



UPHOLD

Quarterly Report

April to June 2006

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EXECUTIVE SUMMARY

The following report covers the period of April to June 2006 and highlights the key achievements, challenges and lessons learned for the Uganda Programme for Human and Holistic Development (UPHOLD).

During this quarter, efforts centred on strengthening implementation of program activities by the various partners including Civil Society Organization (CSOs), Local Governments and Core Primary Teacher Colleges, as well as strengthening partnerships and building partner capacity. Many substantive achievements were realised during the Third Quarter in the Education, Health and HIV sectors, especially through the engagement of a wide range of partnerships and the use of drama for community mobilisation.

In the Education sector, UPHOLD signed a Memorandum of Understanding (MoU) with the Ministry of Education and Sports, and disbursed funds to 11 Core Primary Teacher Colleges to facilitate the roll out of the Integrated Education Strategy. At the same time, expansion of Education Management Strengthening (EMS) and Cooperative Learning (CL) components continued. 2,828 head teachers and deputies were trained in EMS module 1 (in Cohort 3 districts) and in module 2 (in Cohort 1 & 2 districts) and in CL module 2. In at least six districts, 2,494 teachers used the CL method to teach at least five lessons a week. In Yumbe support supervision reports in 36 schools indicated 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 an overall improvement of 5.5%. 1,062 pre-service students have benefited and 320 in-service students have been reached with the CL approach of teaching while still under training. In Kiruhura district, in all the 43 schools supported by UPHOLD, at least 50% of the parents now provide some form of lunch for their children. There is also evidence of greater Community Involvement in Education: 663 schools in the ten districts of Rakai, Arua, Yumbe, Kamuli, Mayuge, Luwero, Nakaseke, Lira, Bushenyi, Rukungiri, Bundibugyo, Katakwi and Amuria received support supervision in the five areas of Leadership, School Administration and Management, CIE/School Health, Teacher Effectiveness and Planning.

Regarding the Health sector, UPHOLD supported the improvement of quality of health services through the Yellow Star Programme (YSP). Supervision and quality assessments were conducted in 393 health facilities in the 12 districts of Bushenyi, Pallisa, Bugiri, Kaliro, Kyenjojo, Bundibugyo, Yumbe, Arua, Mbrara, Isingiro, Ibanda, and Kirihura. 33% of the health facilities assessed achieved at least 75% of the basic standards of health care. The YSP has been augmented with a mentoring initiative, to improve quality of supervision. In the fight against malaria, Home Based Management of Fever continues to be strengthened. More than 1,107,611 children were treated by Community Drug Distributors between October 2005 and May 2006. In addition, distribution of insecticide treated nets continued, and from December 2005 to March 2006, coverage has increased by 21% on average in nine districts of Bugiri, Bushenyi, Lira, Gulu, Katakwi, Kitgum, Mayuge, Mubende and Rukungiri. In the area of child health, 280 community based growth promoters in 135 villages serving a combined population of about 7,500 children, and more than 1,800 children received health services provided through the Child Days Plus strategy in the Koch Goma IDP camp between May and June.

In response to HIV, UPHOLD supported the provision of Home Based HIV Counseling and Testing of 18,559 beneficiaries through CSOs. Furthermore, 2,487 youth received HIV/AIDS prevention and care services through the models for Youth friendly services at the Gulu Youth Centre and Kajjansi Teenage Centre. Grant applications for Year II have been received from 23 CSOs in order to further implementation of HIV/AIDS activities and they are currently being reviewed by UPHOLD. As regards the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), 568 Core PTC Coordinating Centre and Pre-Service Tutors and 4,294 school teachers were trained in PIASCY II implementation and guidance and counseling in the second leg of the PIASCY II training cascade. Additionally, PIASCY orientation for 4,520 PTC pre-service students was completed. PIASCY II materials were distributed to 1078 model schools.

Finally, during the Third Quarter, UPHOLD concluded the process of recruiting a new Chief of Party after the departure of Dr. Nosa Orobato. Dr. Samson Kironde, the new Chief of Party, has been serving in UPHOLD as a Deputy Chief of Party (Monitoring, Evaluation and Dissemination). He assumed his new responsibilities in June 2006.

1.0 INTRODUCTION

1.1 Strengthening Partnerships to Increase Results

As part of its' implementation strategy, UPHOLD pursues the strengthening of effective partnerships and dialogue between the public sector, the private sector, civil society, families and communities. Partnerships with CSOs, for example, are the reason for achievement of substantive results in the last two years of program implementation. Therefore, UPHOLD is committed to maintaining these effective partnerships and increasing partner capacity as a key strategy for achieving the goal of improving the lives of Ugandans.

During this quarter, two studies were conducted in the bid to guide the efforts to strengthen the effectiveness of partnerships with CSOs. One was a capacity assessment of 36 CSOs, and the other was a review of CSO partnerships. Findings of this capacity assessment were compared with the findings of the baseline capacity assessment conducted in 2004. According to the capacity assessment of CSOs, satisfactory capacity performance for CSOs increased from zero at the baseline, to 72% (26) at follow-up.

This represents a major improvement in the capacity of CSOs to implement their programs. This improved capacity has been a result of the regular and tailored and support given to CSOs during the course of Program Year (PY) IV. A CSO capacity support strategy was developed and implemented by UPHOLD using on job training and frequent support supervision.

In addition, during the quarter, an in-depth action oriented study on the partnerships within the grantee CSOs was carried out. The study contributes to the efficiency and effectiveness of one of UPHOLD's key strategies: that of the Community Action Grant, at a time when UPHOLD plans a new round of the Presidents Emergency Plan For AIDS Relief (PEPFAR) grants..

Results of this study indicate that many (29 out of 31) partnerships have worked very well over that past year among the CSOs. In addition even CSOs that were given grants without formal partnerships (like St. Josephs Hospital Kitgum and World Vision Kitgum) saw the need to form partnerships. Many of them have formed partnerships with local Governments and other CSOs to aid the implementation of their activities. Although most partnerships reported some areas of misunderstanding, CSOs were able to resolve these problems successfully. The analysis also points to the fact that partnerships lead to more results. This is shown by the fact that there are more CSOs in partnerships (18 out 25) achieving their targets for the first year compared to those not in partnerships and achieving results (2 out 6). The odds ratio was used to determine that it is five times more likely to achieve results with partnership than without. In the next quarter, there will be continued efforts, through training and support supervision, to strengthen partnerships with CSOs and other actors for greater results.

1.2 Main Sections of this Report

This quarterly report is divided into four main sections. The first section highlights efforts and plans to improve the effectiveness of partnerships with CSOs. The second section gives an update on the various categories of grants that UPHOLD provided to local governments, civil society and other organizations. Section three focuses on the results during this reporting period and also highlights the constraints and challenges faced during implementation. The last section provides appendices of additional materials

2.0 UPDATE ON GRANTS

This section covers grants to local government, Family and Community Action Grants as well as multi-district grants given to non-governmental organizations. The Program has continued to leverage synergies between Local Governments (LGs) and Civil Society Organizations (CSOs) at grass roots level.

Key achievements

- *All the 29 local government grants received funds to implement work plans for the Third quarter of FY 05/06*
- *40 out of 42 approved Family Community and Action Grants received funds to implement activities in the different areas of our interventions*
- *2 CSOs namely Rakai Health Sciences and LABE were terminated during this quarter due to problems with implementation of the grants*
- *All the CSOs considered for no cost extensions have completed their grants and are in the process of preparing end of project reports*
- *22 out of the 24 applications for funding for one year PEPFAR funds have been reviewed internally and are ready for submission to USAID for approval*
- *Nine multi-district grants continued to receive funds to implement activities in different districts of Uganda*

2.1 Local Government Grants

Overall, by the end of Quarter (Q) 3 of PY IV, 78% of the total budget for the Local Government Grants has been released to the respective districts. The performance of districts this quarter has been quite impressive with a few exceptions, namely Gulu, Kitgum, and Lira. In some cases UPHOLD had to amend MoUs to remove funds from the MoU and channel it through the Regional Offices in order to implement activities. Attempts have been made by the Regional Offices to establish what the issues are that affect the speed of utilization of funds which in turn affect the speed of implementation. This process is continuing and will form the basis for UPHOLD's support supervision to the district in the coming quarter. A process to develop work plans for the next six months of implementation (August 2006 – January 2007) is underway.

An expenditure analysis exercise for districts was concluded in Q3. This exercise involving Regional Offices and UPHOLD Headquarters in consultation with the districts established the level of implementation and the burn rate. This exercise has been very valuable in guiding the development of the work plans for the next phase of implementation.

Table 1 shows the status of Local Government Grants for the Financial Year 2005/06 as presented on June 30, 2006.

Table 1: Status of Local Government Grants for Financial Year 2005/06 as of June 30, 2006.

District	Region	Grant Amount	Net release Amount	Amount Spent	% spent by 30 June 2006
Luwero	Central	89,190,300	63,192,300	61,108,130	97%
Mubende	Central	127,088,280	92,530,600	76,132,243	82%
Rakai	Central	237,136,560	209,360,000	194,873,015	93%
Wakiso	Central	211,510,300	198,310,300	156,761,200	79%
Bugiri	East	206,854,500	183,489,500	150,048,063	82%
Kamuli	East	107,223,400	107,223,400	67,646,405	63%
Mayuge	East	193,040,120	141,978,960	87,747,422	62%
Pallisa	East	211,236,864	152,862,800	117,290,233	77%
Katakwi	N/East	105,184,300	100,384,300	100,133,300	100%
Lira	N/East	165,579,105	138,603,585	106,970,000	77%
Nakapiripirit	N/East	189,841,400	189,841,400	183,652,000	97%
Arua	North	191,363,560	174,096,560	107,750,400	62%
Gulu	North	177,698,500	156,366,250	44,613,750	29%
Kitgum	North	198,845,900	169,063,900	140,396,169	83%
Yumbe	North	156,759,400	151,759,400	130,618,316	86%
Bundibugyo	Rwenzori	189,350,700	170,802,440	159,254,388	93%
Kyenjojo	Rwenzori	190,009,800	170,409,800	164,229,040	96%
Bushenyi	S/West	238,411,600	192,715,600	167,798,000	87%
Mbarara	S/West	142,933,200	142,933,200	134,639,765	94%
Rukungiri	S/West	220,863,700	220,863,700	163,363,594	74%
Amolatar*	N/East	50,260,920	45,705,000	30,852,085	68%
Amuria*	N/East	128,752,300	128,752,300	97,506,800	76%
Ibanda*	S/West	27,580,500	27,580,500	13,468,276	49%
Isingiro*	S/West	53,022,760	51,923,200	51,907,647	100%
Kaliro*	East	45,202,800	45,202,800	30,516,400	68%
Kiruhura*	S/West	29,913,900	29,913,900	21,096,250	71%
Koboko*	North	48,475,780	45,494,280	20,709,338	46%
Mityana*	Central	119,209,020	90,389,100	40,348,710	45%
Nakaseke*	Central	98,564,000	83,842,000	41,000,533	49%
Totals		4,151,103,469	3,675,591,075	2,862,431,472	78%

Source: Program Records, UPHOLD 2006

* The marked districts are the new districts that were gazetted during FY 05/06.

The total figures of the funds released excludes funds spent on central procurements.

2.2 Family and Community Action Grants to Civil Society Organizations

During this quarter, all the 42 Family and Community Action grants were operational. As a result of the contribution from these CSOs there is a marked improvement in delivery and utilization of the health services in the districts where UPHOLD operates.

During this quarter, 25 CSOs implementing HIV/AIDS activities concluded implementation of their one-year grants and have submitted end of project reports. As we do a detailed study of the reports approaches, a quick preliminary review of reports has indicated that Community based organizations have implemented HIV programmes successfully.

In the Third quarter, 23 work plans and budgets for a second year grant of HIV/AIDS CSOs have been reviewed. These will be funded in the next quarter. In general, the CSO submissions were to a greater degree in compliance with the guidance provided by UPHOLD. This guidance to CSOs was both financial and technical, and was aligned to CSO abilities to deliver services, district priorities and with in available resources. One CSO (LABE in Bugiri) failed to implement activities agreed in the grant period, due to partnership issues. Several attempts were made to help the project continue but proved unsuccessful; as such, this grant was terminated. Final close down and liquidation procedures will be concluded in the next quarter. A different approach to implement the remaining activities has been designed and a new work plan is being developed by the district.

In addition, ACORD Nakapiripirit opted not to continue activities despite having been selected for extension because their other funders were opting to put their funds in other areas other than Nakapiripirit. As a result, they could not afford to pay their staff costs to stay in Nakapiripirit.

During the quarter, UPHOLD commissioned a study to generate and document information pertaining to the success or failure of CSO partnerships.

Table 2: Overview Of Uphold Supported Activities by District (FY 2005/2006)

DISTRICT NAME	Activities being Implemented					
	Local Government			Civil Society Organizations (CSOs)		
	Technical Area			Name of CSO	Activities	
	HIV/AIDS	Health	EDUC		Technical Area	Specific Activities
Luwero (includes Nakaseke)	√	√	√	1. AFXB	HIV/AIDS	VCT, PMTCT, A&B, ABC
				2. World Vision Kapeeka	HIV/AIDS	VCT, PMTCT, Life Skills
				3. ECHO	HIV/AIDS	VCT, PMTCT, A&B, YFS, GBV
Rakai	√	√	√	1. World Vision Kooki	HIV/AIDS	HBC, TB-DOTS, OVC
				2. Rakai Health Sciences*	HIV/AIDS	VCT, A, AB, GBV
				3. RAIN	Health	Integrated Reproductive Health
				4. Rakai Health Sciences Project*	Health	Integrated Reproductive Health
Wakiso	√	√	√	1. German Foundation for World Population	HIV/AIDS	YFS, VCT, PMTCT, A, ABC
				2. BUCADEF	Health	Child Health
				3. Huys Link Community Initiative	Health	Child Health
Bugiri	√	√	√	1. UCOBAC	HIV/AIDS	HBC, TB-DOTS
				2. Uganda Reproductive Health Bureau	HIV/AIDS	VCT, TB-DOTS, A, ABC, GBV
				3. LABE*	Education	CIE, EMSI and TE
Kamuli (includes Kaliro)	√	√	√	1. Kamuli Mission Hospital	HIV/AIDS	VCT, PMTCT, HBC, TB-DOTS
				2. Youth Alive	HIV/AIDS	VCT, A, ABC
				3. Student Partnership Worldwide	HIV/AIDS	VCT, A, ABC, Facility based care
Mayuge	√	√	√	1. Student Partnership Worldwide	HIV/AIDS	VCT, A, ABC, Facility based care
				2. Idudi Dev't Association	Health	Child Health
Arua (Includes Koboko)	X	√	√	1. Kids League	Education	CIE-Mobilising through sports & Outreach
Gulu	√	√	√	1. ACORD	HIV/AIDS	VCT, OVC, HBC, TB-DOTS
				2. World Vision - Gulu	HIV/AIDS	VCT, PMTCT
Kitgum	√	√	√	1. World Vision – Kitgum	HIV/AIDS	HBC, PMTCT, OVC
				2. St Joseph's Hospital	HIV/AIDS	HBC, PMTCT, HBC
Yumbe	X	√	√	1. LABE	Education	Community Involvement in Education
Katakwi (Includes Amuria)	X	√	√	1. ACOWA	Health	Child Health
				2. TIDO	Health	Child Health
Lira (Includes Amolatar)	X	√	√	1. Dokolo Project – CCF	Health	Child Health
				2. RUHECO	Health	Integrated Reproductive Health
Nakapiripirit	√	√	√	1. ACORD	HIV/AIDS	VCT, HBC, TB-DOTS

Bundibugyo	√	√	√	1. Bandimagwara	HIV/AIDS	Abstinence and Being faithful
				2. World Vision – Bundibugyo	HIV/AIDS	HBC, TB- DOTS, OVC
Kyenjojo	√	√	√	1. Kyembogo Holly Cross	HIV/AIDS	VCT, PMTCT, HBC, TB-DOTS, Facility
				2. Fort Portal Diocese HIV/AIDS Focal Point	HIV/AIDS	VCT, PMTCT, HBC, TB-DOTS, Facility
				3. RWIDE	HIV/AIDS	VCT, PMTCT, A, A&B, ABC, GBV
				4. Tooro Kingdom	Health	Integrated Reproductive Health
				5. Fort Portal Diocese Education Secretariat	Education	Community Involvement in Education
Bushenyi	X	√	√	1. Bushenyi Medical Centre	Health	Integrated Reproductive Health
Mbarara (Includes Isingiro, Ibanda, and Kiruhura)	√	√	√	1. Ibanda Child Development Centre	HIV/AIDS	VCT, A, AB
				2. Mayanja Memorial Hospital	HIV/AIDS	VCT, A, AB, GBV
				3. Maturity Audiovisuals	HIV/AIDS	AB, Youth VCT
				4. Kaaro Rural Devt Organisation	Health	Child Health
Rukungiri	X	√	√	1. RUGADA	Education	Community Involvement in Education
				2. RWODEC	Health	Integrated Reproductive Health
Mubende (includes Mityana)	X	√	√	None	None	None
Pallisa	X	√	√	None	None	None

