</i>
<i>Wakiso</i>	1	Completed and under use.
<i>Bundibugyo</i>	2	Completed, handed over in progress
<i>Kyenjojo</i>	2	Completed, handed over in progress
<i>Kitgum</i>	2	Handed over to contractors to start renovation
<i>Gulu</i>	1	Handed over to contractors to start renovation
<i>Bugiri</i>	2	Handed over to contractors to start renovation
<i>Amuru</i>	1	Handed over to contractors to start renovation
<i>Nakapiripirit</i>	1	Handed over to contractors to start renovation
<i>Kamuli</i>	1	Handed over to contractors to start renovation
<i>Rakai</i>	2	Handed over to contractors to start renovation
<i>Mayuge</i>	2	Renovation commenced
<i>Nakaseke</i>	1	Handed over to contractors to start renovation

Source: Program Records, UPHOLD, 2006



In a further bid to improve the quality of services, UPHOLD together with the MoH, developed supervision guidelines for HIV/AIDS and carried out joint whole site support supervisory visits with MoH officials in the districts of Nakaseke, Gulu, Kitgum, Kamuli, Rakai, and Kyenjojo. All UPHOLD supported health facilities in 12 districts also received at least one round of support supervision using Yellow Star Program supervision and quality assessment tools. In addition, UPHOLD secured 100 HCT registers and 10,000 client cards from MoH and distributed them to all UPHOLD supported HCT sites. Also secured and distributed to CSOs were 42 Home-Based Care manuals.

Music Dance and Drama for HIV Counseling and Testing

Recognizing the power of Music Dance and Drama (MDD) in community mobilization for HCT, UPHOLD participated in concerts organized through the United States Embassy by Cultivating Art and Realizing Alternative Ventures for Aid to the African Nation (CARAVAN) to mobilize people for HCT, mainly from camps in Gulu and Lira for HIV services. A total of 1,244 individuals were counseled, tested and received results in a period of six days during these performances. UPHOLD partners in this effort, such as TASO Gulu, AIC, Gulu Youth Centre and ACCORD Gulu, collaborated in mobilizing the population for this successful event. This MDD approach performed by local troupes, was an effective means through which adults received messages on the benefits of couple HIV testing, mutual fidelity and prevention of gender-based violence. To enhance the messages provided by MDD groups, 220 troupes received training through Ndere Troupe (a top national group of performers) on managing large audiences, conducting community dialogue after performance and other performing skills. These troupes were later supported by the Raising Voices, a national CSO, to incorporate messages on prevention of gender based violence in their performances.



Community residents assemble near an HCT site following a drama show

of the available service providers. UPHOLD also directly channeled funds through the Regional Offices to eliminate the bureaucracy associated with opening up accounts in the new districts, which would cause delay in service delivery during re-districting.

CHALLENGES AND WAY FORWARD

During the year, the national stock-out of test kits interrupted service delivery at facilities. Additionally, staff restructuring and the redistricting exercise limited the number of staff available for provision of both facility based and outreach HCT services, while insecurity in North and North Eastern Uganda disrupted service delivery.

To overcome the staffing problems, UPHOLD supported the training of volunteers and 'expert clients' where appropriate, to augment the services



Success Story: Disclosure and Male involvement in Psychosocial Support Groups

Rehema Namuwaya is a 22 year old mother of three children aged six years, three years and eight months. She is a housewife married Mr. Dan Kigenyi a businessman dealing in the sale of shoes and clothes. The family of five live in Kigandalo Village, about 150 meters away from Kigandalao HC IV in Mayuge District, Uganda.

In June 2005, she attended antenatal care at Kigandalo Health Center IV, when she was pregnant with her last child. While at the health facility, the midwives told her about the availability and benefit of HIV counseling and testing (HCT). She decided to take the test and the results revealed that she was HIV positive. During post test counseling, Rehema was encouraged to reveal her results to her spouse and encourage him to go for HIV testing and counseling as well. She was also told about the Psychosocial Support Group (PSSG) and the function and the benefit of being a member and she decided to join the group and began attending the group's meetings.

“The day I received my result, that same night after our supper I called out to my husband and disclosed to him my HIV status” tells Ms Rehema Namuwaya, a mother married to Mr. Dan Kigenyi.

Dan's reaction to the news however, was not very positive. He resisted the suggestion to go for HCT in anger, doubt and blame saying...*“I cannot go there to start worrying, machines too can lie, you go for the tests since you are the one with little life.”* He also feared the stigma associated with HIV/AIDS saying *“I refused at first because, Abantu bakulingirira!”*(translation: *‘People stare at you! People look at you!’*).



Dan and Rehema explaining their disclosure experience an UPHOLD CPC

Eventually however, he went to the health centre for counseling too and after several counseling sessions with the health workers, he accepted to be tested. Now Dan and Rehema are both members of Tweyambe PSSG at Kigandalo Health Centre IV. This is one of the PSSG formed at 55 UPHOLD supported Prevention to Mother to Child Transmission of HIV (PMTCT) sites in the country *“I was told by my wife about the PSSG, after she had gone for antenatal care, she told me that the health worker said she needs my support in order give birth with the contentment that her husband cares. “Nowadays I go for the meetings and find them useful because of the information and discussions we have, although sometimes I miss some of them because of some work I might be doing in the trading centre here.*

Rehema and Dan are now using Septrin thanks to the information they have received through Tweyambe PSSG. They also report feeling strengthened from the counseling they receive from the health workers and fellow group members.

When asked about their future and what they wanted, Rehema said *“to die when my children have grown up from this stage and having planned something for them”*. Dan said *“to last longer to work for my children. I have stopped having more children. I want to build for them”*.

Rehema and Dan are one couple among many couples who can testify about the usefulness of PMTCT and the related care. Now thanks to Tweyambe they are both working towards a future together.



2.4 Interventions on Prevention of Mother-to-Child Transmission of HIV

OBJECTIVE
To provide 20,000 pregnant women with HCT services for PMTCT

ACHIEVEMENTS

- Increased static PMTCT sites from 30 to 55
- 19,795 pregnant mothers were counseled, tested and received HIV results
- 871 HIV+ mothers received anti-retroviral prophylaxis
- Trained 182 health workers to provide PMTCT and goal-oriented antenatal care

Table 6: PMTCT service performance during PY 4

<i>Parameter</i>	<i>Actual 2005</i>	<i>Target FY06</i>	<i>Actual FY06</i>
<i>Number of service outlets providing PMTCT services according to national and international standards</i>	30	47	55
<i>Number of pregnant mothers receiving HIV counseling and testing for PMTCT and receiving results</i>	6,498	20,000	19,796
<i>Number of pregnant women provided with a complete course of ARVs in a PMTCT setting</i>	251	1000	871
<i>Number of PMTCT providers trained</i>	153	120	182

Source: Program Records, UPHOLD, 2006

In PY 4, the number of pregnant women accessing prevention of mother-to-child transmission of HIV (PMTCT) services increased remarkably from the figure achieved in the previous years. This performance is attributed to several factors including an increase in the number of supported PMTCT sites from 30 to 55, integration of PMTCT into goal oriented antenatal services, increased focus on proper reporting through support supervision and data quality assessments, as well as increased ability to capture site-specific information through the UPHOLD indicator database.

A total of 17 psychosocial support groups for HIV positive pregnant women and their spouses with a total membership of 463 have been formed. These groups have played an important role not only in providing on-going psychosocial support to individual members but also in mobilizing communities to utilize HCT/PMTCT services.

In order to improve the access and utilization of PMTCT services, UPHOLD facilitated the training of 168 health workers to provide PMTCT and goal-oriented ANC in an integrated manner. These health workers were later followed up and technical support was provided to them on counseling of antenatal care attendees, prevention and treatment of malaria in pregnancy, increasing male involvement in PMTCT and the prevention of cross-infection in health facilities.



The number of pregnant mothers who received HCT for PMTCT increased from 6,498 to 19,795 by the end of PY4 and a total of 871 mothers received a complete course of Nevirapine, while 422 babies received Nevirapine during the period. The achieved results did not reach the target due to different systemic factors which include: few health workers available to implement PMTCT services, lack of Nevirapine and test kits at antenatal clinics, as well as the persistent low numbers of women delivering at health units. It should be noted that the pace of PMTCT uptake nationally is increasing but at a very slow rate as is the case for UPHOLD.

CHALLENGES AND WAY FORWARD

Several challenges were observed in regard to PMTCT services. They include stock outs of test kits and Nevirapine, low male involvement, inadequate follow up of HIV positive mothers and inability of families of HIV positive mothers to afford supplementary feeding for their babies. Another major challenge is the low number of women who delivered at health facilities and therefore missed the opportunity to get PMTCT services for both themselves and their babies. To address these challenges, discussions were held with health units on the possible solutions which included integrating PMTCT and antenatal care into existing immunization services, outreach activities, timely submission of required data to DDHS so that there are no stock outs and use of “model spouses” in mobilization activities targeting males. In addition, in the coming year UPHOLD will conduct on-job training of health workers on logistics management as part of the planned integrated support supervision exercise. UPHOLD will also work with CSOs to increase mobilization for service uptake.

2.5 Palliative Care-Basic Health Care and Support

The number of people living with HIV/AIDS (PLWAs) who received palliative care/basic health care and support increased from 741 in 2005 to 11,042 in 2006, a 19 fold increase. Among these were 606 people who received TB treatment and 4,690 people living with HIV/AIDS who are members of psychosocial support groups and post-test clubs who received long lasting insecticide treated bed nets from UPHOLD (see annex V).

OBJECTIVES

- To provide 17,000 people living with HIV/AIDS (PLWAs) with palliative care (excluding TB)
- To provide 2,000 PLHA with HIV/TB treatment

ACHIEVEMENTS

- 11,042 PLHAs received palliative care (including TB)
- 606 PLHAs were treated for HIV/TB
- 138 people were trained in the provision of general palliative care services

Networks of PLHAs actively participated in providing peer support, community mobilization and referral services to ensure PLHAs received care and support services. In particular, there was a focus on providing nutritional supplementation for people on HIV/TB treatment and anti-retroviral therapy to clients and their immediate family members. World Vision, Gulu for example, worked with the World Food Program to access food to 5,295 PLWAs.



PSSG fellowship meeting, Bugaaki HC III, Kyenjojo District



Efforts aimed at integrating HIV/TB and malaria services were made through providing on-job training and support to service providers at both public and private health facilities. In addition, 84 training manuals on management of opportunistic infection including TB and 50 copies of TB guidelines were distributed to trainers.

CHALLENGES AND WAY FORWARD

Irregular drug supplies and a lack of integration of HIV-related services at facilities make it difficult to implement palliative care services and capture and compile facility-based data related to services.

During the year, UPHOLD trained 1,220 district-level personnel on Health Management Information System (HMIS) to improve data management with the hope of improving information flow and use. In the coming year, integration of services and improved data management will be addressed through comprehensive whole site, integrated supervision for HIV/AIDS/TB/sexually transmitted infections/malaria to all static HIV/AIDS service outlets. A team of consultants (Health Training Consult and UNISON) have been contracted to lead the exercise in partnership with district staff, based on similar supervision efforts using Yellow Star Program tools.

Follow up of HIV/TB clients is also difficult in the community due to staffing and logistical inadequacies at public health facilities. To address this, UPHOLD will support the training of more community volunteers to conduct community outreaches.

2.6 Orphans and Vulnerable Children

OBJECTIVES

- 5,000 orphans and vulnerable children (OVC) served
- 600 service providers trained in caring for OVC

ACHIEVEMENTS

- 6,388 OVC provided with care and support services
- 153 service providers trained in caring for OVC

UPHOLD support to orphans and vulnerable children (OVC) was mainly provided through CSOs: World Vision in Gulu, Kitgum, Rakai and Bundibugyo and ACORD in Gulu. The number of OVC cared for increased from 5,753 to 6,388 by the close of the reporting period. The main services provided include life skills training, apprenticeship, provision of scholastic materials, referrals, home-based care, peer counselling and facilitating referral for anti-retroviral therapy. In line with the OVC national policy, efforts were undertaken to deliver a comprehensive package of services through networking with other agencies. 130 OVC in IDP camps were trained in marketable skills. To scale up OVC services in the next year, UPHOLD has contracted nine CSO grants to implement OVC activities.



OVC receiving sewing machines supported by UPHOLD through World Vision Bundibugyo after undertaking a tailoring course

During the year, UPHOLD supported and participated in the coordination of an international conference in which CSOs, FBOs, CBOs engaged in providing services for orphans and vulnerable children (OVC) show cased their activities. The conference was part of the discourse on the interpretation and implementation of the OVC policy and was organized by World Education International.



CHALLENGES AND WAY FORWARD

Limited sharing of data between OVC service organizations makes it difficult to plan and utilize the available resources efficiently amidst increasing numbers of OVC. In the coming year, UPHOLD will focus on providing fora for sharing of partners experiences and achievements. Additionally, the issue of increasing the livelihood needs of OVC is not appropriately addressed by national programs. UPHOLD will continue to encourage its CSO partners to network with other organizations in order to ensure OVC are provided with comprehensive services including those that address their socio-economic status.

2.7 Civil Society Partnerships

SUPPORT TO AIDS INFORMATION CENTRE (AIC) AND THE AIDS SUPPORT ORGANIZATION (TASO)

During PY 4, UPHOLD continued to provide financial and technical assistance to its two biggest CSO partners, namely AIC and TASO.