Source: Programme Records, UPHOLD 2006

Note:

- It was not possible to clearly demarcate whether CSOs covered new districts. This table takes the original 20 districts with their off springs indicated where applicable.
- * Rakai Health Sciences Project and LABE Bugiri contracts were terminated due to reasons already provided

Table 3: Multi-District Civil Society Organizations

Civil Society Organizations (CSOs)			Area of Coverage
Name of CSO	Activities		
	Technical Area	Specific Activities	
Kisubi Mission Hospital	HIV/AIDS	VCT, PMTCT, HBC, TB-DOTS, AB	Wakiso
MADRASA	Health Education &	CIE, Primary Health Care	Wakiso
Straight Talk Foundation	HIV/AIDS and Health	VCT, AB, IRH	Gulu
NSARWU 2	Health	Nutrition	Mbarara, Rakai
IRCU	Education	CIE	Luwero, Wakiso, Mubende, Rakai, Mbarara, Bushenyi, Rukungiri, Bundibugyo, Kyenjojo, Kamuli, Mayuge, Bugiri, Pallisa, Nakapiripirit, Katakwi, Lira, Arua, Yumbe, Gulu, Kitgum
Tuko Club	HIV/AIDS	A,B	Gulu, Kitgum, Nakapiripirit, Mayuge, Bugiri, Kamuli, Wakiso, Luwero, Mbarara, Bundibugyo, Kyenjojo, Rakai
UNHCO	Health	Consumer Advocacy	Bugiri, Mayuge
UPMA 2	HIV/AIDS & Health	CH, IRH, Integrated HIV/AIDS	Luwero, Wakiso, Mubende, Rakai, Mbarara, Bushenyi, Rukungiri, Kyenjojo, Kamuli, Mayuge, Bugiri, Pallisa, Lira, Gulu
Save-US	Health	School Health & Nutrition	Luwero

Source: Programme Records, UPHOLD 2006

Key

AB	Abstinence and Being Faithful
ABC	Abstinence, Being Faithful and other prevention interventions
CH	Child Health
CIE	Community Involvement in Education
HBC	Home Based Care
HCT	HIV Counseling and Testing
IRH	Integrated Reproductive Health
IRCU	Inter Religious Council of Uganda
GBV	Gender Based Violence

NSARWU

NSARWU	National Strategy for the Advancement of Rural Women in Uganda
PMTCT	Prevention of Mother to Child Transmission
RWODEC	Rukungiri Women Development Company
SHN	School Health and Nutrition
Save-US	Save the Children Federation (United States)
TB-DOTS	Tuberculosis Directly Observed Therapy
UNHCO	Uganda National Health Users and Consumers Association
UPMA	Uganda Private Midwives Association
VCT	Voluntary Counseling and Testing
YSP	Yellow Star Program

Table 4: Details of CSOs that are receiving funding through the Family and Community Grants Program

	CSO	Grant Amount	Net Release	Amount Released	% Disbursed
	Central region				
1	AFXB	70,757,000	70,757,000	70,777,700	100%
2	ECHO	87,657,526	73,546,000	73,482,762	100%
3	German Foundation for World Population	82,861,800	77,611,800	77,614,806	100%
4	Huys Link Community Initiative	86,215,900	81,415,900	53,165,533	65%
5	World Vision Kapeeka ADP	82,959,000	77,108,000	77,108,004	100%
6	World Vision Kooki ADP	63,000,000	60,000,000	53,973,246	90%
7	BUCADEF	77,542,600	77,542,600	35,558,500	46%
8	RAIN	153,176,800	137,916,800	101,162,100	73%
9	Rakai Health Sciences Project	232,918,000	229,768,000	22,976,800	10%
	Eastern Region				
10	Kamuli Mission Hospital	101,011,343	74,181,000	74,150,720	100%
11	Student Partnership Worldwide Kamuli	243,358,275	149,152,200	144,071,942	97%
12	Student Partnership Worldwide Mayuge	202,325,448	143,992,400	141,130,042	98%
13	Ugandan Community Based Assoc. for Child Welfare (UCOBAC)	79,906,000	76,906,000	75,638,517	98%
14	Uganda Reproductive Health Bureau	86,175,393	59,713,300	57,752,300	97%
15	Youth Alive	90,071,113	67,016,300	67,045,913	100%
16	Idudi Development Association	171,224,800	125,724,800	86,897,000	69%
17	Literacy and Adult Basic Education-Bugiri	170,661,000	140,681,000	53,900,994	38%
	North Eastern Region				
18	Acord Nakapiripit	118,583,500	113,433,500	113,433,500	100%
19	Acowa Family Helper Project	98,046,500	59,996,500	30,370,427	51%
20	Dokolo Project- CCF	95,565,150	58,465,150	35,200,251	60%
21	Teso Islamic Development Organisation	82,151,500	65,051,500	39,865,423	61%
22	RUHECO	148,822,350	120,462,350	61,024,900	51%
	Northern Region				
23	Acord Gulu	108,020,000	96,520,000	96,520,000	100%
24	St Joseph's Hospital	119,034,699	97,843,301	84,078,943	86%
25	The Kids League	179,826,294	170,926,294	111,179,544	65%
26	World Vision Gulu ADP	120,197,000	116,297,000	91,707,820	79%
27	World Vision Kitgum ADP	180,000,000	153,000,000	91,274,131	60%
28	Literacy and Adult Basic Education-Yumbe	93,744,300	88,744,300	29,123,430	33%
	Rwenzori Region				
29	Bandimagwara Cultural Group	57,739,000	57,739,000	57,739,000	100%
30	Fort Portal Diocese HIV/AIDS Focal Point	112,223,998	77,800,700	77,500,700	100%
31	Kyembogo Holly Cross Family Centre	140,569,020	127,305,000	127,270,609	100%
32	Rural Welfare Improvement for Development	80,519,360	67,569,360	67,534,294	100%
33	World Vision Bundibugyo ADP	135,000,000	117,400,000	117,391,000	100%
34	Education Secretariat Fort Portal Diocese	158,039,000	155,039,000	37,054,404	24%
35	Tooro Kingdom	137,069,400	128,577,400	55,332,481	43%

	South Western Region				
36	Bushenyi Medical Centre	134,932,600	115,892,600	48,378,691	42%
37	Ibanda Child Development Centre	61,190,000	61,190,000	61,101,193	100%
38	Maturity Audio Visual Uganda	69,354,000	63,504,000	63,352,595	100%
39	Mayanja Memorial Hospital Foundation	83,728,343	62,048,000	61,930,800	100%
40	Kaaro Rural Development Organisation	135,161,100	123,161,100	96,096,900	78%
41	Rukungiri Women Development Centre	150,843,450	122,143,450	80,421,000	66%
42	Rukungiri Gender and Development Association	145,108,500	142,308,500	58,488,500	41%

Source: Program Records, UPHOLD 2006

2.3: Multi-district Grants to other Non-governmental Organizations

Table 5: Multi-district Grants to other Non Governmental Organizations

	CSO	Grant Amount	Net Release ¹	Amount Released	% Disbursed
	Multi District CSOs				
1	Kisubi Mission Hospital	90,701,259	77,926,500	77,745,150	100%
2	Madrassa	625,552,575	625,552,575	331,792,246	53%
3	Straight Talk Foundation	862,188,000	790,188,000	446,234,000	56%
4	NSARWU- year 2	154,749,002	134,753,002	134,753,002	100%
5	SAVE US	320,814,914	301,727,114	59,399,733	20%
6	UPMA- year 2	488,043,618	483,043,618	217,935,611	45%
7	IRCU	82,342,564	82,342,564	41,171,282	50%
8	TUKO Club	222,958,195	174,613,100	68,880,100	39%
9	UNHCO	89,916,000	77,916,000	7,991,600	10%

Source: Program Records, UPHOLD 2006

UPHOLD continued its support to CSOs that cut across districts as presented in the table above. During the quarter, UPHOLD's agreement with Kisubi Mission Hospital expired and they have submitted a request for a second year grant. NSARWU's agreement expires in July. Their request for a third year grant is currently being reviewed by the technical team.

¹ Net Release Amount refers to the amount of money available to be spent at district level less that spent on items procured centrally by UPHOLD

2.4 Core Primary Teachers Colleges Grants

During this quarter, UPHOLD signed a Memorandum of Understanding (MoU) with Ministry of Education and Sports to implement activities with Core Primary Teachers Colleges (CPTCs). The activities focus on Integrated Education Strategy Roll Out and the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY). Details are shown in Tables 6 and 7 below.

Table 6: Funds released in the First Tranche to Core PTCs to Implement PIASCY II activities, 2006

No.	Grantee	Grant Total	FirstRelease	% Disbursement
1	Bishop Willis Core PTC	118,287,700	34,310,107	29%
2	Kabulasoke Core PTC	78,895,300	21,790,817	28%
3	Nakaseke Core PTC	68,793,900	19,541,617	28%
4	Bushenyi Core PTC	67,336,100	19,677,383	29%
5	Ndegeya Core PTC	74,088,800	20,524,567	28%
6	Ladongo Core PTC	58,778,900	15,715,617	27%
7	Loro Core PTC	105,357,300	31,053,650	29%
8	Soroti Core PTC	103,736,500	30,309,750	29%
9	Kabale-Bukinda Core PTC	103,218,900	28,687,283	28%
10	Canon Apollo Core PTC	65,266,300	17,853,817	27%
11	Arua Core PTC	72,050,900	20,158,617	28%
12	Shimoni Core PTC	77,004,500	20,982,917	27%
13	Nyondo Core PTC	88,741,900	24,643,950	28%
14	Gulu Core PTC	68,352,200	20,470,100	30%
15	Busuubizi Core PTC	79,235,300	21,960,817	28%
16	Moroto Core PTC	50,762,540	13,106,270	26%
17	Kitgum Core PTC	75,271,100	22,342,883	30%
18	Ngora Core PTC	54,972,500	15,969,250	29%
19	Kibuli Core PTC	49,979,900	14,305,117	29%
20	Ibanda Core PTC	54,195,700	15,361,017	28%
21	Mukujju Core PTC	71,899,900	19,944,617	28%
22	Bulera Core PTC	133,902,300	39,930,817	30%
23	Bishop Stuart Core PTC	137,544,500	35,133,417	26%
		1,857,672,940	523,774,397	28%

Source: Programme Records, UPHOLD 2006

Table 7: Funds Released in the First Tranche to Core PTCs to implement activities in the Integrated Education Strategy Rollout, 2006

No.	Grantee	Grant Amount	FirstRelease	% Disbursement
1	Bishop Willis Core PTC	289,813,350	110,056,450	38%
2	Kabulasoke Core PTC	100,455,600	22,840,200	23%
3	Nakaseke Core PTC	284,244,200	82,750,200	29%
4	Bushenyi Core PTC	289,205,300	105,902,650	37%
5	Ndegeya Core PTC	253,845,200	79,938,200	31%
6	Ladongo Core PTC	126,892,450	40,695,475	32%
7	Loro Core PTC	206,822,200	66,334,300	32%
8	Soroti Core PTC	118,974,600	30,979,200	26%
9	Kabale-Bukinda Core PTC	166,840,200	43,082,700	26%
10	Canon Apollo Core PTC	116,766,600	33,465,200	29%
11	Arua Core PTC	250,971,000	55,058,600	22%
		2,204,830,700	671,103,175	30%

Source: Programme Records, UPHOLD 2006

2.5. Update on the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)

During this quarter, discussions on procedures for disbursement of funds for implementation of PIASCY II to Core PTCs were concluded; a Memorandum of Understanding was signed between UPHOLD and Ministry of Education and Sports, cleared by the Government of Uganda's Solicitor General. Further, disbursement agreements were signed with the 23 Core PTCs. The first tranche of funds was disbursed to Core PTCs to commence training and material distribution.

Key achievements

- *Trained 568 Core PTC Coordinating Centre and Pre-Service Tutors in PIASCY II implementation and guidance and counseling in the second leg of the PIASCY II training cascade*
- *Trained 4,294 teachers/school representatives implementation and guidance and counseling in the third leg of the PIASCY II training cascade*
- *Conducted PIASCY orientation for 4,520 PTC pre-service students*
- *Worked with Ministry of Education and Sports to conduct supervision in 12 districts*
- *Distributed PIASCY II materials to 1,078 model schools*

Training

The training of facilitators is a key activity in the programme's critical path as it is meant to equip implementers at all levels, especially in schools, with skills and knowledge for implementing planned activities and sustaining them beyond the programme life. Having trained 151 national facilitators in the last quarter, Core PTCs have continued with the second tier of the cascade to train CCTs in PIASCY II implementation and Guidance and Counseling. Overall, 568 (F: 144, M: 424) Core PTC Coordinating Centre and Pre-Service Tutors been trained throughout the country.

Consequently, CCT level training of school representatives (six from every model school) has commenced, to complete the third tier of the cascade, as shown in table 8 below.

Box 1. Issues emerging from training

- Training of teachers during the school term has an effect on the school programme. Some schools remained without staff during the training period. An alternative scheduling needs to be explored in future
- Core PTCs are being encouraged to involve the district education offices in planning of activities for better coordination
- Core PTCs have been encouraged to develop supervision schedules for better coordination
- Some materials may need to be translated to local languages, and this is an recommendation being given to PTCs and CCTs

Training objectives

The workshops were organized such that by the end of the training participants would be able to:

1. Develop and explain strategies to implement activities in the PIASCY II plan.
2. Effectively use the PIASCY handbooks and Community Involvement in Education (CIE) toolkits to facilitate school communities in implementing PIASCY activities.
3. Use the Whole School Approach as a core strategy for implementing PIASCY activities.
4. Provide Guidance and Counseling to children
5. Develop action plans for implementing PIASCY II in Model and Non Model schools.
6. Prepare PIASCY school reports for Monitoring and Evaluation by stakeholders.

Table 8: Numbers of PTC Tutors and School representatives trained in PIASCY II implementation and Guidance and counseling

	Name of Core PTC	No. of CCTs and Pre-service Tutors Trained			No. of Teachers Trained		
		Female	Male	Sub Total	Female	Male	Sub Total
1	Bishop Willis Iganga Core Primary Teachers' College	11	26	37	56	122	178
2	St. John Bosco, Lodonga Core Primary Teachers' College	1	13	14	38	67	105
3	St. Aloysius – Ngora Core Primary Teachers' College	4	10	14	34	71	105
4	St. George – Ibanda Core Primary Teachers' College	2	12	14	88	122	210
5	Moroto Core Primary Teachers' College	1	6	7	36	69	105
6	Kibuli Core Primary Teachers' College	15	13	28	55	34	89
7	Kitgum Core Primary Teachers' College	4	9	13	37	122	159
8	Mukuju Core Primary Teachers' College	4	15	19	64	66	120
9	Bulera Core Primary Teachers' College	7	22	29	135	180	315
10	St. John Bosco, Nyondo Core Primary Teachers' College	8	19	27	68	64	132
11	Bishop Stuart Kibingo Core Primary Teachers' College	9	31	40	187	284	471
12	Kabale – Bukinda Core Primary Teachers' College	4	23	27	91	157	248
13	Soroti Core Primary Teachers' College	4	31	35	51	129	180
14	Loro Core Primary Teachers' College	8	30	38	79	228	307
15	Bushenyi Core Primary Teachers' College	3	20	23	116	162	278
16	Busubizi Core Primary Teachers' College	4	20	24	55	53	108
17	Kabulasoke Core Primary Teachers' College	8	24	32	145	140	285
18	Canon Apollo Core Primary Teachers' College	4	13	17	40	68	108
19	Nakaseke Core Primary Teachers' College	6	18	24	107	137	244
20	Gulu Core Primary Teachers' College	8	20	28	52	36	88
21	Ndegeya Core Primary Teachers' College	8	17	25	61	73	134
22	Arua Core Primary Teachers' College	3	17	20	54	138	192
23	Shimoni Core Primary Teachers' College	18	15	33	72	61	133
	Grand Total	144	424	568	1,701	2,583	4,294

Source: Programme Records, UPHOLD 2006

During this quarter, up to 4,294 (F:1,721, M:2,583) teachers have been trained, and this will be completed in the next quarter. During this training, school representatives have been equipped with knowledge and skills to enable them facilitate child-centric PIASCY

activities and to provide guidance and counseling to children in schools. Participants also discussed practical issues regarding implementation, including raising part-funding for PIASCY, and the interaction between model and non model schools.

PIASCY Orientation for pre service arms

The aim of PIASCY is to equip young people with life skills that will enable them to stay away from HIV/AIDS. While the programme targets children in primary schools, UPHOLD and MoES have encouraged and supported both Core and non Core PTCs to incorporate PIASCY in the pre-service arms especially through the orientation of pre-service students. It is for this reason that both the core and non core PTCs were involved in the PIASCY National Facilitators’ workshop. During this quarter, 4,520 pre-service students (F: 2,029, M: 2,491) were oriented in PIASCY in 12 PTCs (core and non core) as shown in table 9 below. This was done with resources raised by the PTCs. UPHOLD support was limited to training of trainers and provision of PIASCY materials. This is an indication of the sustainability of this programme.

Table 9: Number of PTC Pre-service students oriented

Core PTCs	Male	Female
St. George Ibanda	178	233
Kibuli	207	180
Mukujju	282	151
Bulera	230	221
Busuubizi	112	101
Kabulasoke	247	204
Nakaseke	396	283
Gulu	228	172
Arua	160	120
Non Core PTCs		
Busikho	206	94
Kaliro	130	80
Rakai	115	190
<i>Sub Total</i>	<i>2491</i>	<i>2029</i>
		<i>4,520</i>

Source: Programme records, 2006

Distribution of PIASCY materials to model schools

In the previous quarter, PIASCY materials were procured. These include a set of PIASCY handbooks, a set of Guidance and Counselling books, and the Community Involvement in Education tool kit. These materials were meant to facilitate training of teachers, and to provide guidance to school level activities. During this quarter, materials were distributed to 1,078 model schools through the 23 Core PTCs and the 539 Coordinating Centres. The school level distribution was conducted as follows:

PIASCY Hand Books

- Each Model School has received ten copies each of the Teacher's Handbook Primary 3 and 4 and Primary 5 to 7.
- Each Model School has received two copies of the PIASCY Log Book
- 9,730 copies of PIASCY Teacher's Handbooks Primary 3 and 4 and 9,730 copies of PIASCY Teacher's Handbooks Primary 5 to 7 were distributed to the districts to cater for some schools that missed out in the phase one distribution. An equivalent of the number of primary schools in the district was used to allocate books to each district. Since the districts have the accurate data of the schools that missed, they were in a better position to make the allocation.
- Similarly, all districts were given an allocation of 790 handbooks of Primary 3 and 4 and another 790 handbooks of Primary 5 to 7 to distribute to non-formal centres identified in their respective districts. Each district received 30 copies. Districts in areas with conflict were allocated an extra ten copies.

Guidance and Counselling Books

- Each Model School has received five copies each of the whole set of the Guidance and Counselling books (G&C books)
- Each District Education Office has received two copies each of the set of G&C books
- 412 copies of sets of G&C books were allocated to the district offices, each to receive two copies except the districts in areas with conflict received an additional ten copies
- 550 copies of sets of G&C books were allocated to non-formal centres in the districts. Each district received 20 sets of the copies of G&C. Districts in areas with conflict received additional 10 copies
- In all a total of 962 copies of sets of G&C books were supplied to the districts and non-formal centres.

Community Involvement in Education Toolkit

- Each Model School has received two copies each of the CIE Kit
- Each District Education Office has received one copy each of the CIE Kit
- All Non Formal Learning Centres have been allocated ten copies each of the CIE Kit.

PIASCY Monitoring and Evaluation

Having commenced school level activities throughout the country, supervision both at the central and District/PTC levels is a crucial part of the programme's M&E plan. During this quarter, UPHOLD worked with MoES to develop a joint supervision schedule that covers all regions throughout the programme period. The schedule has been populated with members of the PIASCY Working Group (PWG) and UPHOLD team. Supervision of Firsttranche training and materials distribution has been done jointly in several districts including: Kumi, Pallisa, Mbale, Sironko, Tororo, Kitgum, Gulu, Kabalore, Apac, Lira,

Arua and Yumbe. All supervision reports have indicated high attendance and participation, as well as several emerging issues indicated in Text Box 1 on page 13.

PTC/district level supervision is even more imperative, given the reality that it is closer to schools. PTCs and Districts have commenced supervision, which has been buttressed with joint District-PTC coordination meetings. A supervision tool has been drafted, aimed at making supervision more focused for optimum output.

In the next quarter, there will be more emphasis on school level activities such as School club activities, Performing Arts festivals, Action Oriented meetings and Talk shows, School Open days, and preparation of School Incentive Grants.

3.0 RESULTS

3.1 Effective Use of Social Services

3.1.1 Improved Quality of Social Services

Key Achievements

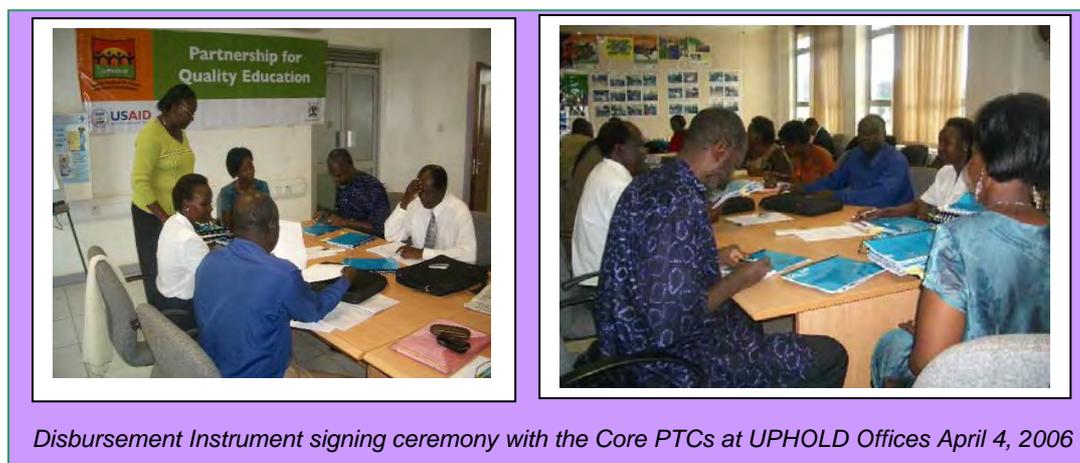
- 2,828 head teachers and deputies were trained in EMS module 1 (in Cohort 3 districts) and in module 2 (in Cohort 1 & 2 districts) and in CL module 2
- In at least six districts, 2,494 teachers used the CL method to teach at least five lessons a week
- On-site technical support supervision and training was provided to 53 health workers in the districts of Mbarara, Kiruhura, Isingiro, Ibanda and Kaliro
- Under the Yellow Star Programme (YSP), supervision and quality assessments were conducted in 393 health facilities in the 12 districts of Bushenyi, Pallisa, Bugiri, Kaliro, Kyenjojo, Bundibugyo, Yumbe, Arua, Mbarara, Isingiro, Ibanda, and Kiruhura. 33% achieved at least 75% of the basic standards of health care
- Regarding mentoring for enhanced YSP supervision, 19 of the 25 mentors have selected mentees, and of the 19, 10 are in active mentor-mentee relationships

Improving Quality of Education Services

During this quarter, UPHOLD continued to provide support to the improvement of the quality of social services in primary education through the roll out of the Integrated Education Strategy (IES). Across the districts, the LG grant was focused on building the capacity of headteachers and deputies in the areas of Managing School Improvement and use of a variety of Cooperative Learning (CL) structures in improving and supporting quality of classroom instruction. A total of 2,828 additional head teachers and deputies were trained in EMS module 1 (in Cohort 3 districts) and in module 2 (in Cohort 1 & 2 districts) and in CL module 2 as shown in Tables 10 and 11 below. In addition this quarter has seen intensive training at the school level of the cascade done by the head teachers to popularise the use of CL in the classroom. This level of the cascade only receives UPHOLD support in terms of Technical Assistance (TA) provided by the Senior Training Mentors and training materials. Data gathered from six UPHOLD supported districts indicate 2,494 teachers as keenly using the CL method to teach at least five lessons a week. Anecdotal reports indicate that the Cooperative Learning approach is enlisting greater child involvement in learning, improved purposeful interactions among children during lessons; more time on task by the children; confidence in reporting and expressing themselves during group work. It is also observed that teachers are taking time to listen to children and providing guidance rather than talking at them mostly in the middle and upper classes.

Signing of the CPTC Disbursement Instruments

UPHOLD has continued to move forward the focus on improving the quality of the education services being offered at the primary school level. In this reporting period UPHOLD signed a disbursement Instrument with 11 Core Primary Teachers Colleges (PTC) to enable the completion of the roll out of the IES strategy to cover 100% of schools in 17 out of the 29 district that UPHOLD works in. These long awaited grants will enable the critical follow up, support supervision and monitoring to take place in the schools and school communities reached with School Based Quality Reform (SBQR). This ceremony was graced by the presence of Ms Florence Aguti, Senior Education Officer MoES representing the Commissioner for Teacher Education as the overseer of the CPTC grants on behalf of the MoES.



Moving forward the roll out of EMS Module 3

During this quarter UPHOLD developed a scope of work engaging Link Community, a British organisation working in Uganda to prepare a cadre of national trainers for the roll out of EMS module 3 on Financial Management. This was a two day assignment that was well facilitated and ensured the preparation of 19 trainers of trainers who will be starting the roll out in the month of July.

Challenges

A challenge is observed by the teachers of lower primary classes in the use of the CL approach as a result of the large class numbers and the low literacy rates. There is need for more focus by the support supervision and mentoring team on the lower classes to help the teachers achieve some results in the use of the CL teaching approach. Though UPHOLD has provided some funding support to enable on-site support supervision to occur, the concurrent training activities that occupy the field officers as trainers of trainers reduces the opportunities for support supervision and mentoring in the classroom and at school.

Table 10: TE Accomplishments at school level: April - June 2006

	Districts	LG Targets	Met Targets	Teacher Targets	Trs.Trained-CL	Trs. using CL*	Pupils benefit*	Comments
No.	Cohort One							
1	Arua/Koboko	220	220	6,052	1,681			
2	Yumbe	134	134	1,503	592			
3	Lira/ Amolatar	203	216	4,310	1,954			
4	Luwero/Nakaseke	259	259	3,711	48		1,952	Data from 7 schools
5	Bushenyi	287	287	4,624	2,015	1,430	110,375	
6	Bundibugyo	134	134	1,267	622			
7	Mayuge	157	157	7,651	3,234			
	Sub-total	1,394	1,394	29,118	11,396	1,430		
	Cohort Two			Target				
8	Kamuli/Kaliro	100	104	3,734				
9	Katakwi/Amuria	173	179	1,805	622	480	22,173	
10	Kyenjojo	212	112	1,681	431			
11	Rakai	100	100	3,251	1,308			
12	Rukungiri	150	150	1,900	609			
	Sub-total	735	645	12,371	2,970	480		
	Cohort Three			Target				
13	Gulu	89	89	2,834				
14	Kitgum	80	80	2,681				
15	Mbarara (Kiruhura, Ibanda, Isingiro)	80	97		451	163	4,920	Isingiro trained 37 schools
16	Mubende	80	80	5,527				
17	Wakiso	80	80	5,516	354	202	6,628	
18	Bugiri	80	80	2,220	249	97	7,867	Data from 26 schools
19	Pallisa	80	150	2,638	235	122	3,000	
20	Nakapiripirit	56	56	317				
	Sub-total	625	712	21,733	1,289	584	19,548	
	Total	2,754	2,751	63,222	15,655	2494	56,915	

Source: Program Records, UPHOLD 2006

Note: by the reporting time not all the data from schools on teachers using CL and pupils benefiting from CL was collected. The missing data will be in the next quarterly report.

Table 11: EMS Accomplishments through LG and CPTC grants April-June 2006

District	Target number of schools during period	Number of schools trained	Number of participants	Training completed under Local Government (LG) or Core PTC Grant (CPTC)
Mityana	40	38	65	LG
Mubende	40	40	80	LG
Rakai	100	100	200	LG
Katakwi/Amuria	174	107	213	CPTC
Lira/Amolotar	174	96	192	LG
Nakapiripirit	56	56	112	LG
Kamuli	76	80	160	LG
Kaliro	24	24	43	LG
Bugiri	80	80	152	LG
Pallisa	150	80	150	LG
Wakiso	80	80	135	LG
Luwero	80	80	141	LG
Mbarara	20	20	40	LG
Kiruhura	20	20	43	LG
Ibanda	20	20	40	LG
Isingiro	20	37	74	LG
Bushenyi	138	98	195	LG
Arua	220	220		LG
Yumbe				LG
Koboko	20	20	40	LG
Kitgum	80	80	80	LG
Total	1,612	1,396	1,749	

Source: Program Records, UPHOLD 2006

Improving Quality of Health Services

Child Health

In an effort to continuously improve and sustain high immunization coverage, on-site support supervision, and technical support was provided to a total of 53 health workers including: 11 males and 42 females who were trained in the last quarter in the districts of Mbarara, Kiruhura, Isingiro, Ibanda and Kaliro. This activity will contribute to the improvement of the quality of immunisation services being provided.

Yellow Star Programme (YSP)

UPHOLD continues to support improved delivery of quality health services through the Yellow Star Program (YSP) which is a Ministry of Health (MOH) initiative. YSP continues to grow and more partners are joining to support and benefit from this initiative. One of the new partners is the Uganda National Health Consumers Organisation (UNCHO).

As a vital part of the YSP, supervision and quality assessments were conducted in 393 health facilities in the 12 districts of Bushenyi, Pallisa, Bugiri, Kaliro, Kyenjojo, Bundibugyo, Yumbe, Arua, Mbrara, Isingiro, Ibanda, and Kirihura. The YSP average score is 65% of all standards. Of the 393 facilities assessed, 33% achieved at least 75% of the basic standards of health care.

In addition to supervision and quality assessments, UPHOLD funds districts to conduct quarterly programme reviews at the Health Sub-District (HSD) and sub county level. These meetings provide a forum for performance reviews in the areas of immunization, malaria control, reproductive health and child growth and survival, and HIV/AIDS services in the district. The reviews include sub-county supervisors of community level workers (growth promoters, community medicine distributors, vaccinators, reproductive health workers) and are aimed at identifying results being achieved, any difficulties being faced by workers at all levels and solutions to resolve them are proposed. During this quarter HSD review meetings were held in districts of Bugiri, Bushenyi, and Rukungiri,

Mentoring for Improved Supervision

In order to enhance the effectiveness of YSP supervision, a mentoring innovation was initiated. As reported in the last quarter, this innovation has created ‘champions’ who will mentor their peers in order to improve quality of health care. During this reporting period, consultants spearheading the innovation completed follow-up visits to the trained mentors. To date, 19 of the 25 mentors have selected mentees, and of the 19, ten are in active mentor-mentee relationships. Mentors and mentees have developed a range of performance goals as shown in the table below, which are meant to guide mentor-mentee relationships. These goals were a key focus in the follow-up field visit by the consultants

Textbox 2. Characteristics of a productive mentor-mentee relationship

A productive mentor/mentee relationship is characterized by:

- having a mutual understanding of mentoring; jointly developed goals that focus on the professional development of the mentee
- the role of the mentee in improving key areas of service delivery
- demonstrated interest on the part of the mentor and mentee
- sufficient interaction to achieve goals and meet the expectations of the mentor and mentee
- consistent description of the purpose of the mentoring, goals and activities
- Comfortable interpersonal communications.