AIDS Information Centre

Following an organizational needs assessment, AIC's Board of Trustees was supported to undertake a strategic reflection exercise. The objective was to facilitate the board exploring and adopting alternative corporate practices so as to ensure AIC growth, and sustained ability to deliver services. Issues highlighted were: leadership strengthening (at management and board levels); structural and procedural streamlining; and resources improvement (human and financial). An action plan for addressing these areas was drawn and support provided for the improvement of financial as well as monitoring and evaluation systems as key elements in organizational development for AIC. Specifically, UPHOLD supported the revision of AIC's Administrative and Financial Policy and Procedures Manual, drafted and provided technical assistance in implementing the Navision Financial System and assisted in closing previous USAID audit findings.

AIC has also been supported in the recruitment of personnel for key positions, namely the Executive Director, Monitoring and Evaluation Manager, Finance Director and Human Resource Director. All these positions have been filled except that of Executive Director whose recruitment is underway.

The AIDS Support Organization

In this PY, UPHOLD supported TASO to review and develop its plans and budgets to ensure alignment with PEPFAR requirements and targets. In addition, TASO management also was supported to plan for and streamline its cash flow and support was provided for a financial systems review by a local auditing firm. The report will be reviewed in the next program year and used to facilitate cost-effectiveness and streamlining discussions. UPHOLD also worked with USAID to provide the CSO with additional funding of \$800,000.

Full details of the achievements of these two CSOs are separately provided in the Annual Reports of each organization.



OTHER CIVIL SOCIETY ORGANIZATIONS

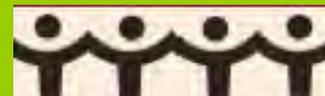
During the year, UPHOLD continued to partner with 25 CSOs in HIV/AIDS service delivery and also partnered with 33 private clinics in the provision of HCT services. To determine whether to continue funding these CSOs, a review of their performance was conducted and 23 of the CSOs were selected for a second grant. By the close of the year, most of these CSOs had received their first disbursement of funds and had begun implementation of activities.

CHALLENGES AND WAY FORWARD

A major challenge in the smooth operations of AIC has been the absence of a substantive Executive Director, despite attempts to recruit one. UPHOLD continues to assist AIC with the recruitment process for this key position.

Among the other CSOs, the main challenge observed was the need for regular management and technical support which will be further strengthened through planned integrated supervision and monitoring visits as well as targeted capacity building dependent on identified needs.

3.0 Education Services



During PY4, UPHOLD has made significant gains in improving the utilization and quality of social services in primary education through the roll out of the Integrated Education Strategy (IES) which focuses on a holistic approach to school-based quality reform (SBQR). The SBQR concept suggests that for quality education to occur there has to be a continuous process of improving practices of school managers including their support to effective teaching and learning processes in the classrooms and the participation of the community in managing and supporting the learning of their children. UPHOLD continued to utilize three main funding mechanisms to accelerate implementation of IES activities across the 29 districts. These mechanisms included grants to local governments (LGs), civil society organizations (CSOs) and to 11 core primary teachers colleges (CPTCs). Implementing districts have also been categorized into cohorts one-to-three according to the time the IES interventions were introduced to them.

During this reporting period, UPHOLD has achieved the intended blend of the education interventions which serves to reinforce and fortify the SBQR concept in Uganda's primary schools. Chief among UPHOLD's milestones during PY4 is the finalization of a comprehensive package of materials to support SBQR. This package includes a series of four training modules on education management strengthening (EMS); two modules on teacher effectiveness (TE) using the cooperative learning (CL) methodology in the classroom; a package of tools and job aides to promote community involvement in education (CIE) and a set of performance improvement tools. In the process of finalizing these materials and operationalizing their use, UPHOLD has been mindful to address sustainability in their use after project close and the level to which these materials can be mainstreamed by the Ministry of Education and Sports (MoES) together with other partners in education development work. To this effect the collaborative processes used by UPHOLD have ensured the adoption and mainstreaming of all the four modules in the EMS series and the School Open Day Guidelines (one of the job aides in the CIE package) by the MoES for use in all the non-UPHOLD districts and schools nationally. The MoES using its own resources, has already printed 3,700 copies of each of the four Modules in the management training series for the purpose of scaling up the training nationally. In August 2006, UPHOLD supported the MoES to launch the School Open Day Guidelines and printed 16,000 copies of the guidelines for use by the MoES in all primary and secondary schools throughout Uganda.

UPHOLD has continued to focus on improving the quality of the education services being offered at the primary school level while also looking for opportunities to ensure its interventions will be sustained once the project closes. In this reporting period, UPHOLD signed disbursement instruments with 11 core PTCs to enable the completion of the roll out of the IES strategy to cover 100% of the schools in 17 of the 29 UPHOLD districts. These long awaited grants have also enabled the critical follow up, support supervision and monitoring to take place in the schools and school communities reached with SBQR. The grants increase the likelihood that UPHOLD innovations will be mainstreamed into Uganda's pre-service and in-service training programs for primary schools.

PY4 also saw the successful finalization and dissemination of performance improvement tools to support UPHOLD investments in training of education managers and community mobilization for education. These tools include the *Support Supervision Guidelines* and *Certificates of Performance* which have all been vetted and approved by the MoES for piloting in UPHOLD supported districts. UPHOLD's goal to use lessons learned in implementing the tools before mainstreaming these



innovations within MoES operations. Other support interventions for education activities included radio spots to promote behavior change among education managers.

UPHOLD's strategy of leveraging the strengths of CSOs has continued to contribute to achievements in the education sector, especially in the area of improving community participation in education to enhance education quality. Working through an exciting collaboration with the Inter Religious Council of Uganda (IRCU), UPHOLD has solicited religious leaders' support as yet another avenue of advocacy for active parental and community participation in the improvement of the quality of children's learning. This collaboration with IRCU and six other CSOs including Madrasa, is central to UPHOLD's sustainability strategy as this builds civil society's capacity and commitment to carry on the challenging work of increasing parental and community involvement in education after project close out.

3.1 Teacher Effectiveness

OBJECTIVES

- Train 126 master trainers, 1,388 district trainers and 5,942 head teachers and their deputies from 29 districts in cooperative learning (CL) Modules 1 and 2

ACHIEVEMENTS

- Printed and disseminated 8,993 copies of CL Modules 1 and 2
- 161 district trainers trained in TE Module 1 and 323 district trainers trained in TE Module 2
- 7,054 head teachers and their deputies, and 29,441 teachers from the 3,918 targeted schools across the 29 UPHOLD districts trained in CL

Training for Teacher Effectiveness

During PY4, UPHOLD has been able to roll out the use of the Cooperative Learning (CL) Modules 1 and 2 to all the targeted primary schools across the 29 UPHOLD districts. The emphasis has been to build the capacity of head teachers and deputies in the practice of the cooperative learning (CL) methodology to enhance teacher effectiveness through improving the quality of classroom instruction and pupil learning. Through the teacher effectiveness (TE) component, UPHOLD's focus is to improve the quality of social service delivery in primary schools. The emphasis is on improving the quality of instruction in the classroom and the quality of support that the head teachers and deputies provide to classroom teachers during the teaching and learning process. In each of the 3,731 targeted primary schools, teachers have been introduced to a variety of structures through the CL approach.

To expedite the rollout of CL training, UPHOLD continued to train master trainers, district trainers and school representatives who in turn are training classroom teachers and providing the necessary mentoring needed to ensure practice in the classroom. In this reporting period, 161 new trainers were trained to help facilitate the roll out in 12 of the



Cooperative learning in action, Kyebando Primary School, Mayuge District

last cohort of districts to be included in the education interventions. There are now 450 trainers of CL in all UPHOLD-supported districts, including education officers, district and county inspectors of schools and core PTC outreach staff. A total of 1,852 additional head teachers and deputies were trained in CL Modules 1 and 2 across the 29 UPHOLD districts and as a result, the number of school representatives trained increased significantly from 2,192 in December 2005 to 7,131 by September 2006. To date, more than 29,441 teachers have been trained and are using CL in their teaching for at least five lessons a week.

These training results significantly exceed the original targets set for the PY4 as outlined in Annex VI.



Cooperative Learning Spills Over to Pre-service Training

UPHOLD's efforts to ensure that improved positive behaviors are adopted by partners and implementers have been enhanced in this reporting period. Under the TE intervention there has been a positive spill over in the use of CL. Eight of the 11 core PTCs through which UPHOLD is working have exhibited a high level of enthusiasm to own and replicate the methodology in the pre-service department within their colleges. These CPTCs include Ndegeya, Lodonga, Arua, Bushenyi, Bishop Willis Iganga, Nakaseke, Kabale-Bukinda, and St. Aloysius Ngora. These CPTCs have trained the pre-service tutors in their own programs and in three other non-core PTCs at their own cost. These in turn, have trained a total of 1,062 pre-service student teachers on the CL approach for effective teaching. During their teaching practice, these student teachers were observed to be putting into practice the CL approach.

Supporting Ministry of Education and Sports Instructional Materials Policy

UPHOLD's work using the CL methodology supports the implementation of the MoES policy of placing textbooks and non-textbook materials into the hands of pupils. The CL approach calls for pupils to carry out research on various topics and make group presentations and this has forced teachers to devise ways of getting the children to share the few existing textbooks available in the school stores. Some schools are allowing children to take materials home to conduct homework on a rotating basis and reports from CCTs reveal that pupils use these materials effectively in groups and during lessons.

CHALLENGES AND WAY FORWARD

The reporting of teachers trained in and using CL has been slow. This is attributed to the limited support supervision visits the CPTC and district teams have been able to make to schools to support and mentor the classroom practice of CL in the 17 Cohort 1 and 2 districts. Additionally, in the 12 Cohort 3 districts the PTCs have not been able to access any grants to conduct support supervision let alone monitoring by the district teams. UPHOLD is exploring supporting the Cohort 3 CPTCs with funds to enable them to develop adequate professional quality control in schools in order to move forward.



Cooperative Learning in action – Baitambogwe PS Mayuge District

3.2 Education Management Strengthening

OBJECTIVES

- Train 240 master trainers and 1,077 district trainers from 29 districts in Education Management Strengthening (EMS) Modules 1, 2 & 3
- Train 7,462 head teachers and deputies from 29 districts in EMS Modules 1 and 2

ACHIEVEMENTS

- 161 new trainers trained in EMS 1 & 2
- Completed training of 6,951 (93% of target) head teachers and deputies in EMS Module 1 and 6,792 (91% of the target) in EMS Module 2 across all 29 districts
- Trained 19 national trainers and 315 (64 female and 251 male) education managers at district level from all 29 UPHOLD districts in EMS Module 3 - *Managing School Finances*
- Trained 2,514 head teachers and deputies in EMS Module 3
- Printed and disseminated 17,474 EMS Modules (7,474 of Modules 1 and 2 and 10,000 of Module 3)
- Radio spots produced and aired nationally for 45 days to support EMS 1 Training in Leadership and Planning

In the roll out of the Education Management Strengthening (EMS) initiative, UPHOLD continued to pursue increased capacity to sustain social services and most especially improve decentralized planning, management and monitoring of primary education services. Under the EMS initiative, UPHOLD intensified the roll out of the trainings on the first three EMS Modules of Leadership, Managing School Improvement, and Managing School Finances to all the 29 districts. UPHOLD also finalized the last Module (4) in the Management Training series on Curriculum Management in collaboration with the MoES and the Basic Education Policy Support (BEPS) Project during this period. All four EMS Modules have been adopted for national dissemination and training by the MoES. The MoES has printed 3,700 of each Module for scale up of training to non-UPHOLD supported districts. The trainings continue to focus on improving the performance of the education managers as managers themselves, while at the same time enabling them to conduct training and provide support supervision and mentoring to their peers, head teachers, deputies and classroom teachers. In this reporting period, 161 additional district trainers were trained in EMS Module 1 from the remaining 12 districts and 323 (247 males and 76 females) district trainers were trained in EMS Module 2. By the end of PY4, UPHOLD had successfully prepared teams of trainers for the three EMS Modules in all its mandated districts, totaling 450 for EMS Module 1 and 2.

In addition, UPHOLD has made the concerted effort to include pre-service staff of the PTCs whenever possible to ensure that improved practice starts right from the beginning for new teachers. Innovative working relations between districts and the Teacher Development Management System (TDMS) have emerged,

ACTIVITY	OBJECTIVES	RESPONSIBLE PERSONS	RESOURCES / COST	TIME FRAME	INDICATOR/REMARK
Establishment of a school garden	-To improve on the and pupils' welfare -To enable pupils learn practically	Head teacher Pupils S.M.C Agriculture officer	Land Money for buying Technical advice Minimum resources for laborers	March Dec 2006	-Pupils & teachers steadily working at school -Pupils learning modern methods of farming
Planting of trees and live fence around the school compound	-To have a talking compound. -To have a proper demarcation of the school compound. -To divert brass passing -To divert animals from grazing on the school compound.	Head teacher Teachers Pupils S.M.C Community	Seedlings Fence Technical advice Communities	April to Dec 2006	Completed erosion No. of trees Methods passing
Drilling of a bore hole	-To enable pupils access to safe water around the school. -To reduce on time waiting for water very far for water	Head teacher Teachers Pupils S.M.C Local leaders Community	Funds from Parents/Community Adequate participation Local leaders' support Local leaders' support	April May 2006	Completion of a bore hole at school as a source of safe water.

School Work Plan - Buseera Primary School, Mayuge District



enabling both systems to leverage more finances, time and human resources to improve the quality of primary schools. As a result, the 15 previously trained districts continued to extend the roll-out of EMS at the school level reaching an additional 1,902 school representatives with the EMS training. These districts include Arua, Koboko, Yumbe, Luwero, Nakaseke, Kyenjojo, Mayuge, Lira, Amolotar, Bundibugyo, Bushenyi, Katakwi, Amuria, Rukungiri and Rakai. Annex VII shows coverage so far in three out of the four EMS Modules.