Table 12: Examples of Mentor-Mentee Performance Goals

Mentor	Mentee	Goals
In-charge HC III	In-charge HC II	<ul style="list-style-type: none"> • Developing confidence and assertiveness of the mentee.
In-charge HC III	Two staff at same health unit	<ul style="list-style-type: none"> • Safe delivery • Monitoring labour progress by use of a pantograph
Health Information Assistant DDHS office	Records Assistants in 2 health units	<ul style="list-style-type: none"> • Improving HMIS data compilation
In-charge HC III	Two staff at same health unit	<ul style="list-style-type: none"> • Improving infection prevention practices
Clinical Officer HC IV	Two staff at same health unit	<ul style="list-style-type: none"> • Improving maternity and immunization service delivery
Public Health Nurse	Enrolled Midwife	<ul style="list-style-type: none"> • Providing knowledge and skills in counseling pregnant mothers on HIV/AIDS
In-charge HC IV	One staff member at same facility	<ul style="list-style-type: none"> • Accurate compilation of HMIS monthly
Nursing Officer, Hospital	Enrolled midwife, same health unit	<ul style="list-style-type: none"> • Handling difficult HCT clients like discordant couples and youth

Source: Programme Records, UPHOLD 2006

Key findings of the follow up field visit by YSP consultants

During the field visit by YSP consultants, there were several important observations regarding mentoring, supervision and quality assessments. These included among others:

1. Selecting mentees soon after training builds on post training motivation and seems to have promoted stronger relationships.
2. Mentees near or at the workplace provide more opportunities for interaction and support, at no cost, and reinforce the principle of mentoring as part of internal support supervision. Accessibility means integrating mentoring into ongoing activities.
3. Goal setting has focused on a number of technical service areas, as well as HMIS data quality improvement. Service areas include PMTCT, IMCI, safe delivery, infection prevention, immunization. There is some concern that the goals may focus too much on facility level. Mentees who share these goals have not expressed dissatisfaction.
4. District Role: The support and interest of the DDHS' offices is evident to varying degrees. The intent of the mentoring program is to improve supervision through planned interactions between mentors and mentees. District support at present has included support for the selection of the mentors; inclusion of mentoring discussions at routine meetings; and in at least one case, the quest for funding for mentors to visit mentees who are far away.

During the next quarter the mentoring program will be strengthened taking into consideration recommendations from the follow up on the selection of mentees and maintenance of the mentor-mentee relationships. Review meetings for mentors, mentees and DHT members will be held to develop the next steps, which will include among other items new ways to match mentors/mentees; structured review processes in combination with HSD and/or District Performance Reviews and zero or low cost mechanisms for further mentoring and improved supervision.

Furthermore, the training/orientation program is to be modified to promote better understanding of the program and its relationship to the ongoing work of the selected mentors including supervision and how mentoring can improve supervision; goal setting; and action planning, among others. This will take place prior to the implementation of the mentoring program in Central Region.

Improving Quality of HIV Services

The demand for HIV/AIDS services has continued to rise owing to improved prospects for care, support and treatment of people living with HIV/AIDS and due to invigoration of community mobilization and education by CSOs in UPHOLD supported districts. The increase in demand has given rise to considerable pressure on the inadequate number of service providers as well as space for delivery of services.

During this quarter, UPHOLD trained and renovated health facilities to create a client - friendly environment. Orientation of 11 health workers (1 male, 10 female) was done for two health units in Kalilo district while 42 health workers (6 male, 36 female) were oriented in Nakaseke district. This training was done to respond to the acute shortage of



service providers in the two new districts that were carved out – Kamuli and Luwero districts respectively. The new sites have also been provided with Ministry of Health HCT guidelines and registers and guided on how to requisition and account for HCT/PMTCT logistics without recourse to the parent districts.

Renovation of Kajansi Teenage Centre (Wakiso) and Rwebisengo HC IV (Bundibugyo) were completed and the two health units were handed over to the districts for use. Renovation works at Kyegegwa HC IV and

Kyarusozi HC IV in Kyenjojo district are in advanced stages while work at Ntoroko health centre IV (Bundibugyo) is making steady progress.

Site inspections and final evaluations were done in the rest of the districts. The sites have continued to provide HIV counseling and testing (HCT) and goal oriented ANC/PMTCT services. After completion of renovation, clients will receive services in an environment which confers privacy and confidentiality.

Further more, UPHOLD has embarked on an intervention aimed at strengthening the delivery of integrated HIV/AIDS clinical services through training of service providers in integrated clinical care for HIV/AIDS, TB, STIs and malaria. In the previous quarter, six health units were supported by UPHOLD to roll out this approach to service delivery. During this quarter, UPHOLD invited bids and selected two firms to be charged with starting the integration process in a total of 63 public health facilities. The medical staff in these health units will be provided with on-job training in the practical integration and monitoring and evaluation of the above mentioned services.

More service improvement efforts were made through support visits by UPHOLD staff; both from the headquarters and the six regional offices to all health facilities focusing on observance of quality of care standards and records keeping. As a result of this activity, records keeping registered marked improvement, service providers were motivated by the interaction with UPHOLD staff and discussions were held with district and site supervisors on accountability issues.

3.1.2 Improved Access to and Availability of Services

Key Achievements

- *2,200 clean delivery kits were distributed in Kitgum (1,300) and Lira (900) districts to increase the number of clean deliveries*
- *More than 1,107,611 children were treated by CMDs between October 2005 and may 2006*
- *More than 771,727 children received HOMAPAK within 24 hours between October 2005 and may 2006*
- *More than 1,058,502 children received treatment from CMDs and recovered from fever*
- *Coverage for Insecticide treated nets has increased by 24% on average in Bugiri, Bushenyi, Lira, and Gulu from December 2005 to date*
- *Trained 280 community based growth promoters in 135 villages serving a combined population of about 7500 children less than two years*
- *Home based HIV counseling and testing; this service was provided to 18,559 people*
- *2487 youth received HIV/AIDS prevention and care services through the models for Youth friendly services at the Gulu Youth centre and Kajjansi teenage centre*

Increasing access to and availability of Health Services

Integrated Reproductive Health

Increasing access to Clean Deliveries

Efforts to increase access to clean deliveries among Internally Displaced Persons in the districts of Gulu, Katakwi Kitgum, Lira and Nakapiripirit continued. In this reporting period an additional 2200 clean delivery kits were distributed Kitgum (1300) and Lira (900) districts. An assessment of actual use of kits and value added to improving the number of clean deliveries is in progress and will contribute to decisions on how to proceed with this strategy in FY07.

Malaria Prevention

The response to malaria is one of the key interventions in UPHOLD's Health Domain. During this quarter, there were more inputs into net re-treatment, Home Based Management of Fever, and provision of Insecticide Treated Nets (ITNs) and Long-Lasting Insecticide-Treated Nets (LLINs)

Net Re-treatment

Insecticide treated nets (ITNS) constitute a very cost-effective malaria control approach. The insecticide doubles the effectiveness of the net. Net retreatment which is done at six months' interval is one of the key activities under the President's Malaria initiative (PMI). UPHOLD through Malaria Consortium has finalized preparatory activities which include procurement processes, reviewing of training materials and discussion with districts for the re-treatment activity. This activity will cover 27 districts in the country;

12 of which are regular UPHOLD supported districts and 15 of which are not regular UPHOLD supported districts.

Home based Management of Fever

The 29 UPHOLD supported districts are implementing the HBMF strategy, which is a community based initiative that utilizes trained village volunteers (Community Medicine Distributors) to identify children that have uncomplicated fever and treat them with Homapak. Over the period of October 2005 to June 2006, these volunteers have treated over one million episodes of fever in children below 5 years as indicated in Tabale 13 below. Indeed, considering that only 50% of the reports were received, the effort of CMDs is in fact much greater than what is indicated by the current statistics. Timely reporting by the CMDs stills remains a challenge. In the next quarter, attempts will be made to improve the retrieval of the CMDs data through intensified supervision and review meetings with the CMDs.

Table 13: Number of children treated by CMDs, promptness and outcome of treatment

Indicator	Number of children treated by CMDs	Number of children receiving HOMAPAK within 24 hours	Number of children who recovered
Month			
October 2005	155,542	102,025	148,860
November 2005	150,123	104,535	145,103
December 2005	144,782	102,762	138,584
January 2006	150,311	110,163	142,145
February 2006	146,277	99,324	141,855
March 2006	147,578	101,421	143,082
April 2006	109,818	79,751	107,176
May 2006	103,180	71,746	91,697
Total	1,107,611	771,727	1,058,502

Source: Program Records, UPHOLD 2006

Insecticide Treated Nets

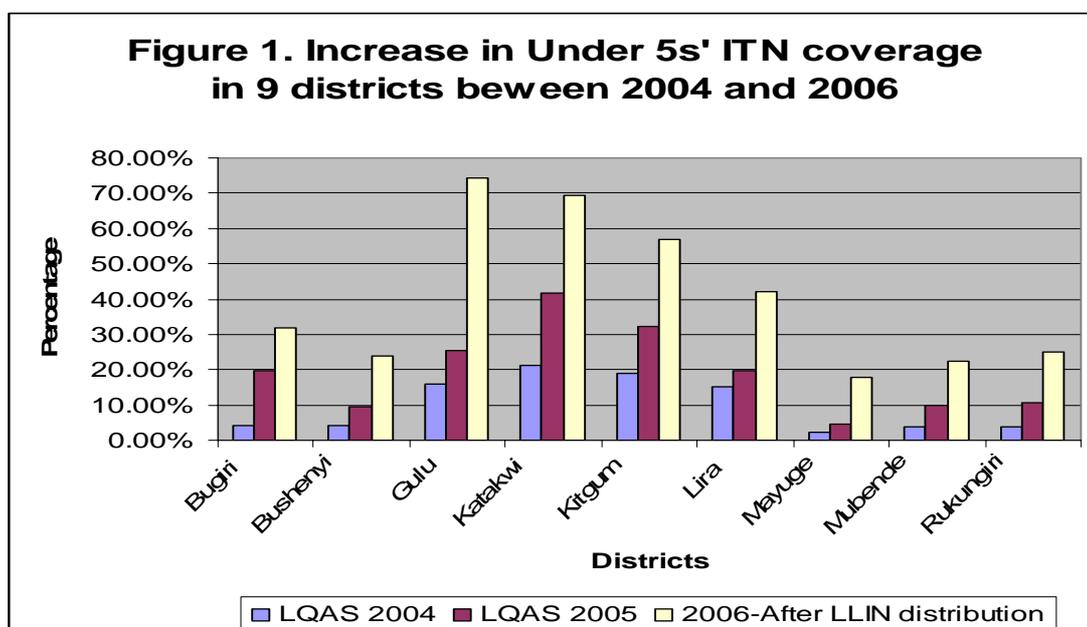
In March 2005, UPHOLD adopted the Focus For Impact (FFI) approach, intended to scale up interventions that would rapidly increase results. In this regard, malaria prevention using ITNs was identified as a key intervention for this purpose. The four conflict affected districts, Gulu, Katakwi, Kitgum and Lira and five non-conflict affected districts: Bugiri, Bushenyi, Mayuge, Mubende and Rukungiri that had under 5s ITN coverage less than 10% were selected for receiving ITNs. It was estimated that 260,000 nets were required to enable an increase of under 5s ITN coverage of 20% in the conflict affected districts and 15% in the non-conflict affected districts.

Between December 2005 and March 2006, a total of 205,155 nets were distributed to under 5 children in the original nine districts (currently 12). Information generated during the registration of under 5s indicated that on average one net is used by 1.7 children. Therefore it is estimated that over 348,000 children have been accorded protection from malaria. The estimated increase in under 5s ITNs coverage ranged between 12.4% (Bugiri) to 14.5% (Bushenyi) in the non conflict districts, but was much higher in the conflict affected districts, ranging from 22.0% (Lira) to 48.8% (Gulu) as shown in Table 14 and figure 1 below.

Table 14: The Increase in ITN coverage in 9 districts between 2004-2006

Region / District	Proj. Popn 2006	Estimated Popn under-5 years (2006)	% ITN coverage by Sept 2004 (LQAS)	% ITN coverage by Sept 2005 (LQAS)	# of ITNs distributed by UPHOLD Dec-March 2006	ADJUSTED % ITN coverage after, LLINs distribution	% increase in under 5s ITNs coverage, after LLINs distribution
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%	21,945	69.3%	27.6%
Kitgum	337,175	68,109	18.9%	32.4%	16,650	56.8%	24.4%
Lira	871,232	175,989	15.0%	19.9%	38,775	41.9%	22.0%
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%	9,931	24.9%	14.4%
	4,932,259	996,316			205,155		

Source: Programme Records, UPHOLD 2006



Source: Programme Records, UPHOLD 2006

Long Lasting Insecticide Treated Nets (LLIN)



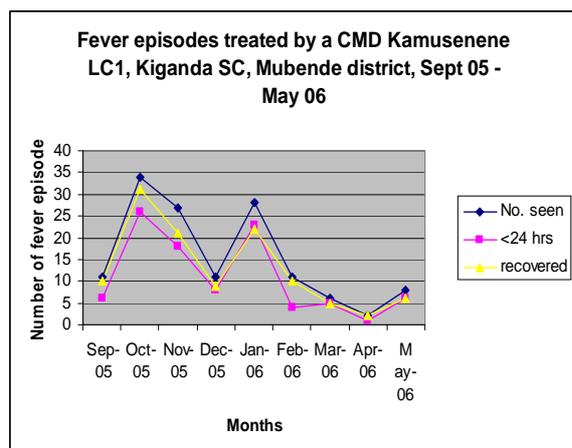
Children under 5 beneficiaries
ITNS: Mubende District

In addition to provision of ITNs, distribution of LLINs continued as another input in malaria prevention. Overall the under 5s, ITNs coverage ranged between 41.1% in Mayuge to 92.1% in Gulu. The projected 2002 population figures were used to estimate the under five population figures that guided the allocation of nets and estimation of coverage. In the IDP camps and non IDP sub-counties, the distribution exercise was proceeded by a census/registration of under 5s to enable the Net allocations to be as close to the estimates as possible. The census indicated that the populations of under five children in the camps registered by CMDs seem to be much

more than what is projected from the 2002 census and the figures obtained vary with the source of data.

Communities that received LLINs in Mubende, Katakwi and Gulu, were followed up and asked to participate in Focus Group Discussions in order to gain quick insight into their perceptions and correct use of LLINs and explore issues that may need to be addressed with Behaviour Change Communication (BCC) strategies. Findings from the FGDs indicated a high appreciation of the nets by communities. Communities expressed that they are already experiencing the benefits of decreased fever episodes in the children who received these nets.

Oroma Monica lives in Ongako camp, and Helen Onen is the CMD who attends to her child. She is the mother is 18 month old Komakec Emmanuel. She believes that the net works effectively, because Komakec used to fall sick with fever after every 3-4 weeks, but since she got the net and started using it 3 months ago, Komakec has not suffered any fever episode. Monica received the LLIN a week after returning from hospital where Komakec was admitted for severe fever. Monica lost 2 children below 3 years to severe fever



In addition to feedback from FGDs, other reports-anecdotal and empirical, from different communities indicate that the distribution of mosquito nets is having impact, especially by way of reduced incidences of malaria. A case in point is Kamusenene Community in Kiganda Sub-county, Mubende district. The figure below summarises information in the CMD's record book between September 2005 and May 2006. According to the figure, the impact of distributing mosquito nets is reflected in the declining number of fever episodes in communities including Kamusenene.

Child Health

In the area of child health, more interventions continued during the quarter, especially community based growth promotion activities. Community based growth promotion activities are taking place in 20 villages in Bugiri district and through CSOs in Mayuge, Kiruhura and Rakai districts. So far, we have trained 280 community based growth promoters in 135 villages serving a combined population of about 7500 children under two years.

In Bugiri district, 18 villages conducted growth promotion sessions during the months of March, April and May, serving a total of over 1100 children under two. However, child participation in the monthly weighing sessions is rather poor with 40-60% of the children registered actually being weighed. This can partly be explained by the fact that some



Village growth promotion registers being reviewed and corrected after a growth promotion session held in Mayuge (Lukuyu village)

villages did not conduct monthly sessions (six villages in March, 2 in April and 4 in May). But even when corrected for these villages, participation is still limited to 62-70%. No positive trend is seen yet in number of children with inadequate growth while repeated inadequate growth data was not available. The causes of this will be explored and addressed in the next quarter. The figures also indicate that there are smaller numbers of children with no adequate growth or repeated inadequate growth in two consecutive months.

Idudi Development Association (IDDA) Mayuge initiated community growth promotion in 71 villages during the last quarter. Data has so far been collected from 52 of these. During the community census conducted in March, growth promoters registered 3,840 children under 2. Community growth promotion sessions were conducted in April and in May, during which 2895 and 2736 of all children under two were weighed and counseled on improved feeding and care practices. Community participation in growth promotion activities is effected by ITN distribution, as people expected to be given a net after the registration exercise. When the nets were not given, interest in growth promotion activities subsided. About 15-20% of all children under two experienced reduced growth, more than half of them for longer than one month. This last figure however may not depict the actual situation correctly, as many community volunteers were found to have difficulty assessing the number of children with repeated inadequate growth. In 2 out of the six parishes, this was addressed during a meeting with the community growth promoters, while IDDA will follow up with the remaining parishes during the next quarter.

Family Care Workers (FCWs) trained by NSARWU cover a total of 125 villages in 4 sub counties of Kiruhura and Rakai. During the months of April and May, a total of 491 and 413 children under 2 were weighed. However, as regards weighing, record keeping and counseling, FCWs have not been regular. The standard health education given by FCWs seems lacking in helping mothers translate technical information into doable improved practices as per the specific case presented below. To address these issues identified, NSARWU staff participated in a two-days training of trainers for community growth promoters, organized for child health CSOs in Mbarara as discussed under 8.2.2. This has provided them the starting point for improved activity implementation. UPHOLD further provided guidance for NSARWU's third year action planning currently under discussion, which should focus on the consolidation of project activities.

Case study

*A mother of a severely malnourished 9-months old baby knew exactly **what** she was supposed to do, but obviously missed the support on **how** to do it: "I was told I should exclusively breastfeed my child for the first six months, but I have little milk so I keep it for the night and give my baby tea during the day. I do not give any other foods yet because the child is still too small to eat." Individual counseling ultimately helped her to agree on doable actions to improve the feeding and care of her baby.*

KAARO Rural Development Organisation, another CSO implementing Child Health activities in Kiruhura and Ibanda districts, started training Community Childcare Workers (CCWs) on the growth promotion approach in June. During the reporting period, KAARO trained 50 growth promoters (32 male and 18 female) in Ibanda district and 50 (24 male and 26 female) in Kiruhura district. These were all given their tools and equipment and are ready to start implementing community growth promotion activities in July.

Despite the plans to roll out training of community volunteers in Bugiri and Luwero during this quarter, training activities could not be initiated due to delayed release of funds. All materials are ready and trainers are in place, and UPHOLD will finally be able to train about 100 Community Growth Promoters in Luweero and in 125 in Bugiri starting mid July. UPHOLD intends to collaborate with Plan International in Luweero district on cost-sharing basis to support the roll-out of Integrated Child Health through the Village Health Teams (VHTs) in four sub counties of the district. Negotiations with Plan International will be finalized during the month of July 2006 for FY 2006/7.

Increasing access to and availability of services in response to HIV

Increased access and availability of services in response to HIV was pursued through facilitating the delivery of services at static, community outreach sites and in peoples' homes. Outreaches targeted hard to reach people in 9 camps for IDPs in Kitgum and 33 camps in Gulu as well as fishing communities living on the Islands and shores of Lake Victoria and migrant workers in the industrial area of Kajjansi clay works in Wakiso District.

Through post test clubs (PTCs) and psychosocial support groups (PSS), there was active involvement of People living with HIV/AIDS (PHAs) in delivering services. Cross-referrals were commonly made between CSO community workers and PTCs regarding providing psychosocial support to people after discovering their sero-status, further assessment and linking them to other agencies providing care, support and treatment including Anti-Retroviral Therapy (ART). One of the UPHOLD supported CSOs known as Family Life Education Program (FLEP) continued to provide home based HIV counseling and testing; this service was provided by the CSO to 18,559 (F: 10,121; M: 8,438) people in the period between April and June. All the CSOs conducted home visits to provide counseling to clients and family members and engage couples in dialogues to mitigate gender based violence. Couples were encouraged to take HIV tests together, were educated on the importance of disclosing their results to each other putting into consideration the likelihood of discordance. CSOs were urged to form clubs for discordant couples for both HIV transmission prevention and community education purposes.

Through the models for Youth Friendly services at the Gulu Youth centre and Kajjansi teenage centre HIV/AIDS prevention and care services were provided to many youth. In the quarter, HIV/AIDS services were provided to a total of 1,333 (F: 834; M: 499) youth at Kajjansi Youth centre in Wakiso district while 1,154 (F:517; M:637) youth were served at Gulu Youth centre in Gulu. The two UPHOLD supported CSOs of Kisubi hospital and German Foundation for World Population (DSW) have mobilized communities around the Kajjansi teenage centre thus creating high demand for the services by the youth. Service providers have reported many cases where parents have brought their children to the centre for counseling and adolescent friendly information or have invited counselors and peer educators to their homes to talk to their adolescent children; thus testifying to the increasing importance of the teenage centre in this peri-urban community as one shown in picture below.



An adolescent attentively listening to a counselor during a One-on-one session at Kajjansi Teenage Centre

Namayumba HCIV and Buwambo HCIV youth centres faced a challenge of lower up take of services covered not as busy as either Kajjansi or Gulu youth centres and UPHOLD made support visits to the former centres and together with the staff of the health units, explored ways of revitalizing services including conducting community mobilization and outreach activities for the youth.

In addition to the Youth Friendly services, UPHOLD continued to support HIV counseling and testing through the quarter. The national shortage of HIV test kits had initially undermined the efforts aimed at accessing this vital service to the population and

a lot of effort was made this quarter to re-mobilize the population when the test kits were finally brought into the country. 15,433 women, 12,540 men and 172 couples were counselled, tested and received results.

Lessons learned:

- Home based counseling and testing not only increases uptake of HCT services but also provides the best opportunity of reaching out to couples and also diagnosing HIV/AIDS among the family members
- Music, Dance and Drama is a powerful community mobilization strategy. During the Cultivating Art and Realizing Alternative Ventures for Aid to the African Nation (CARAVAN) concert that was organized through the US Embassy, a total 1,244 people mainly from camps in Gulu and Lira were counseled and tested in a period of six days. Under the leadership of UPHOLD, TASO, AIC, Gulu Youth centre, ACCORD Gulu collaborated in mobilizing the population for this successful event. The huge success of this exercise showed how synergetic relationships are a critic resource in the delivery of services.

During the quarter, provision of PMTCT services continued in 36 UPHOLD supported sites (both public and private). 13 HIV+ pregnant mothers and 18 babies received complete courses of Nevirapine during the quarter.

UPHOLD supported 18 PSS groups of HIV+ pregnant mothers with fellowship activities such as sharing of personal testimonies and strategies for mobilizing other pregnant mothers as well as their partners to utilize ANC/PMTCT services. These groups also discuss appropriate approaches of handling disclosure of one's HIV status and address stigma and gender based violent behaviors. Membership to these groups increased from 189 in the previous quarter to 463 in this quarter.



Health workers at Ibanda HC IV providing medical information to Ruhoko PSS group. Ibanda District

On May 29, 2006, Fort Portal Diocese (A supported CSO) launched 3 PMTCT Peer Support Groups of HIV positive mothers and fathers in Kyenjojo District. These groups include Bugaaki Psycho Social Support (PSS) Group comprising 8 men and 18 women; Kihuura PSS Group: 19 men and 18 women and Wekomiire PSS Group comprising 14 men and 7 women. Male participation in PMTCT up-take and support for their partners; has been put into perspective in forming these PSS groups.

Four members from Mulago PSS Group operating under the auspices of Makerere University John Hopkins University research collaboration (MU-JHU) were transported to Kyenjojo by UPHOLD to facilitate at the launch; one of them being Ms Nabukenya Josephine Tusiime (12 years).

Nabukenya who was born with HIV from her mother spoke as the Chairperson of the children peer support group at Mulago and revealed that her mother who is also living with HIV feared to disclose to her that she was born HIV positive. Later she discovered that she and her mother were HIV positive. Nabukenya narrated with pain how she was stigmatized and discriminated at school because of her parents' condition. Happily Nabukenya has today learnt to live positively with HIV and she is attending school.



The number of HIV+ pregnant women coming up to seek the services of psychosocial groups such as peer counseling and fellowship was on the increase as did the membership to these groups (see table 15).

Table 15: Number of People Living with HIV that attended psychosocial support groups

DISTRICT	SITE WITH PSS	MEMBERSHIP LAST QUARTER	CUMMULATIVE MEMBERSHIP
KAMULI	Kamuli Hospital	58	67
WAKISO	Kisubi Mission Hospital	21	25
	Namayumba	12	52
BUNDIBUGYO	Kikyo	8	12
	Kakuka H/C	5	18
	Rwebisengo H/C	5	15
NAKASEKE	Ntoroko H/C	5	20
	Nakaseke Hospital	30	30
	World Vision Kapeeka	-	169
BUGIRI	Bugiri Hospital.	15	47
	Nankoma HC	15	30
	Buyinja HC	15	26
ISINGIRO	Ruhoko	-	27
	Kabuyanda	-	6
	Mabona	-	50
KYENJOJO	Wekomire	-	29
	Kyakatara	-	35
	Rweibale	-	20
		189	463

Source: Programme Records, 2006.

Note: The list also includes CSO health units.

However, some of the main setbacks to effective implementation of the PMTCT program include non-disclosure of sero-status and a withdrawn attitude by males towards HIV/AIDS services. Limited as these initiatives might have been, activities of CSOs such as conducting community level dialogue sessions on gender, power relations and prevention of gender based violence, are beginning to cause impact as, increasingly, males are beginning to see their role as critical in preventing the transmission of HIV thus accepting to test with their spouses. In a bid to scale up this intervention, in the coming quarter, all HIV/AIDS CSOs will have their new grants approved and activities on prevention of gender based violence will be reflected as an integral part of their HIV/AIDS prevention and care interventions.



Ruhoko HCIII: HIV + Mothers and Members of Ruhoko PSS group receiving ITNS: Ibanda District

Further, in the bid to improve programming in response to Gender Based Violence, UPHOLD engaged Raising Voices, a Partner CSO, to orient UPHOLD staff (Education, HIV, Health and PIASCY teams) in programming for Gender Based Violence. The 2- day (June 28th -29th) workshop was organized to increase: understanding about GBV, its causes, types and consequences; ability to undertake a gender-based analysis of violence and HIV/AIDS and apply it to prevention programming and capacity to identify basic



Group Discussions during the orientation of UPHOLD technical team in Programming for GBV

do's and don'ts of GBV/HIV prevention programming. There were guided discussions of how GBV can be integrated in UPHOLD programming. There was emphasis on the importance of power relations and equity among male and female beneficiaries.

There were other interventions delivered in terms of palliative care. In order to reduce the burden of malaria infection among people living with HIV/AIDS, a total of 462 members of PSS groups of HIV positive pregnant mothers on PMTCT program and their spouses received long lasting

insecticide treated nets (LITNS) during this quarter. They were also prioritized for net distribution to appreciate their important role in fighting stigma and providing a good example to the rest of PHA to disclose their sero-status.

Despite shortages of drugs and poor laboratory supplies, UPHOLD supported private and public health facilities continued to provide counseling and treatment. The efforts of the professional health providers were augmented by the work of PSS groups, PTCs and community volunteers who visited clients' homes and provided services such as counseling, nursing, AIDS education and referral. Orphans and other vulnerable children (OVC) were also beneficiaries of these services. A total of 7 OVC mainly pregnant teenagers were provided with sewing machines to enable them engage in economic activity thus reducing their vulnerability as depicted in a picture below. In addition to medical care, counseling services, scholastic support and referral services, some OVC received tool kits after training them in vocational skills.

A total of 50 (M:23, F:27) people with dual infection of HIV and TB were treated during this reporting period. Community workers did commendable work in mobilizing people



A pregnant Teenager receiving a sewing machine from World Vision Bundibugyo -UPHOLD supported CSO: Bundibugyo district.

about TB and explaining the association between TB and HIV infection. However lack of diagnostic facilities has continued to hamper this effort.

Regarding abstinence promotion, child- centric activities such school Clubs, Performing Arts, Talking Compounds, the Safety friends System, peer guidance and counseling continued to characterize the means through which children were able to get information on HIV transmission and education on abstinence as the best strategy for staying safe. More than 7,104,286 school children were reached with

abstinence messages during this reporting period.

Working with CSOs, UPHOLD conducted dialogue sessions with local councilors, members of school management committees and parent-teacher associations to discuss child rights and responsibilities and the challenges adolescents go through as they mature, socialize and struggle to establish their own identity. The plight of the girl child was highlighted during the community discourses. During these discussions, it was clear from the responses from parents, in particular, that they appreciated the need to take up their role to talk to their children against early sex instead of leaving this important responsibility to teachers and childrens' peers. Follow up through home visits by civil society organizations have reported improvement in communication between parents and children on matters of sexuality, something that has continued to be rare in Ugandan communities due to cultural inhibitions.

Having been contracted by UPHOLD, The Office of African First Ladies Association- Uganda (OAFLA, Uganda), together with Tuko Club, carried out a Training of Trainers training for 22 CSO Trainers. Following this training, CSOs trained and formed 22 couple support groups. Both young and mature couples from various religious groups were selected for this training; with the young ones benefiting a lot from their older counterparts in terms of experience sharing. This also ensures that all categories of couples will be reached at lower levels. Once the trained couples begin conducting home visits and community dialogues on Being faithful, spousal communication, mutual fidelity and couple utilization of HIV/AIDS services are expected to improve.

Regarding adoption of other prevention strategies beyond abstinence and/or Be faithful, CSOs like Kisubi hospital, DSW served sections of the population like fishing communities on lake Victoria, while others like AFXB and Rural Welfare Integrated Development Effort, (RWIDE), ACCORD Gulu and ACCORD Kitgum targeted long distance truck drivers, commercial sex workers, bar and lodge workers, HIV+ positive

persons, discordant couples, boda-boda and Internally displaced persons. UPHOLD received 5 cartons of condoms from the Ministry of Health and these were handed over to CSOs for distribution to identified high risk groups.

3.1.3 Improved Positive Behavior Changes Adopted

Key Achievements

- *157 parents (mothers & guardians) in 21 schools in Wakiso district were oriented on child nutrition and development. More than 500 children from these same schools were supported with growth monitoring and nutrition education during this period. This has resulted in 430 children attending pre-schools regularly for all five days of the week.*
- *Approximately, 1,800 children received health services provided through the Child Days Plus strategy, during the Cultivating Art and Realizing Alternative Ventures for Aid to the African Nation (CARAVAAN) activation in the Koch Goma IDP camp. These services included Vitamin A supplementation, deworming, immunization and health*
- *Health (Feeding, Sanitation and ANC) messages were aired on 10 FM radio stations with an average of 100 clubs per radio station. Based on the coverage of the radio stations, reaching more than 11 million people across the country, with approximately 10,000 community leaders*

Adoption of positive behavioral changes in education

In the education sector, UPHOLD supported the Madrasa project supported by UPHOLD has continued to step up its advocacy activities to parents of pre-primary age in the selected areas in the districts of Wakiso and Mubende covered by the UPHOLD funding. A lot of resource mobilization for improved Early Childhood Development (ECD) activities has continued to be done in this quarter. Madrasa Resource centre has trained parents who have helped in the development of learning materials for their children



Child friendly play facilities:
Anonya pre-school Wakiso district

During this quarter, parents of 21 schools in Wakiso district developed a variety of materials including local IEC materials on nutrition, health promotion and play. 157 parents (mothers & guardians) were oriented on child nutrition and development. Over 500



Parents prepare a meal for their children:
Anonya pre-school Wakiso district

children from these same schools were supported with growth monitoring and nutrition education during this period. These activities have resulted in 430 children attending pre-schools regularly for all five days of the week with good health. Resulting from the advocacy for parental support to their children's pre-primary education that is the specialty of the Madrasa project, it has become a common practice for the parents to bring them to the schools for growth promotion, deworming and immunization. In addition the parents acquired knowledge in nutrition and early childhood development needs, through the parent focused training and this has resulted into volunteer parents playing an active role in the preparation of meals for their children at school. In all the Madras pre-primary schools parents and teachers now fully understand the value of play in the development of children. Hence the children are now given more time to play as an essential aspect of social interaction and social skills development which are crucial elements of quality learning.