Training Education Managers on Managing School Finances - EMS Module 3

In this period, UPHOLD rolled out the EMSI Module 3 on Managing School Finances to all the 29 UPHOLD supported districts. In this module, UPHOLD is contributing to MoES' strategy of promoting transparency and accountability in the use of UPE funds in schools and supporting the effective implementation of the MoES' Customized Performance Targets. Education managers and PTCs from the 29 districts gained the skills and knowledge to improve on how they manage school finances and the confidence to carry out the same training with head teachers and their deputies. Altogether 19 national trainers and 315 district trainers were trained and they in turn trained 2,514 head teachers and deputies from 17 districts. The training has been very well received by the MoES and the participants, galvanizing the partnership between the CPTCs as district administrators, who see financial management as their forte and have taken on more training responsibilities and have localized the module content to district policy and practice. The training sessions saw animated debates on allowable and non-allowable expenses under UPE, "fund-raising events" versus "income generating projects" and the proper way to prepare cashbooks and monthly reconciliation sheets. MoES officials, including departmental commissioners, participated in six of the seven regional training sessions for district trainers, clarifying policy and boosting participant morale.



*Head teacher in his office,
Kaliro District*

Behavior Change Communication Support for EMS

To reinforce trainings in EMSI, UPHOLD worked with SEMAT Productions, a private local production house to develop, produce, and air EMS radio spots. Over a period of 45 days, the sixty-second spots were run on six radio stations with broad national coverage. These radio spots addressed the skills, attitudes, and practices of EMS Module 1 on Leadership in Education and were translated in six local languages. Two radio programs focusing on EMSI will be run using UPHOLD's radio listening clubs in the coming year with a potential of reaching over 10,000 listeners.

CHALLENGES AND WAY FORWARD

The implementation of the trainings for EMS Module 3: Managing School Finances for head teachers and deputies is showing that schools have very practical problems working within certain GoU policies. For example, the policy of banking any funds received before spending them no matter the amount is reported to be impractical by head teachers who have to travel long distances to the bank to deposit a small amount of money. Most or all of the funds can be used just for transport to the bank. One way forward UPHOLD has implemented is having MoES officials at the trainings as much as possible to clarify policy and also receive feedback from head teachers as the actual implementers of the policies. UPHOLD will also make a comprehensive report and presentation to the MoES on issues arising from the EMS Module 3 training.

3.3 Community Involvement in Education

OBJECTIVES

- 2,830 primary schools will have held action-oriented meetings
- Operationalize School Open Days

ACHIEVEMENTS

- 45,000 parents actively participated in making school/community action plans in over 1,500 schools
- 650 schools held school open days across seven UPHOLD districts
- 762 district and CPTC staff oriented on CIE in 29 districts
- 10,000 Christian and 5,000 Muslim calendars and booklets printed and disseminated
- Printed and disseminated 20,000 copies of *School Open Day Guidelines* to education managers and 16,000 copies for national dissemination by MoES
- 375 parents from ten schools supported by Madrasa in Wakiso district made learning materials for their pre-school children
- 184 schools and their communities reached with community participation interventions through the efforts of six CSOs
- Printed and disseminated 2,000 copies of the *CIE Facilitators' Guide* and 10,000 CIE posters

Community Participation Enhanced through Action-Oriented Meetings

To create an enabling environment for education services UPHOLD has put significant emphasis on interventions that serve to increase community participation and advocacy through the Community Involvement in Education (CIE) component of education. The CIE roll out was strengthened in PY4 through orientation workshops for district teams consisting of education staff and community development workers (CDW) in 26 districts. These teams have in turn expedited the roll-out of the action-oriented meetings at schools, enabling UPHOLD to reach a total of 2,002 schools of the total 2,830 across the 29 districts (see Annex VIII). This achievement includes the contribution of five CSOs supporting community participation in education interventions. For example, in this reporting period, 1,800 schools have held action-oriented meetings that were well attended by parents and members of the communities. Approximately 45,000 parents and community members attended these meetings.

The roll-out of action-oriented meetings in schools has yielded positive responses from parents on issues such as feeding and regular school attendance. In Yumbe District, support supervision reports in 36 schools indicate that attendance rose from 12,836 in March to 13,754 in May for girls and from 15,169 to 15,795 for boys in the same period after meetings were held in the district. In Kiruhura District, in all the 43 schools supported by UPHOLD, at least 50% of the parents now provide something for the children to eat at school. Feeding children is the most implemented activity in the joint plans that schools and communities come up with during the action-oriented meetings. Other interventions include parents'

monitoring how pupils are learning in the classroom and the establishment of a resource centre by parents to promote pupils' learning in the school as observed in Pallisa District.

Operationalizing the School Open Day Guidelines

In PY4, UPHOLD's education sector undertook a rapid roll out of the School Open Day Guidelines. The initial piloting of these guidelines was done in the two districts of Kyenjojo and Arua with a positive response from schools, district teams and the communities. Based on the pilot experiences, two distinct approaches for operationalizing School Open Days emerged: the whole-district approach and the selected-school approach. As a result, a total of 650 schools have held School Open Days across the six districts of Kyenjojo,



Parents attending school open day at Acholi Primary School, Yumbe District



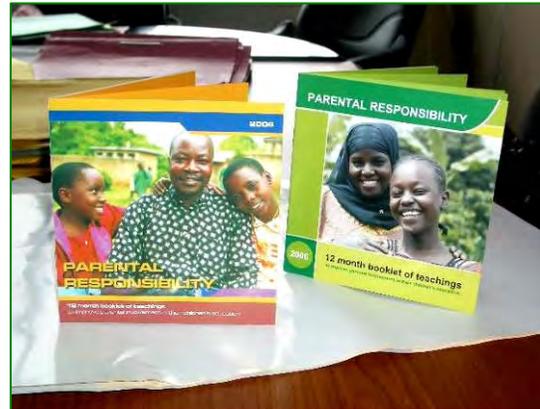
Yumbe, Bugiri, Rukungiri, Kamuli and Arua. Officers from the Ministries of Education and Sports and that of Gender, Labor and Social Development participated in a number of School Open Days this reporting period and were pleased with the response and participation of parents in the activities of the schools. UPHOLD and the MoES continue to network with other implementing partners in the education sector to have these guidelines effectively disseminated to the additional schools outside UPHOLD's mandated geographical coverage. To this effect UPHOLD procured 16,000 copies of the School Open Day Guidelines for MoES' use in the non-UPHOLD districts.

Partnerships with Religious Leaders

UPHOLD also developed an exciting intervention to collaborate with representatives from leading faiths in Uganda (Protestant, Catholic, Orthodox, Seventh Day Adventists and Muslim) under the auspices of the Inter-Religious Council of Uganda (IRCU). The effort identified ways to better involve religious leaders in improving community support for education. Following the discussions, the religious leaders selected quotations and images from the Bible and Quran that reflect various components of CIE to be included in two types of calendars for the respective leaders and accompanying teaching booklets. Each month of the calendar and its corresponding teaching booklet highlights a particular message, such as the importance of visiting classrooms, girls' education, providing lunch and scholastic materials, compassion, promoting abstinence, and guiding and counseling children. Through a grant to IRCU, UPHOLD has supported the orientation of 896 religious



Dialogue with parents and children using the religious leaders' advocacy materials-Pastor, Kyenjojo District



The two booklets for religious leaders

leaders of all denominations across 20 districts (Arua, Bundibugyo, Bushenyi, Gulu, Katakwi, Kitgum, Kyenjojo, Lira, Mbarara, Rukungiri, Rakai, Luwero, Nakapiripirit, Mayuge, Bugiri, Pallisa, Kamuli, Bundibugyo, Wakiso and Yumbe). The program also disseminated the Muslim and Christian advocacy booklets and calendars as well as supported their use by religious leaders in communities. In partnership with IRCU, UPHOLD conducted intensive support supervision of the work of the religious leaders in eight districts to ensure effective implementation of the initiative.



Civil Society Organizations Promote Quality Education

During PY4 UPHOLD worked with five CSOs to promote community participation in education in various ways. RUGADA, working in seven sub-counties of Rukungiri District, began activities this year focusing on mobilizing parents to support their children's education in 100 primary schools. They have conducted action-oriented meetings in 61 of the 100 targeted schools.

Fort Portal Diocese's Education Department mobilized parents in 61 schools to support their children's education in Kyenjojo district. Activities included action-oriented meetings with schools and communities and the development and dissemination of media campaigns for education. One of the most exciting achievements by the CSO is the radio listeners' program which facilitates parents and community leaders to discuss critical issues affecting the quality of children's learning. Two radio programs were held focusing on: regular attendance/retention and encouraging parents to organize School Open days for their schools. As a result, 126 School Open days were conducted in the district in June 2006.

FABE-Yumbe is another CSO that began operations in the reporting period. The goal of this CSO is "improved and increased parents' ability to support improved educational performance of primary school children." FABE is targeting 75 primary schools across eight sub-counties in Yumbe district (namely Kei, Odravo, Drajini, Kuru, Apo, Midigo Town Council and Romogi sub-counties). With only three months of implementation so far, FABE has reached out to 19 school communities where 385 parents (including 247 women and 138 men) were enrolled for Family Basic Education. Of the 19 schools, 14 draft MoUs between individual schools and FABE/Needy Kids were discussed to guide their partnership.

The Kids League (TKL), in Arua has expanded UPHOLD's efforts in community participation and advocacy through its Youth Ambassadors Club meetings and a variety of outreach activities, including monthly radio talk shows and a monthly newsletter. TKLs' school outreach programs have become popular with communities and parents. The outreach programs have been used as avenues to disseminate health, education and HIV/AIDS messages. Outreach activities resulted in 13,545 parents (5,984 male and 7,561 female) attending a coach-parent volunteer training. This resulted in the registration of 500 primary school children (445 male and 55 female).



Parents morale boost at a Kids League football match, Arua District

In this reporting period, UPHOLD has continued to leverage the efforts of the Madrasa Resource Centre, to enhance increased parental involvement and participation in children's learning. In Wakiso District, the Madrasa Project successfully helped ten out of the 15 supported pre-schools to mobilize their communities to develop educational materials for their children. Focusing on materials to meet the development needs of children, 375 parents from ten schools were involved in making a variety of school support materials. These efforts support teacher effectiveness in the classroom by providing critical learning materials. Other achievements of the Madrasa Project include parents' involvement in preparing meals for their children and growth promotion activities at the schools.



CHALLENGES AND WAY FORWARD

Competing for the same target group to implement CIE, EMSI, PIASCY, TE, and other programs in the education sector has caused delays in the implementation of CIE. For example in districts like Gulu, Nakapiripirit and Nakaseke, CIE has not yet been rolled out at school level except in the four schools that were covered through central funding. Likewise, follow up meetings to assess the implementation and results of action-oriented meetings at the school-community level are quite slow. The way forward has been to provide for these activities through LG grants for the Ugandan FY 2006/7 and encourage schools to implement these activities as soon as possible.

Poor mobilization of parents and communities to participate in action-oriented meetings was also a challenge encountered during PY4. This was partly caused by districts sending information for mobilization late such that schools did not have adequate time to effectively mobilize parents for meetings. Other factors include parents reporting late for meetings because they have to work in their gardens in the morning before attending school-community meetings. As a result, it became impossible to have action-oriented meetings in two schools per day as originally planned in many districts. The way forward was to have one action-oriented meeting in one school per day, hence CIE overall targets dropped from over 3,433 to the current 2,830 schools.

Most CSOs supporting the Education Sector were funded late between October and December 2005 and only started meaningful program implementation in February 2006 given that education programs follow the school calendar. As a result, the CSOs have not yet completed set targets. The suggested way forward is to increase implementation pace by revising strategy without changing the set targets, objectives and affecting quality of delivery within the remaining time for implementation.



3.4 Cross-cutting Education Interventions

ACHIEVEMENTS

- Developed performance improvement tools to support education quality
- Conducted joint support supervisions (by district education offices and PTCs) in 1,045 schools in 15 districts under the leadership of core PTC grantees
- Received 2,005 nominations for Certificates of Performance
- Preparations for a formative evaluation of IES were completed
- Assessment and planning workshops held in 19 districts increasing collaboration between district local governments and PTCs

Quality Assurance and Performance Improvement Interventions

Training and orientation activities are not sufficient to ensure improved quality of Uganda’s Primary Schools and behavior change. To successfully adopt a new practice requires self-reflection, feedback, and coaching. The MoES has cited a lack of a systematic mechanism for Coordinating Centre Tutors (CCTs) to provide this critical support supervision to teachers and school managers. To address this challenge and to support its interventions, UPHOLD worked with the MoES and Education Standards Agency (ESA) to develop a set of support supervision tools to review a school’s progress against a set of non-infrastructure standards. The standards reflect the intersection of ESA Minimum Standards, the Customized Performance Targets and the results targeted in UPHOLD’s Integrated Education Strategy. The tools are also unique in that they are designed to allow schools to conduct regular self-assessments to improve quality.

The tools were pre-tested in Bushenyi District, revised and a user-friendly guide developed for their use. They were subsequently piloted through UPHOLD’s training cascade program with participants from the 15 UPHOLD supported districts and 11 CPTCs who practiced using the tools in schools in Bushenyi and Katakwi districts. During the UPHOLD training in Soroti, the Assistant Commissioner for Teacher Education noted that this tool and approach had been missing from the Centre Coordinating Tutors’ tool kit and said that the MoES wants to implement this throughout the colleges alongside the “*Teacher Effectiveness Mentor’s Training Guide*.” She further remarked that continued use of the tool throughout the schools in UPHOLD-supported districts will promote a culture of school-led continuous quality improvement. The rest of the UPHOLD-supported

districts were later oriented to the use of the tools through the CPTCs. To date the support supervision tools have been disseminated to all UPHOLD districts and the 11 Core PTCs have pioneered their use across 15 districts in providing support supervision to schools beginning in April 2006. A total of 1,045 school visits were made to provide support supervision during this reporting period. Details of the number of schools covered by district are presented in Annex IX.