During this quarter, the UPHOLD CIE tools have continued to be utilized in schools. Specifically, the Safe School Contract (SSC) - shown right side, developed to reduce cases of sexual harassment, sexual relations with teachers and male pupils to prevent early pregnancy and HIV/AIDS spread among young people has taken root in a number



Pupil signing the SSC- Orawa primary school-Arua district

of schools with exciting experiences. The focus of SSCs is facilitating dialogue between the primary school stakeholders to create safe learning environments for pupils. The SSC empowers pupils to be active participants in ensuring their own safety. There has been intensive dissemination of the CIE tools this quarter to the school-community level across 25 of the 29 UPHOLD's supported districts. This has been supported by provision of follow up technical support done by the

CIE Mentors to both LG and CSOs focusing on the responses of parents to the actions agreed upon during the Action-oriented meetings. There are interesting experiences resulting from the Action-oriented meetings. For instance, in the West Nile region it is observed that the schools that had their teachers and children sign the SSC, have seen improvements in the safety of pupils. One striking highlight is the absence of sexual harassment during the recent two sports tournaments as expressed in the words of a school coach. *“In the past, there were many cases of defilement and sexual harassments as pupils would travel between schools for competitions. Now, girls walk in groups and where necessary they converge at a central home to wait for their parents to pick them up, rather than walk home alone in the dark... We have had games tournaments for two seasons with no cases of problems.”* In general the signing of the SSC in some schools has increased children’s participation in school activities. One head teacher, Mrs. Juliet Parata, observes that before the girls did not join in extra curriculum activities because they feared to be shouted at by the teachers. This was often misinterpreted by the teachers as shyness a situation the teachers sometimes took advantage of. According to Juliet, *“The school now experiences a healthy dialogue between male teachers and girls as well as between boy and girl pupils.... My pupils find the school a safer place to stay in than their own homes.”*

Lesson learnt

The SSC experience continues to emphasize that when introducing a new concept, it is important to engage sufficient dialogue with all categories stakeholders. This enables each category to identify their roles and responsibilities during implementation. While introducing the SSC the teachers were initially apprehensive to the signing of the contract. However, continued discussion of this issue with teachers is yielding increasing positive changes in the attitudes of teachers. This remains a guiding lesson in UPHOLD activities.

Certificates of Performance

UPHOLD has completed the development of the concept, designed and proposed a process for awarding Certificates of Performance. Certificates of performance were developed for the Integrated Education Strategy. During the reporting period, training for improved performance is the cornerstone of the Integrated Education Strategy implemented by UPHOLD to contribute to the Ministry of Education and Sports’ (MoES) goal of improving quality of primary education. Early in the development of the strategy, a decision was taken to award certificates of “performance” based on application of learning, rather than a traditional certificate of “attendance.” Certificates have been designed for each component and each module, indicating the specific ways in which an individual has applied the knowledge and skills targeted during the training. Certificates are awarded based on a set of stated criteria for on-the-job application. The nomination forms state the criteria and evidence. The concept note, criteria table and certificates have been vetted with the Regional Offices, the National Trainers of trainers for EMS 3 and have been shared with the MOES Monitoring and Evaluation Working Group. The response has been positive.

During the next quarter, UPHOLD will begin receiving nominations, validating the evidence and preparing certificates. Districts will be encouraged to announce the awards

as a part of an ongoing activity or event, such as All Head Teachers meetings at the beginning of the third term or district level celebrations of World Teachers' Day.

Increasing adoption of Positive behavioral changes through health interventions

Child Health

As a member of the Uganda Essential Nutrition Actions (ENA) team, UPHOLD participated in two regional trainings facilitated by AED/Linkages and RCQHC, and contributed to the harmonization of ENA messages for behavioural change communication and IEC. The first training held in Addis Ababa focused on the scientific evidence for essential nutrition actions (*the whats and the whys*) while the second training held in Kampala was a training of trainers for behavioural change communication for essential nutrition actions. The included participants from the MOH, USAID, UPHOLD, UNICEF, Africare (a USAID funded CSO) and participants from various African countries. The ENA approach guides implementers on how to maximise contact points at which women and those that support them are found in order to promote specific infant and young child feeding practises recommended by the World Health Organisation. The training equips programme 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 country level. UPHOLD will use the above to improve its approaches to child health interventions in order to enhance results. The Uganda team is organising an ENA TOT for other implementers in July 2006.

A mother of a 3-months old baby, who was helped to breastfeed her baby correctly, stated: "So breastfeeding can be fun after all. All along it has been so painful and troublesome that I wondered whether to go on, but now I see it was all because I did not know how

Malaria Prevention: Radio spots to support use of LLIN

To promote the proper use of the nets by the beneficiaries 2 radio spots have been developed with concepts focusing on encouraging husbands/ fathers and Local Council leaders to be proactive in avoiding the selling of the free nets and to support the proper use of LLIN.

The radio spots were distributed and broadcast on 10 key FM radio stations (Skynet, CBS 88.8/89.2, Capital FM, Voice of Teso, Nile Broadcasting Services, Radio West, Voice of Toro, Lira FM, Mega FM, Arua One FM) and were aired throughout the quarter

Using Music, Dance and Drama to achieve results – Training of MDD groups:

Music Dance and Drama (MDD) training was carried out in the 3 Districts of Nakapiripirit, Katakwi and Amolatar. During the quarter 45 trainers (TOTs) were trained in Music Dance Drama skills (males and females). They focused on the



Through music, dance and drama health services providers were linked with communities for child health services such as immunization

introduction of six UPHOLD developed scripts out of the total of 14. These included: *'The Charm'* (Immunization), *'My Woes'* (Child spacing),

With support from UPHOLD, Rakai AIDS Information Network (RAIN) staged Music Dance and Drama (MDD) shows to promote modern contraceptive use and other reproductive health issues integrated with domestic violence issues in order to raise community awareness in six parishes of Rakai Town council, Lwanda-Butiti, Kagamba, Kamuli, Kibanda-BBale and Kakinga. The activity reached 1444 people including children (665 males and 779 females).

The MDD shows provided an avenue for the community members through the community dialogue component to openly share information about family planning, domestic violence and learn about project (RAIN) objectives which strengthened its levels of confidence amongst the key beneficiaries.

Targeting MDD activities continued to be an effective communication approach to link health service providers and communities as beneficiaries. Below is a picture of *Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations (CARAVAAN)* Initiative performing with school children in community mobilization for health services in an IDP camp in Gulu district.

(CARAVAAN) Initiative in Gulu and Lira, was organized through the US Embassy in collaboration with UPHOLD. The team supported six concerts over six days in northern Uganda: four in Gulu and two in Lira. The concerts were conducted safely without incident, and were met with great interest by people in the camps.

Approximately, 1,800 children received health services provided through the Child Days Plus strategy, during the CARAVAAN activation in the Koch Goma IDP camp. These services included Vitamin A supplementation, de-worming, immunization and health education talks. Blood donation as a gesture of citizenship responsibility was made by the Internally Displaced People to the Uganda Blood Bank at the Pabbo IDP camp and Kaunda Grounds in Gulu. Other organizations collaborated with CARAVAAN to work together to create a comprehensive partnership to promote use of services. These included: The Ministry of Gender, with use of their Youth Truck, provided entertaining games to the children in the IDP camps during the music shows; TASO, AIC and Gulu Youth Center provided the bulk of HIV Counseling & Testing services; Several USAID/UPHOLD grantees (including STF, ACORD) collaborated to mobilize community members to attend performances and organize delivery of services.

The CARAVAAN concept of mobilizing people to use health services used entertainment as a stimulant to attract people to a specific center where they were fully engrossed in the health - related music, dance and drama performances. They attracted huge numbers of people in the IDP camps. The main constraint was large numbers of people at the sites who wanted to get services offered, that overwhelmed the few health workers available.

Radio Listening Clubs

This is an initiative that has involved 10 FM radio stations (*Super FM, Kabozi ku Bbirri, Capital FM, Voice of Teso, Kiira FM, Radio West, Voice of Toro, Lira FM, Mega FM, Arua One FM*) with an average of 100 clubs per radio station. Based on the coverage of

the radio stations, the programmes reach more than 11 million people across the country,



Members of Kitanyata Single Mothers Organization District, a radio listening club in Kyenjojo

with approximately 10,000 community leaders directly participating in the activity. During this reporting period, Feeding, Sanitation and ANC Programmes were recorded and broadcast by the stations and used the messages for interactive dialogue with their communities in order to boost their listenership.

Talk shows on Family Planning

RWODEC, a CSO in the south western Uganda used Radio Rukungiri to reach its community with two radio talk shows to

promote the use of health facilities for ANC and to promote use of family planning. The programmes addressed specific myths and concerns regarding modern family planning methods. The radio talk shows adapted the direction of testimonials through presentations, discussions and satisfied users of family planning. In addition, the Talk show targeted the male partners; through the promotion of family dialogue and male involvement support. As secondary target audience, the talk shows focused on the community at large to solicit community involvement on matters pertaining to Reproductive Health.

As a result, some male partners have shown support and cooperation as they now escort their pregnant women to the health facilities. Community leaders through religious, social and political gathering have also pledged support to Reproductive Health programmes.

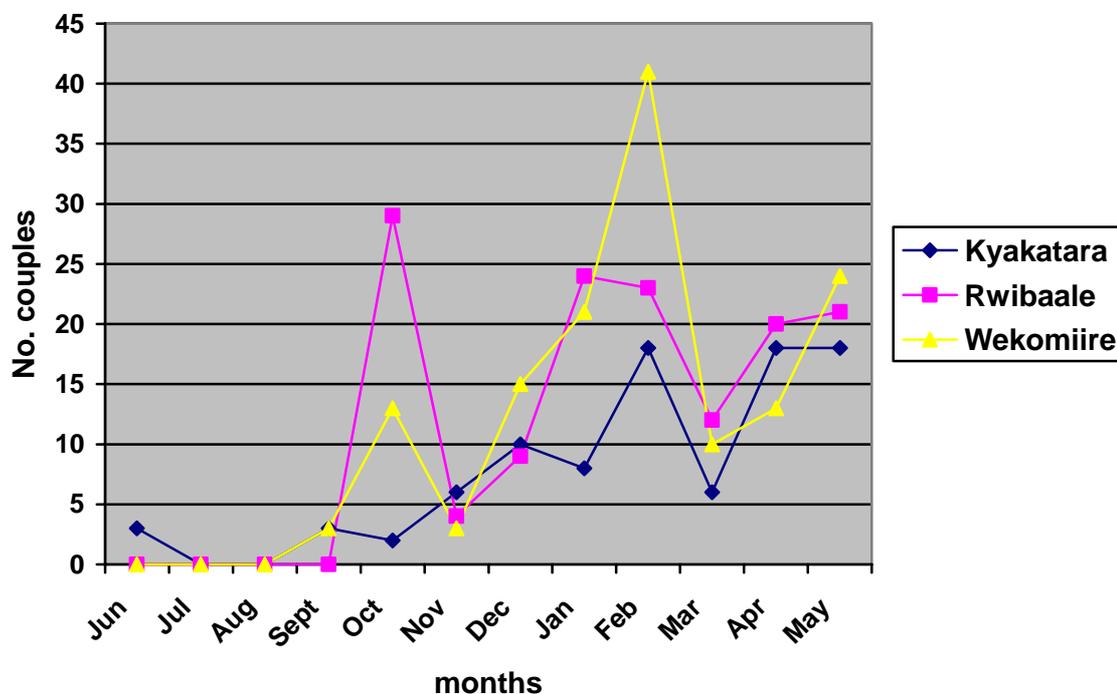
Furthermore, it was noted by RWODEC that there was an element of authenticity created when women heard the voices of people they know well, the amount of traffic increased to RWODEC and other health facilities seeking family planning services.

It was also reported that women initiate family planning at their own accord from retail outlets and only go to health facilities to seek advice when side effects develop.

Increasing adoption of positive behaviors through the response to HIV

According to CSO reports, there are positive signals that community campaigns geared to changing peoples' behaviors are causing impact. German Foundation for World Development has reported an increase in numbers of youth seeking referral to the nearby Youth centre of Kajjansi (as shown by the already reported number of clients at the centre). Reports from CSOs show a positive trend in the number of couples tested.

Fig. 4. Number of couples who utilized VCT/PMTCT services at Private-not for-profit (PNFP) Mission Health Centers (operating under Fort-portal Diocese) during the period June 2005 to May 2006.



Reports from the same CSOs indicate that an increasing number youth in schools are joining abstinence/stay safe clubs while anecdotal evidence from the same sources suggests that practicing secondary abstinence is possible to many youth out-of-school.

3.2 Increased Capacity to Sustain Social services

3.2.1 Improved Decentralized Planning, Management and Monitoring

Key Achievements

- 663 schools in 10 districts (Rakai, Arua, Yumbe, Kamuli, Mayuge, Luwero, Nakaseke, Lira, Bushenyi, Rukungiri, Bundibugyo, Katakwi and Amuria) received support supervision in the five areas of Leadership, School administration and management, CIE/School Health, TE and Planning. The districts included;
- 1,062 pre-service students have benefited and 320 in-service students have been reached with the CL approach of teaching while still under training.
- Working in close partnership with other stakeholders (UNICEF, WHO,) and under the coordination of the Ministry of Health, UPHOLD participated in Central Level planning for the bi-annual Child Days Plus that take place for a month in May and November

Improving decentralized planning, management and monitoring in the education sector

Using CL in the pre-service Teacher Education

Whereas UPHOLD was designed to work with only the in-service (out-reach) arm of the CPTCs, the excitement about the pedagogical appropriateness of CL is steadily finding its way into the pre-service department of the PTCs.

During this reporting period there have been isolated cases of CPTCs taking the initiative to mainstream the use of CL in the pre-service arm of the teacher training. Across these CPTCs (St. Bosco Lodonga, Arua, Bishop Willis Iganga, St. Aloysius Ngora and Nakaseke Core PTCs and Kaliro PTC) a total of 87 pre-service tutors have been trained.

In addition the CPTCs have also utilised the opportunity to train the in-service students (untrained licensed teachers) in the use of the CL approach of teaching. Through this avenue 1,062 pre-service students have benefited and 320 in-service students have been reached with the CL approach of teaching while still under training. The respective CPTCs have been able to do this using their own resources with UPHOLD's support being limited to a few copies of the training modules and the training given to the

We have trained 6 Pre-service Tutors in CL who are using the method to teach the pre-service students... Our Pre service students (770) and In-service Teachers (320) are very excited about CL. They were able to use CL method in the Teaching Practice effectively last year' Christine Candiru, DPO Arua CPTC.

"All our pre-service tutors (19 tutors) know and use CL because we trained them during our College CPD. We even trained our former second year students (130) and were able to use CL during the school practice last year... The incoming year two students were also trained in the method and we hope they will use it in the school practice..." Tino Consolata, DPP Nakaseke CPTC



Joy, a preservice tutor teaching using Cooperative Learning at: NakasekeCPTC June 2006

outreach staff of the CPTC.

Support supervision-Improving School Performance: A Guide to Using Supervision Tools

In the month of April a no-cost extension grant was extended to the 11 CPTCs with a focus on orientation to the use of support supervision tools by all districts teams and support supervision at school level. A total of 663 schools in 10 districts received support supervision in the five areas of Leadership, School administration and management, CIE/School Health, TE and Planning. The districts included; Rakai, Arua, Yumbe, Kamuli, Mayuge, Luwero, Nakaseke, Lira, Bushenyi, Rukungiri, Bundibugyo, Katakwi and Amuria.

Table 16: Number of schools that received support supervision through the CPTC no-cost ex-tension grant

Core PTC	Number of schools	District
Ndegeya	8	Rakai
Lodonga	80	Yumbe
Arua	85	Arua
Bishop Willis	157	Mayuge
Loro	87	Lira (65); Amolatar (21)
Nakaseke	104	Luwero/Nakaseke
Soroti	142	Amuria (75); Katakwi (67)
Total	663	For ten districts

For instance, with the leadership of Lodonga CPTC, 80 schools received support supervision during the month of April and the preliminary analysis done by the CCTs and Education officers revealed that the aspects of leadership, management and administration most schools scored average. There was a remarkably poor level of performance on planning and financial/records management in a majority of the schools visited while teacher effectiveness though below average was observed as picking up with most teachers attempting to teach using CL. The Core PTC has in plan to disseminate the results to the schools and plan follow-up action to provide mentoring support to both the head teachers and teachers. Through the use of these tools UPHOLD's efforts to enhance self - assessment and performance improvement at school, cluster and district levels will slowly take root. Emphasis on support supervision to include MoES is in plan for the next quarter.

Improved decentralized planning, management and monitoring in the health sector

Child Health

Working in close partnership with other stakeholders (UNICEF, WHO,) and under the coordination of the Ministry of Health, UPHOLD participated in Central Level planning for the bi-annual Child Days Plus that take place for a month in May and November as a booster to increase immunization coverage, de-worm all children up to 14 years, provide Vitamin A supplementation to all children 12 to 59 months, provide Tetanus Toxoid to women and female teenagers from 14 to 49 years, and reinforce health promotive family practises such as breastfeeding and infant and young child feeding, hygiene in the home, the importance of feeding school children. For the May Child Days, MOH provided all the vaccines and mobilised for adequate de-worming tablets from partners. UPHOLD focused on supporting the 29 districts to carry out micro-planning, supervise and implementation of child days' activities. Airtime was purchased by the districts on their local radio stations to announce the child days' venues and schedules.

Village level advocacy and mobilisation, including the use of MoH film vans to remind people to bring their children to the venues for services was supported.

In the next quarter, UPHOLD will continue to leverage decentralised mechanisms, not only for greater results yields, but also for greater capacity building and sustainability.



A drama group performs: a strategy used to mobilise the community for child days in Nsanqi, Wakiso district

3.2.1 Increased Private Sector Role in Service Delivery

Key Achievements

- RWODEC procured 100 nets and sold them at subsidized cost to pregnant mothers in Rukungiri
- TIDO and ACOWA were involved in distribution of and used Community Medicine 14,200 LLINs to children <5s in 5 Sub-Counties of Katakwi and 6 Sub-Counties in Amuria with CMDs
- Private Midwives conducted: 1027 safe deliveries, treated 3086 sick children offered quality adolescent reproductive health care to 1817 adolescents ,offered family planning services to 3719 new acceptors exceeding the planned 1400; and referred 183 HIV positive mothers to center offering ARVs
- RWODEC provided family planning antenatal care, and tetanus toxoid immunisation to 17,5805 people in Rukungiri

Increased CSO role in service delivery

During this reporting period, UPHOLD supported various activities to increase private sector participation in service delivery. These included increasing activities implemented through CSOs as well as training CSO personnel.

Net distribution through CSOs

Rukungiri is a Malaria epidemic- prone district and is one of the 9 districts where UPHOLD distributed 9,990 LLIN in 4 of the 11 sub-counties in Dec 05. This has raised coverage in these sub-counties from 7.8% to 70%. As part of their reproductive health services, RWODEC has undertaken to continue the promotion of use of ITNs especially by pregnant women. The CSO procured 100 nets and sold them at subsidized cost of 9000 shillings.. They then promoted the value of ITNs through ‘progressive leaders’. They also work with Radio Rukungiri, and the Radio Listening clubs that the FM station has set up with UPHOLD support, to promote use of ITNS, family services, the importance of clean deliveries, and delivery in health facilities and other good practises. The ITNS have also been used as an incentive.

RWODEC received 1200 ITNS from the MOH, which were distributed to pregnant women who attend Antenatal care at least three times (out of the ideal four). In addition, they were given two doses of Intermittent Presumptive Treatment (IPT2). These activities have resulted in increased ANC attendance.

Table 17: ANC attendance in RWODEC catchment area March- June2006

Month	No. attendance
March 2006	588
April	695
May	929

Source: Programme Records, UPHOLD 2006

Further, UPHOLD worked with the DHTs of Amuria & Katakwi and the CSOs, TIDO and ACOWA and used Community Medicine Distributors (CMDs) to distribute 14,200 LLINs to children <5s in 5 Sub-Counties of Katakwi and six Sub-Counties in Amuria.

CSOs in the delivery of Reproductive health services

In the area of reproductive health, UPHOLD supported Uganda Private Midwives Association (UPMA) to implement activities in their grant. This 18 months grant began 15th Dec 2005. Their grant involves implementing services in reproductive health including Family planning, Adolescent Reproductive Health, Ante Natal Care, Deliveries, Post Natal Care, management of malaria plus PMTCT and child health through a chain of member midwives facilities. The data therein is for two months of April and May because their June report is due in on 15th July. As a result, Private midwives: conducted 20 domiciliary deliveries, out of the 200 expected deliveries during the months of April and May. The main reasons cited for not reaching the target is that the clients find it rather expensive to get the midwife carryout ANC, delivery and post natal care at home. There is however a two fold increase over the previous months. In addition the mother booked for domiciliary deliveries change their mind and come to deliver at the facility.

Further, private midwives conducted: 3459 ANC out of the 5600 planned over the period of April and May; 1027 safe deliveries out the planned 2800; treated 3086 sick children according to guidelines out the planned 5600; offered quality adolescent reproductive health care to 1817 adolescents out of the planned 3200 over the period of April and May; and they offered family planning services to 3719 new acceptors exceeding the planned 1400. The main reason for exceeding the target is that UPMA has instituted an out reach program for integrated reproductive health. They have developed a tool/guide to assist member midwives as they carry out these out reaches. They are now reaching larger number of people. Private midwives referred 183 HIV positive mothers to center offering ARVs exceeding 150 target in over the period of April and May. The reasons for exceeding the target include the fact that more midwives are now testing for HIV and giving Nevirapine

Integrated Reproductive Health

Six Civil Society Organizations (CSO) have engaged in the social mobilization activities which include talk shows and radio spots to increase the utilization of family planning services. These CSOs have been provided with Grants for 2 years to promote the use of FP services in the UPHOLD supported districts where they operate. The following CSOs have clinics where family planning services are provided at both static and outreach service points -UPMA, Straight talk, RWODEC, and Bushenyi Medical Centre. Tooro Kingdom works in partnership with Kyenjojo District, which means that their promotional activities are linked with service provision.

Here below is a detailed description of how one of these CSOs, Rukungiri Women Development Centre (RWODEC) has put into place innovative approaches that have increased deliveries in health facilities, use of family planning methods and malaria control through provision of free mosquito nets from MOH to pregnant women and selling clean delivery kits at subsidized prices.

RWODEC covers 7 of the 11 sub-counties in Rukungiri, covering 74% of the districts population and providing IRH services to 17,5805 people (90,984 women and 84,821 men). Their work include supporting women and couples to access information on family planning for increased service utilisation, family planning services, antenatal care services including IPT ; immunisation with tetanus toxoid, use of ITNs and post natal care services. This is done through community outreach programs, radio programs and music dance and drama. RWODEC has also been involved in strengthening community structures to improve management through training and supervision of community based reproductive health workers.

RWODEC has trained and placed 84 Community Reproductive Health Workers (CRHWs) to mobilise communities to seek RH services including FP. During the reporting period RWODEC held a review meeting with the 84 Community Reproductive Health Workers (CRHWs) from the 7 sub counties, to address the problems they faced, orient them on reporting formats and review their roles and responsibilities.

It was revealed that when people reached by the CRHWs visit clinics for FP as advised, there are no contraceptives in stock. RWODEC shared this information with the DDHS office and found that Rukungiri has experienced near chronic shortages of contraceptive methods at health facilities. RWODEC decided they might resolve this issue. Working with and supported by the DDHS office, RWODEC placed an order for family planning methods directly with the National Medical Stores - the organisation that is responsible for the national procurement and supply of drugs including contraceptives. The contraceptives were received. RWODEC staff were involved with the monitoring and supervision of the distribution of the contraceptives by visiting health centres in their area of operation. By reviewing records, interacting with health workers and discussing with clients, they were able established whether or not health workers were giving contraceptives to clients. CRHW and RWODEC staff collected and distributed contraceptives to each of the 7 health facilities within their catchment area. Each of the health facilities was provided with 200 vials of depoprovera, 200 cycles of lofeminal, 33 cycles of ovrette and 30 cycles of microgyn.

In addition, the CSO received 600 clean delivery kits for distribution to pregnant women. With these kits, RWODEC expects to increase the number of women delivering in health facilities in their area of operation, from the 2,637 to 3428.

Close working relationship has developed between RWODEC and the District Health Team who provide technical over sight to the CSOs. In this spirit, joint support supervision by the DHT and RWODEC was conducted in five health units in RWODEC's catchment area, namely Nyakagyeme, Ruhinda, Buhunga, Kebishoni and Rukungiri.

RWODEC oriented 65 trained Traditional Birth Attendants (TBAs) on their roles and responsibilities in a referral system, danger signs of pregnancy and the importance of facility based deliveries in cubing maternal morbidity and mortality. As a result TBAs in the project area are now knowledgeable about who should be delivered by them, who should be referred to health facilities, services available at the health facilities like PMTCT.

Rural Health Concern (RUHECO) a CSO contracted to provide IRH services in 9 sub counties in the counties of Moroto and Dokolo in Lira district conducted quarterly review meetings with CRHWs in the project area. The meetings held at sub-county level attended by a total of 356 (85%) CRHWs (292 males and 64 females) was an opportunity to introduce them to the local health unit staff, sharing of success stories and lessons learned during home visits by CRHWs; sharing and learning how to use IEC materials namely – Child Spacing Counselling forms, Conflict Resolution Forms, and Birth Preparedness forms all of which were designed by UPHOLD in collaboration with the MOH. One health worker from each of the following 6 health centres -Anaka, Kangoi, Batta, Agwata, Omoro, Aloii and Aboko also attended. The meetings also facilitated sharing of Monitoring and Evaluation tools and data from health units. 418 copies of monthly home visit record forms and quarterly M&E monitoring forms were also given to CRHWs. A total of 1,254 copies of child spacing counselling and conflict resolution forms were given out to CRHWs to facilitate their work.

Lira district health team supported RUHECO to train 123 Adolescent Peer Educators (APEs) (54 females and 69 males) and each was given a T-shirt with RH messages. The training enabled peer educators to acquire knowledge, skills that have enabled them to dispel rumours and myths about body changes associated with adolescence, appreciate the value of body hygiene and also move out and share information with peers in secondary schools. APEs from Agwata and Aboke subcounties have so far reached a total of 18 primary schools (Over 6,000 adolescents) in addition to holding one-to-one counselling sessions in churches.

Challenges

- TBAs still deliver pregnant women in Amuda parish-Agwata subcounty because of the long distances to the health facilities.
- As a result of awareness and community mobilisation by RUHECO, there is a high demand for tubal ligation in Dokolo and Agwata sub-counties but the challenge is that the health centre IV in Dokolo and the health centre III in Agwata don't offer tubal ligation services. Clients are requested to travel to Lira hospital for the services, which is very far.

CSO participation in the response to HIV

UPHOLD completed reviewing work-plans and budgets from 23 partner CSOs (faith based and non faith based) that submitted proposals. As a result of technical support provided to these organizations at the start and during the first grant, the quality of proposals had improved. The review of the Second grant applications has emphasized the scale up of HIV/AIDS services especially to reach the hard to reach populations, consolidation of quality of services through training, monitoring and evaluation increasing, increase in the number of CSOs with a focus on serving Orphans and other Vulnerable children and activities on gender based violence prevention.

UPHOLD intends to increase utilization of HCT services targeting people who get services from private clinics. This quarter, UPHOLD finalized plans with the Ministry of Health trainers to start building the capacity of about 40 private clinics in provision of

VCT services. The training of about 120 HCT counselors and of laboratory technicians in HIV testing will commence July this year.

During the quarter, an in depth study on the partnerships within the grantee CSOs was carried out. This study is an action oriented study which is crucial especially as UPHOLD plans a new round of PEPFAR grants it provides the opportunity to learn what is being done right and what is going wrong. It will enable UPHOLD to further strengthen what is going right in the area of partnership so that CSOs can sustain these partnerships even after UPHOLD

3.2.2 Civil Society Organization Capacity Building

Key Achievements

- *Followed up the 39 trained service providers from Luwero and Kamuli in improved child health practices. including direct observation of the case management process by the trained health worker, verbal case reviews with the patients managed by the trained*
- *Conducted and completed a capacity assessment for CSOs*
- *Conducted a study to review CSO partnerships*

Support to AIC and TASO

UPHOLD continued to provide financial and technical assistance to its two largest CSO partners namely AIDS Information Centre (AIC) and The AIDS Support Organization (TASO).

Organizational Development support to AIC:

UPHOLD continued to provide technical assistance to AIC in the area of Monitoring and Evaluation. As a result of this intervention, tools for use in the data collection have been developed and plans are under way to complete the computerized system, train users and install it in all AIC branches. Drawing from the lessons of the Kayunga Study on the community owned VCT services, documentation of participatory rural appraisal as an approach to involving communities in planning and managing their services has been embarked on by UPHOLD and will be completed by July 2006.

In this reporting period training of 11 (5 female, 6 male) Board members as part of the first phased plan was completed. The training focused on orientation on their roles and responsibilities and the AIC program in particular. Plans are underway for a feedback meeting and phase 2 of the interventions.

UPHOLD continued providing technical support to AIC staff in areas of internal reflection exercise geared to organizational strengthening. The reflection exercise has engendered a big shift in the thinking and aspiration of staff towards a better AIC. The aftermath of the UPHOLD facilitated workshop on international reflection has witnessed staff commitment towards tackling the current organizational challenges which they identified themselves. Analysis of events by AIC staff zeroed down to 3 major areas that need urgent attention namely: leadership strengthening (at management and Board

levels), structural - procedural streamlining and improvement of resources (human and financial). Action plan for addressing these areas was drawn.

Recruitment of skilled staff through systematic and established procedure was one of the key action areas that has been prioritized by AIC. Through a Consultant firm, this process began during the quarter and interviews for Executive Director, Finance Director, Human Resources Director and the M&E Manager were conducted. The exercise will be completed in the next quarter.

AIC successfully held a donors conference. AIC showcased their achievements as a premier HIV/AIDS service organization and as a pioneer agency in the area of HIV counseling and testing in Uganda. Donor organizations and AIC partners attended the conference and were grateful for the outstanding achievements AIC has made since inception. AIC management needs to follow up with individual donors to find out their positions regarding making a contribution towards funding AIC activities.

UPHOLD's supported the Acting Director and the Acting Monitoring and evaluation officer to attend the PEPFAR implementing partners meeting in Durban (11- 15 June).. Two oral presentations were presented by AIC which not only showcased their achievements in provision of integrated VCT but also their initiatives in scaling up their activities through direct, indirect expansion and outreaches.

The TASO Executive Director and three of his staff were supported to attend the said meeting

Support to TASO

The TASO annual work plan and budget were completed and approved. TASO Executive Director and 3 of his staff were supported to attend the PEPFAR implementing partners meeting in Durban (11- 15 June). The Executive Director presented on the work of TASO as shining example of an indigenous care and support organisation in Uganda and the poster presentation mainly highlighted the progress and lessons learned regarding its ART program.

Capacity Building for other Partner CSOs

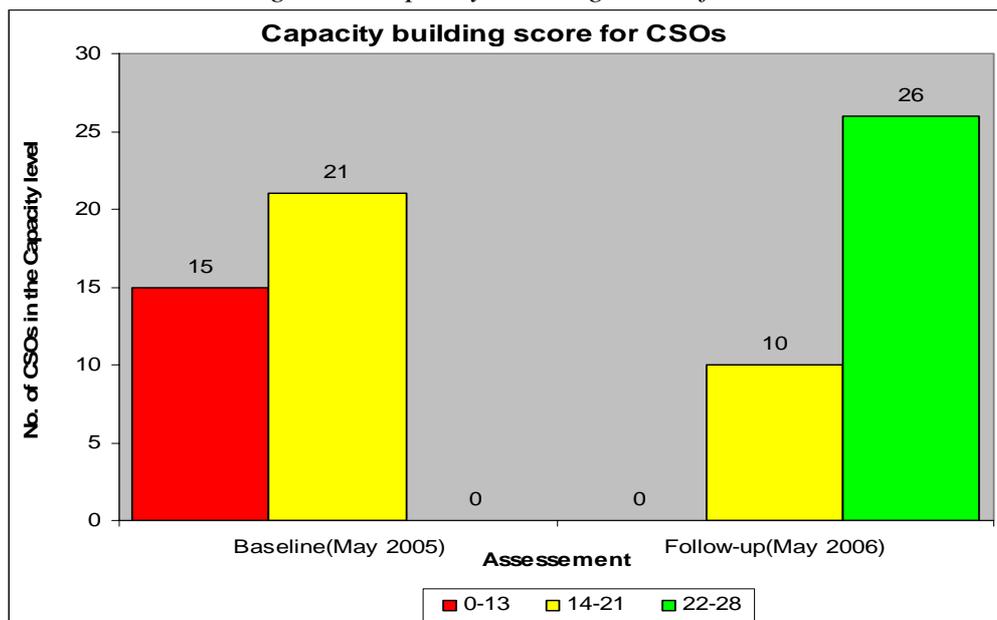
UPHOLD Followed up the 39 trained service providers from Luwero and Kamuli in improved child health practices. 20 were from Luwero while 19 were from Kamuli. The follow up involved including direct observation of the case management process by the trained health worker, verbal case reviews with the patients managed by the trained health workers in the last two weeks, review of patient records and a facility supports review. As a result, the trained private health providers have improved performance in assessing and treating sick children; counseling for immunization and administration of Vitamin A, equipped with drugs and supplies needed for effective management of sick children. However quite a number of facilities lack weighing scales. Another challenge is that very few private facilities have immunization facilities. However they are now identifying and referring appropriately children that need immunization. Further, support supervision and technical support were provided to BANDIMAGWARA, Fortportal Diocese, Kyembogo Holy Cross, World Vision Bundibugyo and AFXBin Rwenzori region and LABE in

Bugiri as they prepared their second year grant proposals; ito a number of CSOs during this period.