UPHOLD also developed a concept for awarding certificates of performance to support the IES. The certificates are awarded based on application of learning rather than the traditional certificate of “attendance” given to workshop participants. Certificates have been designed for each module under each of the IES components, to capture the specific ways in which an individual has applied the knowledge and skills gained during the training activities and are awarded based on a set of stated criteria for on-job application, for each eligible cadre of educator.





The concept was shared with the MoES' Monitoring and Evaluation Working Group by the Sector Policy Meeting, chaired by the Director of Education. The MoES has expressed interest in how the process works and gave UPHOLD the go-ahead to roll out the intervention with a view to sharing experiences to mainstream it nationally.

District Assessment and Planning

Since its inception, UPHOLD has been working to strengthen the Government of Uganda decentralization policy. In the education sector, this has meant assisting district education officials in the annual district development planning process and implementing UPHOLD-supported activities in those plans. During the reporting period, UPHOLD provided technical assistance for district assessment and planning in the 29 UPHOLD districts. The exercise was unique in that it formally brought together LG officers and their CPTC partners in education improvement. The two partners reviewed the activities accomplished, identified challenges, and made action plans to address the education challenges. The result was joint work plans for the remaining two quarters of this fiscal year. In all meetings, participants remarked that this innovation of providing formal opportunities for joint planning between districts and CPTCs had greatly benefited both parties.

Dissemination of Achievements at International Conferences

To move forward the documentation and dissemination agenda in education, UPHOLD presented two papers at the 50th Comparative International Education Society Conference held in Honolulu, Hawaii. UPHOLD's experiences on efforts to improve community involvement in education through School Open Days and that of Strengthening partnership across decentralized and centralized systems for improved education quality were shared. The panel on Uganda attracted a lot of attention from the conference participants as many people wanted to learn more about community involvement and sustainability strategies. A third presentation on the 'Safe School Contracts—“Making primary schools safer in Uganda”’—was presented at the annual International Conference of the Global Health Council in May 2006 in Washington DC.

Leveraging Resources and Sharing Materials for Greater Reach

UPHOLD's IES and SBQR approach has been spread beyond the reach of the 29 UPHOLD-supported districts through leveraging strategic partnerships beyond the districts and CPTCs. UPHOLD's efforts to collaborate with the U.S. Peace Corps increased during the reporting period. In March 2006, UPHOLD presented its work to the new education Peace Corps volunteers (PCVs) who are largely assigned to CPTCs and coordinating centers and in August assisted PCVs and their CCT counterparts to train others using the EMSI Modules.

UPHOLD's education sector also added to its network of partners: the Jane Goodall Institute (JGI), the Basic Education Support Program (BESP) and the University Cooperation in Strengthening Secondary School Level Management in Uganda, a USAID-funded project. These partners have adopted UPHOLD materials for their training and community mobilization activities.

JGI is an environmental conservation organization working in primary schools to support curricula components around water, air, soil, and forests. The JGI project is piloting the application of CL to these content areas in the seven districts of Hoima, Masindi, Kabarole, Kamwenge, Bushenyi, Bundibugyo and Kyenjojo, three of which are shared with UPHOLD. These efforts will ensure the expanded use of CL in districts that are not covered by UPHOLD.

The BESP Project under the Joint Association of Churches in the Teso Region works to improve the management and teaching in primary schools across the districts of Soroti, Kaberamaido, Kumi and Bukedea.



In order to increase effectiveness and leverage partnerships, UPHOLD continued to participate in the MoES working group meetings and interface with other partners in an effort to harmonize the use of materials among the stakeholders in the field. During this reporting period, Development Cooperation of Ireland Aid (DCI) in its new program—Quality Education in Schools through Training (QUEST)—has adopted and is using the EMS Modules for management training and the TE-Cooperative Learning Modules in the Ruwezori region. In addition, QUEST is using the CIE Toolkit to inform any training materials they develop in this area. This development, spearheaded by the MoES, has ensured that the duplication of efforts does not occur among partners working to improve primary education quality.

In addition, efforts were made to harmonize UPHOLD’s CIE Tool kit and the community involvement and participation materials of the BEPS program and to harmonize UPHOLD and BEPS interventions in shared districts. UPHOLD also supported the MoES’s drive for improved collaboration and coordination of activities by taking leadership in developing rotational planning tools and a calendar that was widely shared through the MoES Teacher Effectiveness Working Group and the MoES’ National Trainers of Facilitators Workshop.

Support to Universal Primary Education Advocacy at National Level

UPHOLD participated in the national Universal primary Education (UPE) advocacy workshop that involved the participation of all categories of education stakeholders from across the country. UPHOLD also participated in the exhibition of all materials being used to enhance the quality of education in the primary schools in support of the UPE policy. The issues and recommendations made at the UPE conference are already adequately covered by UPHOLD’s integrated education strategy (IES) interventions. As early as November 2005, UPHOLD was already including a session on the customized performance targets (CPTs) in all training events. This has helped head teachers become more comfortable with them and see how the training they receive will assist them in achieving the CPTs for their schools.

CHALLENGES AND WAY FORWARD

The education sector works within the school year calendar because activities scheduled during holidays have low attendance and therefore the time available to implement activities is very limited,. In addition, various programs compete for CCTs’ and PTCs’ time for conducting training and support supervision, thus overwhelming them with activities and slowing down implementation of UPHOLD-supported activities. In order to ensure timely implementation of activities, the program introduced the innovation of joint action planning meetings between district and CPTC staff as well as a rotational planning tool to assist PTCs in planning to allow for more concurrent activities by partners. This tool was introduced during the MoES National Training of Facilitators and will be used in the coming year to cater for all activities to be implemented through the TDMS system.

There was a slow start to the core PTC grants which resulted in the delayed implementation of the roll out of training and supervision activities. Slow reporting by PTCs and LGs also led to the delayed release of funds and subsequent implementation respectively. UPHOLD continues to work with PTCs to improve on reporting and an Education Grants Officer has recently been employed by UPHOLD to assist in managing the reporting process and implementation of programs.

Success Story: Involving Communities to Meet School Children's Needs

Community involvement in Education (CIE) is part of UPHOLD's integrated education strategy (IES) approach to getting the community involved in their local schools. Action planning meetings are an integral element in getting the community involved in education. In these meetings parents, teachers, school administration and members of the community actively participate in discussing and developing school-community action plans. This year action-orientated meetings were held in over 1,800 schools with over 300,000 parents in the UPHOLD-supported districts of Uganda.

In Kamuge Primary School in Pallisa District, children often came to school with no lunch. As the school could not provide food for the children they were often hungry throughout the day, and thus had trouble concentrating. As a result their learning suffered.

After the school organized the action-orientated meetings things changed dramatically. *"Parents now provide scholastic materials, almost all children are in uniform, two acres of maize have been planted, and over 500 children are being fed,"* Mr. Tatamba Christopher, the Head Teacher proudly announced, adding *"Community Involvement in Education has made it possible for parents to feed their children, something that the school had given up,"*

Things did not stop there! In addition, over 200 parents collected US\$ 420,000/- while others offered free materials and labor for the construction of a shed for the children to eat from to avoid eating under the hot sun or rain. Each parent mobilized five bricks and teachers together with the children, constructed urinal facilities to improve the sanitation in the school.

The roll out of CIE action-oriented meetings in schools has yielded positive responses from parents on many issues but especially regarding feeding and regular school attendance. In one district, attendance rose by over 1500 pupils and in another district, at least 50% of the parents now provide something for their children to eat at school.



2 acre maize garden prepared by parents to feed their children at Kamuge Primary School -Pallisa

4.0 Integration across Sectors



UPHOLD was designed as an integrated social services project and as such, areas of integration between and within sectors are explored to realize effectiveness and efficiencies in implementation. This chapter highlights areas of integration across sectors which may not have been discussed in detail within sector results.

HEALTH/EDUCATION/HIV/AIDS INTEGRATION

Radio Listening Clubs

A nationwide radio campaign dubbed the “Radio Listening Clubs” was initiated by UPHOLD with the aim of creating community awareness in its three target areas of health, education and HIV. Radio listening clubs are community-based groups, comprising between 20-25 members that include teachers, local council members, village leaders, Parent Teacher Association members and religious leaders. In total, there are over 1,700 radio listening clubs countrywide. Based on estimated coverage, the programs reach more than 11 million people with approximately 10,000 community leaders directly participating in the shows detailed in Table 7 below.

Table 7: Examples of programs broadcasted for the Radio Listening Clubs

<i>Technical Area</i>	<i>Topic Discussed on Programs for Radio Listening Clubs</i>
<i>Education</i>	Universal Primary Education and parental/community relationships
	Visiting classrooms to support cooperative learning
	Provision of school lunches
	School sanitation
	Defilement and use of “Safety School Contracts” to prevent this abuse
<i>Health</i>	Immunization
	The importance of child spacing
	Malaria and home-based management of fever
	Malaria and usage of insecticide treated nets
	Community involvement and quality assurance at health facilities
	Intermittent presumptive treatment of malaria in pregnant women during antenatal care
<i>HIV/AIDS</i>	HIV counseling and testing
	Prevention of mother-to-child transmission of HIV
	Abstinence and being faithful
	Gender based violence and usage of community safety contracts to prevent defilement and domestic violence

Source: Program Records, UPHOLD 2006

In February 2006, programs ran every other week on social service topics, alternating between health, primary education and HIV/AIDS. Each program is 45 minutes with 30 minutes of pre-recorded content using a talk show format and 15 minutes of call-in time.

Another major grassroots level intervention this year was the training of local council (LC) leaders at sub-county level on advocacy for social services. The training covered key topics on health, primary education and HIV/AIDS with a view of empowering the local leaders to address community



participation in service delivery as well as mobilization for service utilization. These topics included benefits of immunization, parental involvement in education, and addressing gender-based violence in the community to improve HCT uptake. At the training sessions, the leaders received job aides in the form of print materials to assist them in their advocacy roles in communities.

UPHOLD's granting system is also well designed to promote integration among sectors. Negotiations with LGs and CSOs on activities to include in their annual work plans depend on sector heads at district level being able to work together in the planning process so as to allocate resources to priority activities across sectors.

HIV/AIDS AND HEALTH INTEGRATION

There are several points of intersection in HIV/AIDS and health interventions which accrue directly from UPHOLD's Focus for Impact strategy. One key area of integration is the implementation of goal-oriented ANC and PMTCT. UPHOLD considers ANC to be the entry point to several health and HIV/AIDS services including intermittent preventive treatment of malaria in pregnant women, family planning, safe delivery, and PMTCT. To this effect, the HIV/AIDS and Health Teams within UPHOLD worked closely to ensure that goal-oriented ANC and PMTCT training and follow up of trainees were conducted together in an integrated manner. Support supervision to facilities providing these services also embraces the concept of integration with supervisors using Yellow Star Program approaches in supervision and tools which were jointly developed with MoH to address all the above services.

In addition, an assessment of the quality and integration of HIV/AIDS/TB/STI/malaria services in facilities was carried out in six health facilities and technical support provided to the facilities to address identified gaps. Lessons learned from the exercise will be used in the coming year to provide similar whole-site support supervision to all UPHOLD supported facilities providing HIV/AIDS/TB/STI/malaria services, while another initiative under the Health Department will provide similar integrated support supervision to facilities using IPT services as an entry point.

UPHOLD also provided LLINs to PMTCT mothers attending psychosocial support groups and members of post-test clubs as a way of addressing prevention of malaria among vulnerable populations such as HIV positive individuals and pregnant women.

The Yellow Star Program uses an integrated approach to quality improvements in facilities and communities. Supervision and support is provided to health workers in order to achieve standards which apply to both health and HIV/AIDS services at facilities. The program also uses the community dialogue approach to understanding community perspectives on the quality of services and enlisting their involvement in improvement of service delivery. The choice of issues to address by communities and facilities is wholly dependant on their contexts and also cuts across sectors including education.

At national level, UPHOLD staff from both the Health and HIV/AIDS teams were involved in the development of key policy documents with MoH and Uganda AIDS Commission, including Routine Counseling and Testing Guidelines, OVC policy, PMTCT annual work plan and draft guidelines for early diagnosis of HIV in infants.

UPHOLD also encourages CSOs to integrate services at points of delivery. Uganda Private Midwives Association members and other private providers were trained in HCT to expand their RH services, while Save the Children Federation-US and Straight Talk Foundation by design, provide or promote integrated services. Straight Talk Foundation for example, addresses reproductive health issues like STIs as well as HIV prevention through their newsletter for adolescents, while Save the Children (US) has components addressing nutrition and child health among school children.



HIV/AIDS AND EDUCATION INTEGRATION

A major intervention integrating health and education services is the PIASCY initiative to promote HIV prevention among school children. In its implementation, tools designed through the education CIE interventions are used to conduct action-oriented meetings which address issues of HIV prevention at school communities, specifically safe school environments and abstinence promotion. PIASCY is also implemented through the same structures as the other education interventions, i.e. the Core PTCs, and careful planning among the technical teams implementing these programs has proved useful in ensuring that both the education and PIASCY agendas move forward.

HEALTH AND EDUCATION INTEGRATION

Integration between health and education has been realized through school health interventions, specifically the national Child Days which target children under five years for immunization, as well as children between one and 14 years for de-worming. Collaboration with schools was therefore critical to ensure success of this initiative. As mentioned before, Save the Children Federation-US and Madrasa also implement interventions that promote school health, and CIE action oriented meetings are often geared towards improving the nutritional status of school children, specifically mobilizing parents and communities to provide food for their children.

5.0 Grants



LOCAL GOVERNMENT GRANTS

During PY4, UPHOLD entered into agreements with 20 Local Governments (LGs) to implement various activities. However, during the course of the year, the Government of Uganda created several new districts, nine of which were carved out of the original 20 UPHOLD-supported districts. These are: Amolatar, Amuria, Kaliro, Kiruhura, Isingiro, Ibanda, Koboko, Mityana and Nakaseke. The UPHOLD

ACHIEVEMENTS

- 29 local government received funds to implement work plans in the areas of education, health and HIV/AIDS
- 42 Family Community and Action Grants across the three sectors were approved and executed
- 25 CSOs implementing PEPFAR activities completed one-year grants and were reviewed to determine whether to receive another year of PEPFAR funds
- 23 CSOs implementing HIV/AIDS activities were approved for PEPFAR funding covering eight months
- Nine multi-district grants were continued with NGOs to implement activities in different districts of Uganda

area of coverage therefore changed from the original 20 districts to 29 districts. This new development necessitated a review of the grant implementation mechanism. The already-agreed work plans and budgets were broken down into separate plans and budgets for each of the 29 districts. In addition, it was recognized that the new districts could not immediately manage the funds, as they did not have the necessary structures to run independently. To cater for these new districts, UPHOLD decided (in consultation with the new districts) to channel the funds through UPHOLD Regional Offices who would manage the funds for activities while the districts would implement the agreed upon activities and reporting.

A total of US\$ 3,661,924,345 was approved for release to LGs for the Ugandan fiscal year (FY) 2005/06. Out of this, US\$ 2,887,053,373 was actually released to the LGs representing 79% of approved funds, of which US\$ 372,027,940 was released through the Regional Offices for the new districts. The balances were not released due to slow implementation and reporting by the districts.

During the reporting period, new work plans and budgets for the Ugandan FY 06/07 LG grants were discussed with the districts and approval was received from USAID. In relation to this, UPHOLD has signed 29 new memoranda of understanding (MOUs) for FY 2006/07. Of the 29 districts, 21 have arrangements to receive funds through their designated bank accounts. The remaining eight districts have MoUs that spell out activities to be implemented by the districts but the funds will be managed through the UPHOLD Regional Offices.

During the year, UPHOLD commissioned a study to establish why districts were not spending their allocated funds to implement activities. The key findings indicate a limited capacity by district staff

to implement activities compounded by poor coordination and inadequate transparency among implementers at the district level.



Key Findings of Local Government Study

- Inadequate co-ordination at district levels
- Lack of transparency with the donor
- Lack of transparency within and between the district sector
- Delays in requesting for and release of funds
- Limited capacity at district levels to implement programs

UPHOLD has prepared its new work plan for PY5 in which some of the issues identified will be addressed. To this effect, specific activities such as support supervision and participating in the district reviews will be undertaken and data collection and documentation will be key activities. Annex X shows the status of Local Government Grants for the Financial Year 2005/06 as presented at September 30, 2006.

FAMILY AND COMMUNITY ACTION GRANTS TO CIVIL SOCIETY ORGANIZATIONS

A total of 42 Family and Community Action grants were awarded amounting to US\$5,027,291,062. Of this total, US\$4,285,451,105 was approved for release directly to CSOs for activity implementation. US\$3,240,729,010 (actual) was released to CSOs, representing 76% of the budget.

Twenty five (25) CSOs implementing HIV/AIDS activities concluded implementation of their one-year grants and submitted end-of-project reports. A review of their interventions indicates a considerable contribution of the CSOs in HIV/AIDS results. The review process included a desk review of all documentation related to each CSO, a panel discussion with the CSO implementers on the successes and challenges of implementation, and site visits to verify findings from the desk review and panel discussions. All the 25 CSOs submitted work plans and budgets for a second year grant for HIV/AIDS CSOs and 23 of them were approved for funding for another eight months. As of 30 September 2006, 12 of the CSOs had received part of the funds of this new grant.

UPHOLD also started the process of carrying out mid-term reviews for 18 CSOs that were given two-year grants in health and education interventions, but the exercise had not yet been completed as of September 30, 2006. However, the majority of the CSOs were found to be implementing the activities within their signed MoU and as part of the process, technical support was provided to the CSO managers in weak areas, specifically, record keeping, data management, and documentation of best practices. The lessons learned from this exercise will facilitate implementation of the activities in the remaining period. Details about the CSOs supported during FY 05/06 as at September 30, 2006 are presented in Annex XII.

MULTI-DISTRICT GRANTS TO OTHER NONGOVERNMENTAL ORGANIZATIONS

Four new multi-district grants were approved and memoranda of understanding signed with UPHOLD. The organizations are Uganda Private Midwives Association (UPMA), Inter-religious Council of Uganda (IRCU), Tukolerewamu Club (TUKO) and Uganda National Health Consumers/Users Organization (UNCHO). The UPMA grant covers 21 districts and its activities are aimed at improving reproductive health and HIV/AIDS services. UPHOLD's support to UNHCO aims at the promotion of consumer advocacy for improved health services in Bugiri and Mayuge Districts. TUKO is supported to promote a "Be faithful model" as a way to reduce prevalence of HIV/AIDS among married couples in 12 districts. The IRCU grant is to orient 50 religious leaders in the 29 UPHOLD districts on community involvement in education (CIE) and facilitate mobilization of communities by the religious leaders.

Five other grants to organizations including Kisubi Mission Hospital, Madrasa Resource Center, Straight Talk Foundation (STF), National Strategy for the Advancement of Rural Women in Uganda (NSARWU), and Save the Children Federation - US were maintained for continued implementation of



work plans. NSARWU completed their activities and submitted their end-of-project report. Annex XIV details the multi-district grants.

GRANTS WITH THE CORE PRIMARY TEACHERS COLLEGES

During the year, UPHOLD approved two rounds of funding to the core primary teachers colleges (CPTCs) to implement education activities covering twelve districts in the first round. In the second round, UPHOLD signed a Memorandum of Understanding with the Ministry of Education and Sports (MOES) that allows it to provide support through 11 CPTCs to support the roll-out of the Integrated Education Strategy being implemented jointly by UPHOLD and MoES. In addition, the agreement allows UPHOLD to channel funds to 23 CPTCs to implement PIASCY activities covering the whole country. Details about these grants are shown in Annexes XV to XVI.



6.0 Monitoring, Evaluation and Dissemination



The Monitoring, Evaluation and Dissemination team (MED) continued to play its role as a service unit to the program by addressing all the information needs through the strengthening of established routine data collections systems and conducting targeted studies to inform program progress. Highlights of activities carried out during the year are described in this section.

INTRODUCTION AND IMPLEMENTATION OF THE UPHOLD WEEKLY BULLET POINTS AND BALANCED SCORECARD

As part of an effort to strengthen the monitoring and evaluation of work-in-progress, UPHOLD introduced *The Weekly Bullet Points*. This is a weekly one-pager summary of activities undertaken by the different program teams. This summary is helpful in informing UPHOLD staff and partners including JSI, USAID and other UPHOLD consortium partners about our areas of focus. In addition to this, MED introduced the *Balanced Scorecard*, a tool that attempts to measure programmatic progress by capturing results in four areas: Field Results; Innovation and Learning; Finance; and Client Satisfaction. Simple data gathering tools for each of these four areas have been designed and are used on a monthly basis to collect requisite information which is then shared to the UPHOLD technical team during the monthly Results Management Committee Meetings to facilitate decision making.

LOT QUALITY ASSURANCE SAMPLING SURVEY

Through its practise of disseminating Lot Quality Assurance Sampling (LQAS) survey results in districts, UPHOLD has generated substantial interest in the use of this methodology among other development partners. This resulted in the 2005 LQAS survey being conducted in partnership with UNICEF which works in 13 of the 20 UPHOLD districts. Results for this second LQAS survey were finalised and disseminated at the district level to over 300 personnel who included both LG and CSO staff.

In order to solicit buy-in from other stakeholders to utilize LQAS results and adoption of the methodology for central-level planning by the line ministries of Health and Education and other partners, UPHOLD organized a national LQAS conference with the theme *Enhancing Evidence-based Planning at District Level: the LQAS Experience in Uganda*. The conference, which was officiated by the Prime Minister, was well attended by over 200 participants comprised of stakeholders, donors, UPHOLD partners, and district officials. It was concluded that LQAS is a quick and cost-effective methodology which policymakers and other development partners can use at the local government level to improve evidence based planning on an annual basis.

UPHOLD has also began preparations for the 2006 LQAS survey due to take place in November. Similar to the 2004 survey, it will address both facility based and community based indicators expanding the scope of service areas to include the new initiatives of PMI.



DOCUMENTATION AND DISSEMINATION OF PROGRAM RESULTS

During PY4, UPHOLD was privileged to disseminate some of the program's best practices and experiences in implementation at national and international conferences. To this effect, UPHOLD staff made a total of 21 oral and poster presentations at various conferences such as the Global Health Conference 2005, the 50th Comparative International Education Society Conference (CIES), the XVI International Conference on AIDS 2006 in Toronto, and the Annual Makerere University –Institute of Public Health Scientific Conference, 2006. The conferences and papers presented are detailed in Annex XVII.

STRENGTHENING THE HEALTH MANAGEMENT INFORMATION SYSTEM

As part of UPHOLD's continued efforts to partner with the MoH in strengthening the Health Management Information System (HMIS), UPHOLD contracted the services of a JSI consultant to assist with the finalization of the HMIS data quality assurance module in consultation with Ministry of Health Staff responsible. A number of strategies were proposed to the MoH for adoption towards the improvement of HMIS data quality. UPHOLD has used this manual to train 25 health staff from five districts of Bugiri, Kamuli, Mayuge, Pallisa and Kaliro on aspects of measuring and improving data quality using the LQAS tables. Some of these staff have now taken on the role of mentoring other health staff involved in HMIS data management.

IMPROVING AIC'S MONITORING AND EVALUATION SYSTEM

UPHOLD staff provided technical assistance to consultants who were hired to support AIC improve its monitoring and evaluation system. By the end of PY4, a revised comprehensive system had been developed consisting of: a tool kit for tracking both qualitative and quantitative data; a clear data collection strategy (for branches and indirect sites); clear guidelines on feedback mechanism to ensure information use for improved programming at all levels; and a clear and easy-to-use program monitoring plan. By the end of the reporting period, work had also begun on developing the AIC indicator database.

COMMISSIONED STUDIES

Process Evaluation of Long Lasting Insecticide Treated Nets Distribution Exercise

To document lessons learned, best practices and challenges of the LLINs distribution exercise in nine UPHOLD districts, a process evaluation was carried out. The evaluation indicates that the method of using community medicine distributors (CMDs) as end point distributors was effective in reaching the intended population within a period of about three months. It also documents the factors contributing to the success of the distribution exercise including adequate preparation and organization through registering of under five year children and training of the CMDs. UPHOLD intends to disseminate the report with a view to recommending the method as a fast and effective and efficient mechanism for future net distribution.

CSO-CSO Partnership Study

Under UPHOLD's Family and Community Action Grants Program, CSOs responding to the request for applications were specifically encouraged to form partnerships. The CSO partnership study explored the nature of these partnerships as well as factors underlying the success or failure of CSO partnerships and their effectiveness in achieving results. Selected criteria to define partnership were used to evaluate the 40 lead CSOs who had 27 implementing partners. Results suggest that being in partnerships is positively associated with achieving results with 72% of those in partnerships achieving satisfactory results compared to 33% of those in no partnership. The report also identified key issues in developing partnerships including conflict resolution that will be used by UPHOLD to improve CSO interventions



the program supports. The results were shared at the Makerere University –Institute of Public Health Annual Scientific Conference held in Kampala.

CSO Capacity Self Assessment

At the beginning of the CSO granting process, capacities of all grantee CSOs were evaluated using self assessment tools. Most of them were found to have weak capacities in both technical and managerial areas. UPHOLD developed a strategy to address these gaps through tailored training and support supervision and after one year commissioned a study to assess the CSO technical and management capacities and the factors influencing them. The study findings suggest that even the best CSOs do not always have all the required capacity to implement multi-sectoral and multi-disciplinary technical programs, but CSO capacity can be built in a relative short time if well planned and structured as part of any grant strategy. The table below summarises some of improvements in CSO capacities.

Table 8: CSO Capacity improvements after one year of implementation

<i>Thematic Area</i>	<i>Percentage of CSOs achieving satisfactory capacity scores</i>	
	Baseline Assessment	Follow-on Assessment
<i>Planning</i>	67	94
<i>Budgeting</i>	0	44
<i>Monitoring and Evaluation</i>	31	64
<i>Overall capacities</i>	0	72

Source: CSO Follow-Up Capacity Report, UPHOLD, 2006

Strategies to Disclose HIV/AIDS Sero-status

UPHOLD commissioned a qualitative study to explore the dynamics of disclosure among sexual partners, which was carried out in collaboration with AIC, with technical support from MACRO International. The study suggests that the approach used by clients to disclose their HIV sero-status to spouses was guided by fears, immediate needs and the family situation. Disclosure worries among both men and women were related to fear of creating disharmony in family relationships, while among youth, disclosure was approached in varied ways; some did not share their results with the partners even when the results were negative, other came with partners, tested together, and shared results, while others first tested to be assured that they were virus free then later brought their partners. Overall the study informed the program on key gender dimensions to communication, which need to be addressed to ensure disclosure among sexual partners.

Formative Evaluation of Education Sector Interventions

A plan for a formative evaluation of UPHOLD’s education sector interventions was finalized this year and is set to be rolled out early PY5. The formative evaluation results will be used to document preliminary impact of the program and inform the MoES on ways to improve the training program and materials with a view to mainstreaming UPHOLD’s interventions. Draft instruments were piloted in Bundibugyo, Arua, Yumbe, and Koboko Districts which will be used to inform the evaluation process to be conducted by a team of consultants. Extensive meetings have been held with the consultant team to clarify the scope and focus of the research and field work is set to begin in the first quarter of PY5.



CHALLENGES AND WAY FORWARD

The main challenge that the MED department faces is keeping up with the ever changing reporting needs that arise out of new initiatives and programs. Additionally, with the project approaching its close, the LQAS survey was pushed forward in order to avoid costs of two surveys in the final phase of the program. In the next quarter, therefore, the 2006 LQAS survey will address both household and facility indicators. However, data collection for the survey will be interfered with due to the Primary Leaving Examinations and school term closure soon after.

So far, the department has been able to submit the required reports in time and address the reporting needs of partners. The LQAS survey will begin early in the first quarter of FY 2006/07 in order to ensure school facility data collection is completed.



ANNEXES

Annex I: The Year at a Glance

HEALTH SERVICES	
MALARIA	
<i>Case Management Malaria</i>	<ul style="list-style-type: none"> Increased the number of children under five years treated within 24 hours of the onset of fever from 916,856 in 2005 to 1,786,178 in 2006. Conducted rapid assessment of new malaria treatment policy using Artemisinin-based combination therapy in 60 facilities.
<i>Malaria in Pregnancy</i>	<ul style="list-style-type: none"> 38% IPT uptake by pregnant women Developed concept paper on proposed steps to increase uptake of Intermittent Preventive Treatment (IPT) of malaria in pregnancy. Developed and piloted tools for rapid assessment of implementation of IPT of malaria in pregnancy.
<i>Insecticide Treated Nets</i>	<ul style="list-style-type: none"> Procured and distributed 224,183 long-lasting insecticidal nets (LLINs) to households with children under five years old in 14 districts. Increased ITN coverage from 19.3% to 41.8% in nine districts. 87% of children below 5 years sleep under an ITN in the nine target districts. 95% net retention by the beneficiary children more than six months after net distribution in the nine districts. Supported re-treatment of 505,573 nets in 27 districts nationwide, 12 of which are UPHOLD supported.
TUBERCULOSIS	<ul style="list-style-type: none"> 73 health workers trained on community-based-TB DOTS approach focusing on integration of HIV/AIDS/TB.
AVIAN INFLUENZA	<ul style="list-style-type: none"> Printed 10,000 copies of Avian Influenza fact sheet Trained 1,160 local leaders on advocacy Developed radio campaign 'The Poultry Doctor'.
CHILD HEALTH	
<i>Immunization</i>	<ul style="list-style-type: none"> Increased DPT3 coverage from 73% to 89%. Increase Vitamin A coverage for children six months and above from 79% to 82%. 3, 667,922 children between one and 14 years were de-wormed.
<i>Integrated Child Health/Growth Promotion</i>	<ul style="list-style-type: none"> Trained 27 trainers in community-based growth promotion in Arua and 10 in Kiruhura. Identified and trained 677 community volunteers to work as community growth promoters. In addition, 218 Local Council I leaders were oriented to the program.
REPRODUCTIVE HEALTH	<ul style="list-style-type: none"> Procured and distributed 11,000 clean delivery (Mama) kits to internally displaced persons (IDPs) camps in Lira, Gulu and Kitgum districts to encourage clean deliveries and attendance of antenatal care (ANC) services four times during pregnancy. Trained 168 health workers in eight districts in goal-oriented ANC. Oriented 50 private midwives in domiciliary services. 7,239 mothers reviewed by private midwives during antenatal care visits. 1,556 deliveries conducted by private midwives. 5,765 sick children treated by private midwives. 3,922 new family planning acceptors served by private midwives.



	<ul style="list-style-type: none"> • 56 youth counselors trained. • <i>The Woman's Passport</i> adapted to Ugandan context.
<i>THE YELLOW STAR PROGRAM</i>	<ul style="list-style-type: none"> • 695 health facilities in 27 districts out of a total of 1,000 received at least one round of support supervision using the Yellow Star Program tools. • 30 % of facilities supervised in UPHOLD supported districts achieved 75% of basic health care standards. • Trained 25 mentors in the Eastern region as 'champions' for quality health service delivery. • Consumer advocacy initiated in two districts
HIV/AIDS SERVICES	
<i>Abstinence and Being Faithful</i>	<ul style="list-style-type: none"> • 4,334,393 school children received abstinence messages through PIASCY II. • 13,576 service providers mainly from CSOs were trained to provide abstinence promotional services. • 151 national facilitators were trained on PIASCY II implementation • 100,643 copies of PIASCY print materials procured and distributed to 1,078 model schools. • 568 Core PTC Coordinating Centre and pre-service tutors were trained in PIASCY II implementation, guidance and counseling. • Trained 4,294 teachers/school representatives in PIASCY II implementation, guidance and counseling. • 4,520 PTC pre-service students trained in PIASCY. • 217,179 adults, including couples, were reached with 'be faithful' messages. • 13,822 service providers trained on 'be faithful' promotional services.
<i>Other Interventions on Prevention</i>	<ul style="list-style-type: none"> • 60, 865 people received other prevention services during this period. • 34 people were trained to deliver other prevention services.
<i>HIV Counseling and Testing</i>	<ul style="list-style-type: none"> • 172,057 people (71,119 male and 100,938 female) were tested for HIV at UPHOLD-supported sites. • HCT sites increased from 119 to 683 sites (including outreaches). • Renovation of 18 health units in the districts. • Trained 223 service providers (including 43 people from 33 private clinics in HIV counseling and testing).
<i>Prevention of Mother-to-Child Transmission of HIV</i>	<ul style="list-style-type: none"> • Increased static PMTCT sites from 30 to 55. • 19,795 pregnant mothers were counseled, tested and received HIV results. • 871 HIV+ mothers received anti-retroviral prophylaxis. • 182 health workers trained to provide PMTCT and goal-oriented antenatal care.
<i>Palliative Care</i>	<ul style="list-style-type: none"> • 11,042 PLHAs received palliative care (including TB). • 606 PLHAs were treated for HIV/TB. • 138 people were trained in the provision of general palliative care services.
<i>Orphans and Vulnerable Children (OVC)</i>	<ul style="list-style-type: none"> • 6,388 OVC received care and support. • 153 service providers trained in caring for OVC.
EDUCATION SERVICES	
<i>Teacher Effectiveness</i>	<ul style="list-style-type: none"> • Printed and disseminated 8,993 CL Modules 1 and 2. • Trained 161 district trainers for TE modules 1 and 323 district trainers in TE module 2. • 7,054 head teachers and their deputies, and 29,441 teachers from the 3,918 targeted schools across the 29 UPHOLD districts trained in CL.



<p><i>Education Management Strengthening</i></p>	<ul style="list-style-type: none"> • 161 new trainers trained in EMS 1 & 2. • Completed training of 6,951 (93% of target) head teachers and deputies in EMS Module 1 and 6,792 (91% of target) in EMS Module 2 across all 29 districts. • Trained 19 national trainers and 315 (64 female and 251 male) education managers at district level from all 29 UPHOLD districts in EMS Module 3, <i>Managing School Finance</i>. • Trained 2,514 head teachers and deputies in EMS Module 3. • EMS Module 3 rolled out in 14 districts with strong support from MoES officials. • Printed and disseminated 17,474 EMS Modules (7,474 of Modules 1 and 2 and 10,000 of Module 3). • Radio spots produced and aired nationally for 45 days to support EMS 1 training in leadership and planning.
<p><i>Community Involvement in Education</i></p>	<ul style="list-style-type: none"> • Printed and disseminated 2,000 copies of the <i>CIE facilitators' Guide</i> and 10,000 CIE posters. • 762 district and CPTC staff oriented to CIE in 29 districts. • 10,000 Christian and 5,000 Muslim calendars and booklets printed and disseminated for advocacy work by religious leaders. • 45,000 parents actively participated in making school/community action plans during action oriented meetings in over 1,500 schools. • Printed and disseminated 20,000 copies of <i>School Open Day Guidelines</i> to education managers in all UPHOLD-supported districts. • Printed and disseminated 16,000 copies of <i>School Open Day Guidelines</i> nationally for MoES. • 650 schools held school open days across seven districts in which UPHOLD works. • 375 parents from ten schools supported by Madrasa in Wakiso District made learning materials for their pre-school children. • 184 schools and their communities reached with community participation interventions through the efforts of six CSOs.
<p><i>Cross-cutting Education interventions</i></p>	<ul style="list-style-type: none"> • A package of performance improvement tools to support SBQR training and orientation activities were finalized and rolled out with support from the MoES (Support supervision tools and certificates of performance) • Joint support supervisions involving district education offices and PTCs were conducted in 1,045 schools in 15 districts under the leadership of core PTC grantees. • 2,005 nominations for certificates of performance were received. • Plans for a formative evaluation of IES were completed. • Assessment and planning workshops held in 19 districts increasing collaboration between district local governments and PTCs. • Education achievements presented at two international conferences.

Source: Program Records, UPHOLD, 2006



Annex II: ITN coverage in nine districts between 2004-2006

<i>Region/District</i>	<i>Projected Population 2006</i>	<i>Estimated population under-5 years (2006)</i>	<i>% ITN coverage by Sept 2004 (LQAS)</i>	<i>% ITN coverage by Sept 2005 (LQAS)</i>	<i># of ITNs distributed by UPHOLD Dec-March 2006</i>	<i>ADJUSTED % ITN coverage after LLINs distribution</i>	<i>% increase in under 5s ITNs coverage after LLINs distribution</i>
Bugiri	517,453	104,526	4.2%	19.6%	13,000	32.0%	12.4%
Bushenyi	780,301	157,621	4.2%	9.4%	22,800	23.9%	14.5%
Gulu	522,910	105,628	16.1%	25.5%	51,525	74.3%	48.8%
Katakwi	394,245	79,638	21.1%	41.7%	23,843	71.6%	29.9%
Kitgum	337,175	68,109	18.9%	32.4%	16,650	56.8%	24.4%
Lira	871,232	175,989	15.0%	19.9%	55,300	51.3%	31.4%
Mayuge	374,888	75,727	2.1%	4.7%	10,000	17.9%	13.2%
Mubende	793,047	160,195	3.7%	9.7%	20,529	22.5%	12.8%
Rukungiri	341,009	68,884	3.7%	10.5%	9,990	25.0%	14.5%
Total	4,932,259	996,316		19.3%	224,183		41.8%

Source: Program Records, UPHOLD 2006



Annex III: Number of nets re-treated per district during round three of national net Re-treatment in Uganda, September 2006**

	<i>District</i>	<i>Nets re-treated</i>	<i>% target</i>
1	Apac	41,289	96.2
2/3	Arua & Koboko*	34,295	89.9
4	Busia	12,519	79.2
5	Hoima	11,768	57.7
6	Jinja	20,973	100.9
7	Kabarole	9,378	78.1
8/9	Kamuli & Kaliro*	30,026	93.5
10	Kamwenge	5,918	80.0
11	Kumi	62,736	110.4
12	Kyenjojo*	9,351	58.4
13/14	Luwero & Nakaseke*	19,596	84.9
15	Masindi	16,111	92.3
16-17	Mbale, Manafwa	38,855	92.7
18-21	Mbarara, Ibanda, Kiruhura and Isingiro*	36,469	47.5
22	Mukono	39,975	99.4
23	Nakasongola	10,434	76.7
24	Ntungamo	15,636	112.6
25/26	Tororo & Butaleja	45,265	73.9
27	Wakiso*	44,979	
	TOTAL	505,573	84.26

Program Records, UPHOLD 2006

**UPHOLD-supported districts*



Annex IV: PIASCY II training beneficiaries

Composition of participants during National Facilitator Training for PIASCY II

<i>Participant Category</i>	<i>N^o of Participants</i>
<i>MoES officials</i>	10
<i>Core PTC Principals, DPOs, Senior Tutors</i>	151
<i>UPHOLD staff</i>	9
<i>BEPS staff</i>	5
<i>Facilitators</i>	9
Total	184

Source: Program Records, UPHOLD 2006

Number of primary teacher college pre-service teacher students trained in PIASCY

<i>Core PTCs</i>	<i>Male</i>	<i>Female</i>
<i>St. George Ibanda</i>	178	233
<i>Kibuli</i>	207	180
<i>Mukujju</i>	282	151
<i>Bulera</i>	230	221
<i>Busubizi</i>	112	101
<i>Kabulasoke</i>	247	204
<i>Nakaseke</i>	396	283
<i>Gulu</i>	228	172
<i>Arua</i>	160	120
<i>Non-Core PTCs</i>		
<i>Busikho</i>	206	94
<i>Kaliro</i>	130	80
<i>Rakai</i>	115	190
Sub Total	2491	2029

Source: Program Records, UPHOLD 2006



Annex V: Distribution of long-lasting insecticide-treated nets (LLINs) to people living with HIV/AIDS

<i>District</i>	<i>Distribution Center</i>	<i>Number of LLINs distributed</i>
Kyenjojo	Kyegegwa HC IV	312
	Kyarusenzi HC IV	140
	RWIDE	385
Bundibugyo	Kakuka HC II	137
	Rwebisengo HC IV	139
	World Vision	136
Kitgum	St Joseph's Hospital	492
Wakiso	Namayumba HC IV	116
	Buwambo HC IV	136
	KICA (CSO)	138
Luwero	World Vision Kapeeka (CSO)	211
Nakaseke	Nakaseke Hospital	242
Rakai		300
Bugiri		145
Mayuge		200
Kamuli		258
Nakapiripirit		200
Mbarara	Mayanja Memorial Hospital	275
Ibanda	Ibanda Child Centre	278
Isingiro	Kabuyanda HC IV	150
	Nyamuyanja HC IV	150
Kiruhura		150
Total		4,690

Annex VI: Cooperative learning (CL) accomplishments as of September 2006

	Districts	No of School Targets	Met School Targets		Head teachers Trained		Teacher targets	Teachers Trained	Teachers Using CL	Pupils benefiting
			TE 1	TE 2	TE 1	TE 2				
	Cohort One									
1	Arua	357	324	324	658	592	6,052	5,300	3,619	11,925
2	Koboko	20	70	70	132	130	679	679	679	43,362
3	Yumbe	125	121	120	242	240	1,503	1,096	987	76,691
4	Lira	329			164	495	4,310	2,520	1,476	23,993
5	Amolatar	47	54	54	108	108	583	503	499	34,280
6	Luwero	283	71	260	141	520	3,711	148	116	1,952
7	Nakaseke	104	24	24	240	240	175	153	115	6,286
8	Bushenyi	493	493	493	1,001	964	7,366	6,757	4,672	110,375
9	Bundibugyo	134	134	134	256	199	1,267	1,066	296	15171
10	Mayuge	157	157	157	314	311	7,651	3,909	651	46,006
11	Kamuli	300	300	104	650	462	3,734	NA	NA	NA
12	Kaliro	24	24	24	100	96	NA	NA	NA	NA
13	Katakwi	71	73	73	281	173	1,805	815	745	37425
14	Amuria	102	102	102	204	204		459	347	15486
15	Kyenjojo	212	212	212	212	318	1,681	1,121	565	40,749
16	Rakai	317	217	217	400	200	3,251	1,308	NA	NA
17	Rukungiri	218	150	150	436	436	1,900	609	NA	NA
18	Gulu	89	89	89	178	104	2,834	1,840	221	17,129
19	Kitgum	80	80	80	155	147	2,681	NA	NA	NA
20	Mbarara	20	20	18	46	42	638	451	321	10,106
21	Kiruhura	20	20	20	68	76	201	185	174	7,029
22	Ibanda	20	20	20	20	40	128	NA	87	NA
23	Isingiro	20	37	37	79	78	383	136	NA	NA
24	Mubende	40	40	40	76	NA	5,527	NA	NA	NA
25	Mityana	40	40	40	191	72	125	80	53	1,928
26	Wakiso	80	80	80	147	275	5,703	417	335	13,000
27	Bugiri	80	106	106	157	150	2,220	672	567	33,549
28	Pallisa	80	150	150	310	289	3,722	1242	983	41,197
29	Nakapiripirit	56	46	46	93	93	303	108	83	23,363
	Total	3918	3254	3246	7059	7054	70,133	31,281	4847	313,631

**Annex VII: Numbers of school reached in education management strengthening
January 2003 to September 30, 2006**

<i>District</i>	<i>N^o of schools targeted</i>	<i>N^o of head teachers and deputies targeted by district</i>	<i>N^o of head teachers and deputies trained</i>		
			EMS 1	EMS 2	EMS 3
<i>Mityana</i>	40	80	77	65	0
<i>Mubende</i>	40	80	80	80	78
<i>Rakai</i>	317	634	519	400	114
<i>Katakwi</i>	72	144	131	128	129
<i>Amuria</i>	102	204	N/A	217	216
<i>Lira</i>	282	564	539	372	100
<i>Amolotar</i>	47	94	97	104	109
<i>Nakapiripirit</i>	56	112	93	93	64
<i>Mayuge</i>	157	314	338	326	40
<i>Kamuli</i>	376	752	460	480	0
<i>Kaliro</i>	24	48	90	95	0
<i>Bugiri</i>	80	160	119	152	0
<i>Pallisa</i>	150	300	311	286	0
<i>Bundibugyo</i>	132	264	231	274	316
<i>Kyenjojo</i>	212	424	71 by UPHOLD/ balance by BEPS	70 by UPHOLD/ balance by BEPS	212
<i>Wakiso</i>	80	160	98	135	158
<i>Luwero</i>	363	726	632	722	545
<i>Nakaseke</i>	24	48	41	48	0
<i>Mbarara</i>	20	40	44	35	44
<i>Kiruhura</i>	20	40	68	75	43
<i>Ibanda</i>	20	40	N/A	40	45
<i>Isingiro</i>	20	40	74	60	75
<i>Bushenyi</i>	493	986	986	721	0
<i>Rukungiri</i>	218	436	431	436	0
<i>Arua</i>	276	552	566	623	0
<i>Yumbe</i>	120	240	460	265	226
<i>Koboko</i>	58	116	92	158	0 (under Yumbe & Arua)
Total	3,799	7,598	6,648	6,460	2,514

Annex VIII: Community involvement in education school targets and coverage as of 30th September 2006

<i>N^o</i>	<i>East</i>	<i>District Target 05/06</i>	<i>District Coverage</i>	<i>CSO Target 05/06</i>	<i>CSO coverage 2006</i>
1	<i>Bugiri</i>	80	67	LABE: 81	26
2	<i>Mayuge</i>	157	89		
3	<i>Kaliro</i>	24	24		
4	<i>Kamuli</i>	80	80		
5	<i>Pallisa</i>	100	100		
6	<i>Bundibugyo</i>	80	100		
7	<i>Kyenjojo</i>	212	41	Fort Portal Diocese: 132	61
8	<i>Nakaseke</i>	32	0		
9	<i>Luwero</i>	58	50		
10	<i>Mityana</i>	30	30		
11	<i>Wakiso</i>	80	80		
12	<i>Mubende</i>	40	33		
13	<i>Rakai</i>	80	40		
14	<i>Gulu</i>	89	4		
15	<i>Yumbe</i>	60	60	LABE: 75	19
16	<i>Kitgum</i>	80	4		
17	<i>Arua</i>	88	58	Kids League: 65	26
18	<i>Koboko</i>	20	20		
19	<i>Bushenyi</i>	485	485		
20	<i>Rukungiri</i>	150	106	RUGADA: 100	52
21	<i>Mbarara*</i>	435*	35		
22	<i>Kiruhura*</i>	2025	42		
23	<i>Isngiro*</i>	-	43		
24	<i>Ibanda*</i>	-	28		
25	<i>Lira</i>	80	40		
26	<i>Nakapiripirit</i>	54	4		
27	<i>Katakwi</i>	71	39		
28	<i>Amolatar</i>	20	12		
29	<i>Amuria</i>	102	82		
	TOTAL	2,352	1,796	453	184

**Target for these districts has not yet been split*



Annex IX: Number of schools support supervision visits carried out with UPHOLD support

<i>Primary Teacher College</i>	<i>Number of schools receiving support supervision</i>
Bushenyi	64
Soroti	211
Bishop Willis	159
Loro	207
Nakaseke	104
Arua	84
Lodonga	81
Kabale-Bukinda	90
Ndegeya	8
Canon Apollo	37
Kabulosoke	0
Total	1045

Annex X: Status of local government grants for FY 2005/06 (30th September, 2006)

<i>District</i>	<i>Region</i>	<i>Grant amount</i>	<i>Net release amount</i>	<i>Amount spent</i>	<i>% spent to date</i>
<i>Luwero</i>	Central	89,190,300	63,192,300	61,108,130	96%
<i>Mubende</i>	Central	121,734,680	87,177,000	76,132,243	87%
<i>Rakai</i>	Central	237,136,560	209,360,000	194,873,015	93%
<i>Wakiso</i>	Central	211,510,300	198,310,300	156,761,200	79%
<i>Bugiri</i>	East	183,489,500	160,124,500	150,048,063	94%
<i>Kamuli</i>	East	116,058,600	116,058,600	67,646,405	58%
<i>Mayuge</i>	East	195,525,120	146,751,760	87,747,422	60%
<i>Pallisa</i>	East	211,236,864	152,862,800	117,290,233	77%
<i>Katakwi</i>	N/East	105,184,300	100,384,300	100,133,300	100%
<i>Lira</i>	N/East	165,579,105	138,603,585	106,970,000	77%
<i>Nakapiripirit</i>	N/East	189,841,400	189,841,400	183,652,000	97%
<i>Arua</i>	North	191,363,560	174,096,560	107,750,400	62%
<i>Gulu</i>	North	210,396,500	159,636,500	44,613,750	28%
<i>Kitgum</i>	North	198,845,900	169,063,900	140,396,169	83%
<i>Yumbe</i>	North	153,763,920	148,763,920	130,618,316	88%
<i>Bundibugyo</i>	Rwenzori	189,350,700	170,802,440	159,254,388	93%
<i>Kyenjojo</i>	Rwenzori	190,009,800	170,409,800	164,229,040	96%
<i>Bushenyi</i>	S/West	238,411,600	192,715,600	167,798,000	87%
<i>Mbarara</i>	S/West	144,102,300	144,102,300	134,639,765	93%
<i>Rukungiri</i>	S/West	220,863,700	220,863,700	163,363,594	74%
<i>Amolatar*</i>	N/East	50,260,920	45,705,000	38,123,500	83%
<i>Amuria*</i>	N/East	128,752,300	128,752,300	114,870,400	89%
<i>Ibanda*</i>	S/West	27,580,500	27,580,500	13,461,000	49%
<i>Isingiro*</i>	S/West	53,022,760	51,923,200	51,907,647	100%
<i>Kaliro*</i>	East	45,202,800	45,202,800	30,516,400	68%
<i>Kiruhura*</i>	S/West	29,913,900	29,913,900	21,096,250	71%
<i>Koboko*</i>	North	48,475,780	45,494,280	20,703,500	46%
<i>Mityana*</i>	Central	119,209,020	90,389,100	40,348,710	45%
<i>Nakaseke*</i>	Central	98,564,000	83,842,000	41,000,533	49%
Totals**		4,164,576,689	3,661,924,345	2,887,053,373	79%

* The marked districts were carved out of some the original 20 districts

**The total figures of the funds released exclude funds spent on central procurements



Annex XI: New local government grants for FY 06/07 (as of 30 September 2006)

<i>District</i>	<i>Region</i>	<i>Grant Amount</i>
<i>Luwero</i>	Central	44,931,000
<i>Mubende</i>	Central	31,561,000
<i>Rakai</i>	Central	27,536,400
<i>Wakiso</i>	Central	30,172,400
<i>Bugiri</i>	East	35,650,000
<i>Kamuli</i>	East	32,212,000
<i>Mayuge</i>	East	30,873,200
<i>Pallisa</i>	East	32,317,000
<i>Katakwi</i>	N/East	27,272,400
<i>Lira</i>	N/East	35,249,000
<i>Nakapiripirit</i>	N/East	28,344,500
<i>Arua</i>	North	29,984,000
<i>Gulu</i>	North	35,274,600
<i>Kitgum</i>	North	27,405,700
<i>Yumbe</i>	North	29,732,000
<i>Bundibugyo</i>	Rwenzori	29,458,800
<i>Kyenjojo</i>	Rwenzori	30,722,600
<i>Bushenyi</i>	S/West	31,283,400
<i>Mbarara</i>	S/West	34,726,400
<i>Rukungiri</i>	S/West	35,068,400
<i>Amolatar</i>	N/East	25,838,400
<i>Amuria</i>	N/East	26,717,000
<i>Ibanda</i>	S/West	33,172,400
<i>Isingiro</i>	S/West	35,147,000
<i>Kaliro</i>	East	25,042,000
<i>Kiruhura</i>	S/West	32,821,400
<i>Koboko</i>	North	28,341,400
<i>Mityana</i>	Central	30,255,900
<i>Nakaseke</i>	Central	29,584,400
Total		906,694,700

Annex XII: Details of CSOs that are receiving funding through the Family and Community Grants Program as of 30th September 2006

	CSO	Grant Amount	Net Release	Amount Released	% Disbursed
1	<i>AFXB</i>	70,757,000	70,757,000	70,757,000	100%
2	<i>ECHO</i>	87,657,526	73,546,000	73,482,762	100%
3	<i>German Foundation for World Population</i>	82,861,800	77,611,800	77,614,806	100%
4	<i>Huys Link Community Initiative</i>	86,215,900	81,415,900	63,807,633	78%
5	<i>World Vision Kapeeka ADP</i>	82,959,000	77,108,000	77,108,004	100%
6	<i>World Vision Kooki ADP</i>	63,000,000	60,000,000	53,973,246	90%
7	<i>BUCADEF</i>	77,542,600	77,542,600	44,323,500	57%
8	<i>RAIN</i>	153,176,800	137,916,800	101,162,100	73%
9	<i>Rakai Health Sciences Project</i>	232,918,000	229,768,000	22,976,800	10%
10	<i>Kamuli Mission Hospital</i>	101,011,343	74,181,000	74,150,720	100%
11	<i>Student Partnership Worldwide Kamuli</i>	243,358,275	149,152,200	144,071,942	97%
12	<i>Student Partnership Worldwide Mayuge</i>	202,325,448	143,992,400	141,130,042	98%
13	<i>Ugandan Community Based Assoc. for Child Welfare (UCOBAC)</i>	79,906,000	76,906,000	75,638,517	98%
14	<i>Uganda Reproductive Health Bureau</i>	86,175,393	59,713,300	57,752,300	97%
15	<i>Youth Alive</i>	90,071,113	67,016,300	67,045,913	100%
16	<i>Idudi Development Association</i>	171,224,800	125,724,800	93,774,531	75%
17	<i>Literacy and Adult Basic Education-Bugiri</i>	170,661,000	140,681,000	53,900,994	38%
18	<i>Acord Nakapiripit</i>	118,583,500	113,433,500	113,433,500	100%
19	<i>Acowa Family Helper Project</i>	98,046,500	59,996,500	30,370,427	51%
20	<i>Dokolo Project- CCF</i>	95,565,150	58,465,150	35,200,251	60%
21	<i>Teso Islamic Development Organization</i>	82,151,500	65,051,500	45,242,475	70%
22	<i>RUHECO</i>	148,822,350	120,462,350	70,775,200	59%
23	<i>Acord Gulu</i>	108,020,000	96,520,000	96,520,000	100%
24	<i>St Joseph's Hospital</i>	119,034,699	97,843,301	83,019,373	85%
25	<i>The Kids League</i>	179,826,294	170,926,294	134,852,050	79%
26	<i>World Vision Gulu ADP</i>	120,197,000	116,297,000	91,707,820	79%
27	<i>World Vision Kitgum ADP</i>	180,000,000	153,000,000	91,274,131	60%
28	<i>Literacy and Adult Basic Education-Yumbe</i>	93,744,300	88,744,300	29,123,430	33%
29	<i>Bandimagwara Cultural Group</i>	57,739,000	57,739,000	57,739,000	100%
30	<i>Fort Portal Diocese HIV/AIDS Focal Point</i>	112,223,998	77,800,700	77,500,700	100%
31	<i>Kyembogo Holy Cross Family Centre</i>	140,569,020	127,305,000	127,270,609	100%
32	<i>Rural Welfare Improvement for Development</i>	80,519,360	67,569,360	67,534,294	100%
33	<i>World Vision Bundibugyo ADP</i>	135,000,000	117,400,000	117,391,000	100%
34	<i>Education Secretariat Fort Portal Diocese</i>	158,039,000	155,039,000	87,399,204	56%
35	<i>Toro Kingdom</i>	137,069,400	128,577,400	72,174,354	56%
36	<i>Bushenyi Medical Centre</i>	134,932,600	115,892,600	68,826,744	59%
37	<i>Ibanda Child Development Centre</i>	61,190,000	61,190,000	61,101,193	100%



38	<i>Maturity Audio Visual Uganda</i>	69,354,000	63,504,000	63,352,595	100%
39	<i>Mayanja Memorial Hospital Foundation</i>	83,728,343	62,048,000	61,930,800	100%
40	<i>Kaaro Rural Development Organization</i>	135,161,100	123,161,100	106,423,900	86%
41	<i>Rukungiri Women Development Centre</i>	150,843,450	122,143,450	99,406,650	81%
42	<i>Rukungiri Gender and Development Association</i>	145,108,500	142,308,500	58,488,500	41%
	Total	5,027,291,062	4,285,451,105	3,240,729,010	76%



Annex XIII: Details of approved grants for PEPFAR Year II implementing CSOs

	<i>CSO</i>	<i>Grant Amount</i>	<i>Amount Released</i>	<i>% Disbursed</i>
1	AFXB	61,686,800	6,168,680	10%
2	German Foundation for World Population	46,760,400	29,533,788	63%
3	World Vision Kooki ADP	48,477,400		
4	Kisubi Mission Hospital	67,196,000	33,471,500	50%
5	Kamuli Mission Hospital	40,482,800		
6	Student Partnership Worldwide Kamuli	27,383,500		
7	Student Partnership Worldwide Mayuge	31,618,500		
8	Ugandan Community Based Assoc. for Child Welfare (UCOBAC)	40,599,000	4,059,900	10%
9	Uganda Reproductive Health Bureau	57,564,900	5,756,490	10%
10	Youth Alive	66,510,300	32,523,100	49%
11	Family Life Education Project (FLEP)* Mayuge	24,948,600	2,494,860	10%
12	Family Life Education Project (FLEP)* Kamuli	80,780,500	8,078,050	10%
13	Acord Gulu	70,706,172	7,070,617	10%
14	St Joseph's Hospital	75,096,500	7,509,650	10%
15	World Vision Gulu ADP	65,674,000		
16	Bandimagwara Cultural Group	26,420,000		
17	Fort Portal Diocese HIV/AIDS Focal Point	91,222,500		
18	Kyembogo Holy Cross Family Centre	77,489,000		
19	Rural Welfare Improvement for Development	53,589,900		
20	World Vision Bundibugyo ADP	74,988,000		
21	Ibanda Child Development Centre	74,058,000	18,841,218	25%
22	Maturity Audio Visual Uganda	39,623,700		
23	Mayanja Memorial Hospital Foundation	116,970,500	11,697,050	10%
	Total	1,359,846,972	167,204,903	12%

**FLEP was initially a sub-grantee of UPHOLD, but due to excellent performance graduated to 'Lead CSO' status*



Annex XIV: Details of multi-district CSOs that are receiving funding as of 30th September 2006

	<i>Multi-District CSOs</i>	<i>Grant Amount</i>	<i>Net Release</i>	<i>Amount Released</i>	<i>% Disbursed</i>
1	<i>Kisubi Mission Hospital</i>	90,701,259	77,926,500	77,745,150	100%
2	<i>Madrasa</i>	625,552,575	625,552,575	331,792,246	53%
3	<i>Straight Talk Foundation</i>	862,188,000	790,188,000	675,536,633	85%
4	<i>NSARWU- year 2</i>	154,749,002	134,753,002	134,753,002	100%
5	<i>SAVE US</i>	320,814,914	301,727,114	89,282,308	30%
6	<i>UPMA- year 2</i>	488,043,618	483,043,618	265,320,068	55%
7	<i>IRCU</i>	82,342,564	82,342,564	66,014,937	80%
8	<i>TUKO Club</i>	222,958,195	174,613,100	102,954,685	59%
9	<i>UNHCO</i>	89,916,000	77,916,000	62,314,700	80%
	<i>Total</i>	2,937,266,127	2,748,062,473	1,805,713,721	66%



Annex XV: PIASCY grants 2006- status as of 30th September 2006

No.	Grantee	Grant Total	1st Release	2 nd Release	3 rd Release	% Disbursement
1	Bishop Willis Core PTC	118,287,700	34,310,107	34,133,017	21,809,833	76%
2	Kabulasoke Core PTC	78,895,300	21,790,817	21,790,817		55%
3	Nakaseke Core PTC	68,793,900	19,541,617	19,541,617	12,355,333	75%
4	Bushenyi Core PTC	67,336,100	19,677,383	19,677,383		58%
5	Ndegeya Core PTC	74,088,800	20,524,567	20,524,567	14,019,833	74%
6	Lodonga Core PTC	58,778,900	15,715,617	15,715,617		53%
7	Loro Core PTC	105,357,300	31,053,650	31,053,650		59%
8	Soroti Core PTC	103,736,500	30,309,750	30,309,750	19,058,500	77%
9	Kabale-Bukinda Core PTC	103,218,900	28,687,283	28,687,283		56%
10	Canon Apollo Core PTC	65,266,300	17,853,817	17,853,817		55%
11	Arua Core PTC	72,050,900	20,158,617	20,158,617		56%
12	Shimoni Core PTC	77,004,500	20,982,917	20,982,917		54%
13	Nyondo Core PTC	88,741,900	24,643,950	24,643,950		56%
14	Gulu Core PTC	68,352,200	20,470,100	20,470,100		60%
15	Busuubizi Core PTC	79,235,300	21,960,817	21,960,817	15,156,833	75%
16	Moroto Core PTC	50,762,540	13,106,270	13,106,270		52%
17	Kitgum Core PTC	75,271,100	22,342,883	22,342,883		59%
18	Ngora Core PTC	54,972,500	15,969,250	15,969,250		58%
19	Kibuli Core PTC	49,979,900	14,305,117	14,305,117		57%
20	Ibanda Core PTC	54,195,700	15,361,017	15,361,017		57%
21	Mukujju Core PTC	71,899,900	19,944,617	19,767,617	13,922,333	75%
22	Bulera Core PTC	133,902,300	39,930,817	39,930,817		60%
23	Bishop Stuart Core PTC	137,544,500	35,133,417	35,133,417	31,138,833	74%
	Total	1,857,672,940	523,774,397	523,420,307	127,461,498	



Annex XVI: Education Grants 2005/06

<i>No.</i>	<i>Grantee</i>	<i>Grant Amount</i>	<i>Net Release</i>	<i>Total Released</i>	<i>% Disbursement</i>
1	Bishop Willis Core PTC	44,567,600	39,992,600	22,283,800	56%
2	Kabulasoke Core PTC	6,679,600	4,391,800	6,011,400	137%
3	Nakaseke Core PTC	16,584,000	14,296,200	8,292,400	58%
4	Bushenyi Core PTC	33,447,200	31,159,400	31,159,400	100%
5	Ndegeya Core PTC	11,045,400	8,757,600	8,757,600	100%
6	Lodonga Core PTC	34,989,600	32,701,800	32,701,800	100%
7	Loro Core PTC	29,864,200	27,576,400	27,576,400	100%
8	Soroti Core PTC	37,771,000	35,483,200	35,483,200	100%
9	Kabale-Bukinda Core PTC	35,967,775	33,679,975	33,679,975	100%
10	Canon Apollo Core PTC	18,993,800	16,706,000	16,706,000	100%
11	Arua Core PTC	27,179,800	24,892,000	24,892,000	100%
	Total	297,089,975	269,636,975	246,543,975	



Annex XVI: Education Grants 2006/07

<i>No.</i>	<i>Grantee</i>	<i>Grant Amount</i>	<i>1st Release</i>	<i>2nd Release</i>	<i>% Disbursement</i>
1	Bishop Willis core PTC	289,813,350	110,056,450	110,056,450	76%
2	Kabulasoke core PTC	100,455,600	22,840,000	22,840,000	45%
3	Nakaseke Core PTC	284,244,200	82,750,200	82,750,200	58%
4	Bushenyi Core PTC	289,205,300	105,902,650	105,902,650	73%
5	Ndegeya Core PTC	253,845,200	79,938,200	79,938,200	63%
6	Lodonga Core PTC	126,892,450	32,075,285	32,075,282	51%
7	Loro Core PTC	206,822,200	66,334,300	66,334,300	64%
8	Soroti Core PTC	118,974,600	30,979,200	30,979,200	52%
9	Kabale-Bukinda Core PTC	166,840,200	43,082,700	43,082,200	52%
10	Canon Apollo Core PTC	116,766,600	33,465,200	0	29%
11	Arua Core PTC	250,971,000	55,058,600	0	22%
	Total	2,204,830,700	662,482,785	573,958,482	



Annex XVII: Conference Presentations as Documentation and Dissemination Achievements for PY 4

XIV International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA) 2005, Abuja, Nigeria, 4-9 December 2005.

1. Becoming 'Listening Parents': Parent-Child Communication to Prevent HIV/AIDS in Uganda.
2. Improving District Capacity to Utilize Evidence-based Planning in the Management of Effective HIV/AIDS Programs in Uganda.
3. The Need for a Child-centric Approach to HIV/AIDS Prevention and Mitigation Among Youth: Experiences from Uganda.

The President's Emergency Plan for AIDS Relief Annual Meeting, Durban South Africa 12-15 June 2006.

1. Tailoring Social Support to the Needs of Individuals Who Test for HIV: Action Research on Disclosure of HIV Status in Uganda.
2. Utilizing Evidence to Drive Program Implementation: How Lot Quality Assurance Sampling (LQAS) Surveys Help Districts to Focus HIV/AIDS Interventions in Uganda.
3. Increasing HIV/AIDS Service Utilization Through Public-Private Partnerships: Experiences from Rural Uganda.
4. HIV Testing for Pregnant Women Influences Choice of Delivery: Lessons from a Household-based PMTCT Utilization Survey in Uganda.

XVI International Conference on AIDS, Toronto, Canada, 13-18 August 2006

1. Utilizing Evidence to Drive Program Implementation: How Lot Quality Assurance Sampling (LQAS) Surveys Help Districts to Target Underserved Areas in Uganda.
2. Scaling-up PMTCT Service Delivery: Using Parental Knowledge to Reinforce Prevention of Mother-to-child Transmission Strategies.
3. Increasing Access Using Home-based Confidential HIV Counseling and Testing: An Innovative Community-based Program in Uganda.
4. Calculated Strategies on How Clients Decide to Disclose HIV Test Results: Exploring Gender Dimensions in Uganda.
5. Using Rapid Testing to Increase Access to HIV Counselling and Testing Services in Resource-limited Settings: Experiences from Uganda.



6. Tailoring Social Support to the Needs of Individuals who Test for HIV: Action Research on Disclosure of HIV Status in Uganda.

2nd Annual Scientific Conference of the Faculty of Medicine and Institute of Public Health, Makerere University Uganda, 7-9 September 2006.

1. Harnessing Civil Society to Rapidly Scale-up Implementation of HIV/AIDS Interventions: Experiences from Uganda.
2. Leveraging Partnerships to Amplify Effectiveness in Service Delivery: Experiences from Civil Society Organizations in Uganda.
3. The Role of Culture and Uptake of Public Health Programs: A Case Study of Birth Practices in Arua District in Uganda.
4. Utilizing Evidence to Drive Program Implementation: Lot Quality Assurance Sampling (LQAS) Surveys Make a Difference in District Level Planning in Uganda.
5. Using Lot Quality Assurance Sampling to Promote Equity in the Delivery of 'Roll Back Malaria' Program Services in Uganda.
6. Mitigating Gender-Based Violence to Increase Couple Counselling and Testing Uptake in Uganda.
7. Re-thinking Strategies for Mobilization: The Case of VCT in Nakapiripirit District, Uganda.

50th Comparative International Education Society Conference, Hawaii USA, 14-18 March 2006.

Strengthening School-Community Partnerships for Pupils Quality Learning Through School Open Days: Uganda's Experience.

Manuscripts submitted to peer-reviewed journals for publication:

Promoting Unity of Purpose in District Health Service Delivery in Uganda through Partnerships, Trust Building and Evidence-based Decision-making. Submitted to The Education for Health (TUFH) Journal.

Special studies commissioned:

1. CSO-CSO Partnerships: What makes them work?
2. Civil society organizations' capacity self assessment
3. Process evaluation of the distribution of long-lasting insecticide treated nets in nine UPHOLD supported districts