During the quarter a follow on capacity self assessment for the CSO was carried out. The follow on was intend to establish to what extent UPHOLD has supported the capacity development of the CSOs over the last year of implementation. It should however be noted that the principle behind the UPHOLD CSO tailor capacity support was to provide support that is only essential to enable it implement the activity for which the grant was given. There was no intention on part of UPHOLD to build all the possible capacities required by the grantee CSOs. The assessment was therefore focused on the areas that are relevant to activities in the grant. The capacity areas assessed included Core Capacity for all CSOs (planning, finance, budgeting, partnership issues and monitoring & evaluation), General Technical (social transformation, Behavior Change Communication and training) and Specific Technical (depends on the specific technical area for which the CSO was given the grant).

Data was collected, analysed and the first draft report is out. The results show a dramatic improvement of most CSOs from most of their baseline capacity performances.

Figure 5. Capacity Building scores for CSOs



Source: CSO capacity assessment, Draft Report, UPHOLD 2006

Poor performance CSOs in overall Capacity performance reduced to zero at follow-up, up from 42% (15) at baseline, fair performance CSOs reduced to 28% (10) from 58% (21), while satisfactory capacity performance CSOs increased to 72% (26) at follow-up down from zero at baseline.

This represents a major improvement in the capacity of CSOs to implement their programs. This improved capacity was the result of the frequent tailor support given to CSOs. A CSO capacity support strategy was developed and implemented by UPHOLD. It is comfortable to see that the support put in during the period 2005/2006 has yielded evidence based results. The method of achieving this Capacity support was basically on

job support and training without any workshop training. In addition, support supervision was carried out which further emphasized capacity transfer on site and problem solving.

More research is being done to contribute to improved CSO partnerships. During the quarter an indepth study on the partnerships within the grantee CSOs was carried out. This study is an action oriented study which is crucial especially considering that the Community Action Grant is one of the key strategies for service delivery. At the inception of the grant the assumption was that partnerships were paramount for successful implementation of services. This study will help validate this assumption that indeed partnerships have not only worked but that they are useful. In addition to that as UPHOLD plans a new round of PEPFER grants, as well as the application of the extension, it is important to learn from the previous experience. This will give opportunity to learn what is being done right and what is going wrong. It will enable UPHOLD to further strengthen what is going right in the area of partnership so that CSOs can sustain these partnerships even after UPHOLD.

Data collection has been completed. An initial draft report has been shared with the technical team. While further analysis and report writing is still going on, the preliminary results indicate that many (29 out of 31) partnerships have worked very well over that past year among the CSOs. In addition even CSOs that were given grant without any formal partnerships (like St. Josephs Hospital Kitgum and World Vision Kitgum) saw the need to form partnerships. Many of them have actually formed partnership with local Governments and other CSOs to aid the implementation of their activities. Although most partnerships reported some areas of misunderstandings, were able to resolve these problems and move ahead and have no problem at the moment. The problems encountered with the partnerships had to do with transparency in finance and budget management and power dynamics. The main mechanism for solving these partnership problems included lead organisations being more transparent with the approved budget, signing formal MoUs with their partners and carrying out joint planning. The initial analysis is also pointing to the fact that partnership indeed leads to more results. This is shown by the fact that there are more CSOs in partnerships (18 out of 25) achieving their targets for the first year compared to those not in partnership and are achieving result (2 out of 6) in the figure below. (OR 5.14, 95% CI 0.59<OR<54.11 and p-value 0.075 at 10% level of significance). In fact the odds ratio (OR) indicates that it is five times more likely to achieve results with partnership than without.

However there were a few examples of failed partnerships which led to separation (SPW and FLEP) yet continued with their activities separately, while for some like LABE Bugiri (and BUDLINE) the failed partnership in part led to the complete cancellation of the grant by UPHOLD.

Child Health

In addition to two CSOs that were contracted to provide Technical assistance to Child Health CSOs and LGs in East and Central regions during the 2nd quarter, UPHOLD contracted a third CSO, Faith Acts Research Support and Training (FARST) Africa to provide technical assistance to CSOs and Local Governments in Rwenzori and Southwestern Uganda for child health interventions during this reporting period.

In order to ensure that FARST Africa provides technical assistance in line with the latest MOH approaches, tools and materials, especially in child growth promotion, FARST Africa participated in an in-depth two days training of trainers organized for CSOs and LG staff in Mbarara on community growth promotion. This training followed a technical support supervision visit made to both KAARO and NSARWU, during which several issues and constraints had been identified. A total 12 trainers (7 males and 5 females) were trained and equipped to facilitate training of community growth promoters in their areas of work (2 CSO staff from KAARO, 4 from NSARWU, 2 from FARST and 4 LG staff who work in close collaboration with KAARO).

3.3 Strengthening an Enabling Environment for Social Service Sector

3.3.1 Increased Community Participation and Advocacy

Key Achievements

- *In Yumbe support supervision reports in 36 schools indicate 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*
- *In Kiruhura district, in all the 43 schools supported by UPHOLD at least 50% of the parents now provide something to eat or drink for the children*
- *UPHOLD's education sector has provided Technical Assistance through the CIE Mentors to 8 out of 10 districts where the Inter Religious Council of Uganda (IRCU) grant reached out during previous quarter religious leaders at the grass root level in the districts of Bundibugyo, Bushenyi, Rukungiri, Katakwi, Mbarara, Kyenjojo, Arua and Lira. The religious leaders are making a contribution to advocacy for education*
- *Bundibugyo district oriented 73 health workers (41male and 32 female) on Community Based-TB DOTS approach focusing on integration of HIV/AIDS/TB.*

Increasing Community Participation and Advocacy in the Education sector

EMS Radio spots

As a strategy to create an enabling environment for effective management of primary schools, UPHOLD supported the kick off of a one month radio campaign running the Education Management Strengthening Initiative radio spots at the national. These radio spots address issues of concepts, skills, attitudes, and practices headteachers and their deputies get during the training; and are translated in six local languages. The purpose of the spots is to re-enforce the managerial and leadership concepts, skills and policies to ensure that the trained education managers are accountable to their stakeholders and share with them the results of the training they have undergone including involving the wider stakeholders in the review and implementation of the School Development Plans as learned from the trainings they participate in supported by UPHOLD.

UPHOLD's Community Involvement in Education (CIE) component is implemented mainly through the CSO and Local Government grant mechanisms. This quarter has registered several follow up opportunities to the roll out of CIE action oriented meetings at school level which have yielded positive responses from parents on issues regarding feeding and regular school attendance. In Yumbe support supervision reports in 36 schools indicate 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.



Lunch time at Sanga Parents School – Kiruhura district



2-acre maize garden prepared by parents to feed their children at Kamuge primary school- Pallisa

The proportion of parents providing their children with something to eat or drink at school has also increased. 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. Each child comes with a small jerrican of milk or porridge everyday and some parents prepare and pack food for their children in small buckets for 3-4 children. In Kamuge primary school in Pallisa district, the

head teacher, Mr.

Tatamba Christopher said,



Materials in the school-community resource centre:: Nabulanganga P/S: Pallisa District

“CIE has made it possible for parents to feed their children, something that the school had given up. Several meetings had discussed feeding but failed to yield any results. With the Action-oriented meetings, parents now provide scholastic materials, almost all children are in uniform, 2 acres have been planted with maize and over 500 children are being fed. In addition, over 200 parents collected 420,000/- while others offered free materials and labour for the construction of a shed for the children to eat from to avoid eating under the hot sun or rain. Each parent mobilized 5 bricks and teachers together with the children, constructed urinal facilities to improve the sanitation in the school” Feeding children is the most implemented activity in the Joint plans that schools and communities come up with during the action-oriented meetings in most districts where CIE has been initiated.

In Nabulanganga primary school, parents visit their children in school to monitor how they are learning in the classroom as reflected in the parents' registration book in the school. The interactions between parents, teachers, pupils and the school administration have led to the parents establishing a resource centre to promote pupils' learning in the school. The resource centre is made up tables made out of papyrus reeds and scrap pieces

of timber, learning materials including drums, seeds, skeletons, pullies, nests, bows and arrows etc were contributed by the parents.

During this reporting period the CSOs have made progress in their implementation activities and have heightened their contribution to increased community participation and advocacy. UPHOLD's education sector has provided Technical Assistance through the CIE Mentors to 8 out of 10 districts where the Inter Religious Council of Uganda (IRCU) grant reached out during previous quarter. There is evidence of good work being done by the religious leaders at the grass root level in the districts of Bundibugyo, Bushenyi, Rukungiri, Katakwi, Mbarara, Kyenjojo, Arua and Lira. The religious leaders are making a contribution to advocacy for education. A few examples include:

- In St. Stephen church Katakwi; have begun to go round to the catholic founded schools to meet the teachers, parents and pupils.
- In Mbarara a youth pastor of the Seventh Day Adventists church is using the CIE materials for his youth work every weekend when he meets the youth.
- While at the Uganda Martyrs Church in Mbarara the catholic priest is teaching parents how to nurture children
- In Bundibugyo, the catholic parish priest Father Patrick Tukwasibwe has visited 4 schools and talked to teachers and pupils about their roles in ensuring quality education and good moral behaviour. He asked the Head teachers of the schools in his parish to inform him whenever they plan to hold school-community meetings so that he can come and talk to the parents about their roles in supporting their children's education.
- In Kyenjojo, the Pastor of Nyamungonga parish Mr. Tumusiime uses the advocacy materials to talk to parents and their children about the value of education.(See attached picture)



Pastor Tumusiime in dialogue with parents and Children using the advocacy materials-Kyenjojo district

The religious advocacy materials have enhanced the work done by the religious leaders on family values. In the 3 districts of Kyenjojo, Bundibugyo and Arua however, a different approach was used by the IRCU facilitators resulting into formation of district committees to disseminate the advocacy materials. While the approach initially looked workable, it limited the integration of the advocacy work into the day to day work of the religious leaders. This anomaly was addressed through UPHOLD TA provided by the CIE Mentors and the result is that in the month of May the religious leaders in these 3 districts started using the education advocacy materials directly with their congregations. The impact of these advocacy materials will be assessed in the next quarter.

UPHOLD has continued working with LABE in the district of Yumbe in this reporting period. The CSO has trained 45 parents and 2 LC1 members in life skills required for mentoring girls' peer pressure groups in Yumbe district. 8 additional draft MoUs between the 8 individual schools including: Kuru Primary School, Lodonga Demonstration Primary School and Kuru Islamic Primary were signed between Needy Kids, FABE/LABE the 8 individual primary schools. This brings the total number of MoU

signed with schools to 27 since the project implementation started in January 2006. In addition, all the 8 schools developed their criteria for selecting parent educators. These checklists will be shared with parents enrolled for FAVE classes, and later used to select parent educators. Draft comprehensive school development plans were developed by each of the 8 schools incorporating FAVE activities alongside other school development priorities.

RUGADA with the first release of funds started implementation of activities in January 2006. In this period, they have been able to reach 52 out of the 100 schools with Action-oriented meetings. From these meetings, one of the outstanding results is that parents now provide meals to their children in school in different forms, some children pack food, while others pay to schools to provide porridge or a hot lunch at school.

Kids League, Arua has continued to carry out successful outreach programmes that mainly disseminate health and HIV/AIDS prevention advocacy messages to the children, parents and communities. Through the outreach arm of its programme, 26 schools have so far been reached. Anecdotal evidence indicates that this excitement has improved children's attendance regular in the schools so far reached with this activity.

UPHOLD's grant through Fort Portal Diocese a CSO in the Rwenzori region targets 132 schools. This quarter Fort Portal Diocese reached an additional 48 schools with Action-oriented meetings increasing the total to 109 schools all in the district of Kyenjojo. In each of the schools parents, SMCs/PTAs, Community development workers, Local councils and religious leaders have been supported to discuss their roles in promoting the quality of their children's education. In addition, the importance of organizing school open days, setting relevant agenda, content



Children's football match: Parents morale boost: Oriajini primary school: Arua district



MDD session at the school open day: Pupils of Sweswe PS: Kveniojo district

and ensuring that action is taken by the stakeholders to improve pupils' quality learning at the end of each school open day were agreed upon. This CSO has demonstrated commitment and skill in community mobilization. Its efforts are not only recognized by UPHOLD staff that visited their activities in the field but by the Kyenjojo Local government as well. One of the most exciting part of the work done by the Fort Portal diocese is the radio listeners' programme in which they facilitate parents, community leaders to

discuss critical issues affecting the quality of children's learning in Kyenjojo district. This reporting period, 2 radio programs were held focusing on: regular attendance/retention and encouraging parents to organize school open days for their schools. As a result, 126 out of the 132 schools have selected dates and themes for the school open days to be

conducted between 19th and 30th June 2006. Different schools selected themes from the school open day guidelines developed and disseminated by UPHOLD. Each school's criteria for the selection of their theme depended on the key issues affecting their children's learning. Some of the themes selected include; 'how to retain children in school' 'The importance of parents observing teaching and learning in the classroom', 'Why it is good to for parents to review children's performance with teachers', 'improving hygiene and sanitation in schools' and 'the importance of parents talking to their children on avoiding risky behaviours that could lead to HIV/AIDS infection'. Children conducted a number of activities on the school open day. For example, in Sweswe primary school in Kyenjojo district, the children conducted music, dance and drama. (See above picture). A focus on documenting these experiences in details for future sharing is in plan.

Lesson learned

Collaboration between facility based health workers, Community Volunteers and Local leaders is mutually reinforcing and leads to increased service uptake from a well mobilized community.

Increasing Community Participation and Advocacy in the Health Sector

To strengthen demand, utilisation and quality of health services in the two districts of Mayuge and Bugiri, Uganda National Consumers/Users' Organisation (UNHCO) was contracted to promote consumer advocacy using the rights-based approach they have used in other non-UPHOLD districts. These two districts were chosen because of their interest in quality of health care as evidenced by regular Yellow Star Program activities and low health indicators as per LQAS. During the quarter, UPHOLD staff worked with UNHCO to develop a training manual for district trainers and consumer advocates at lower levels. The advocacy program was introduced to 67 district level leaders (52 males and 15 females) at a one-day meeting Thereafter a total of 30 district trainers in both districts (22male and 8 female) and 43 community consumer advocates from Mayuge district (33 males and 11 females) were trained.

The training enables trainers and community advocates to explain patients' rights and responsibilities and how they can be exercised to promote better health through improved quality of services. The trainers, a mixture of private practitioners, community workers, CBOs and district health staff engaged in lively activities designed to promote internalization of the rights and responsibilities, and to practice key skills for advocacy, community dialogue and feedback. The district and community trainers are expected to be advocates as well as trainers, promoting the rights/responsibilities approach and working with communities to identify critical issues for advocacy.

At each of the district level training, the District Director of Health Services (DDHS), presented to participants a detailed description of how the district system works, and the resources used and the links to the political and LG system at various levels. He also provided an overview of the services/staff available at the various Health Units, including the Village Health Team, and highlighted prominent features of the National Health Policy, including key elements of Primary Health Care (PHC) and its funding; the policy governing Health Unit Management Committees; and the national system for management of essential drugs. These inputs represent information of what health

consumers ought to know, in fulfillment of patients' right to information. With this information consumers are enabled to understand the conditions and limitations of the health services, rights of health workers, and their responsibility as consumers and are able to provide feedback of what could be on the ground to improve quality of healthcare and health indicators.

Home Based Management Fever (HBMF):

Home based management of fever, a community based approach aimed at providing effective management of malaria close to the homes as possible engages community based volunteers known as community medicine distributor identify and treat children below five years who have fever. During the last quarter, the CMDs were involved in the distribution of long lasting nets to under five children in their communities. Follow up of the beneficiaries of LLIN indicated that they appreciated the nets and believed that the nets had reduced fever episodes in children below five years.

Ms Betty Nalyazi, a CMD in Kamusenene, Kiganda Sub-county, Mubende district says that her community is very appreciative of the nets. The frequency of fever episodes in the children who use them has reduced and the nets kill other insects such as cockroaches, wasps and flies. Some mothers tell her they like the nets ‘very much because they make the room look very smart’. She says she has benefited from the exercise because “*Abantu beyongera okunjagala. Abali tebamnyi nti ndi musawo kwolwo bayongera okukimanya*”. Translation: *My popularity has increased. Those who did not know that I am a health worker got to know me through this exercise*”.

TB prevention and control

In order to improve the TB case detection and treatment success rate, and reduce defaulter rate, Bundibugyo district oriented 73 health workers (M:41, F:32) on Community Based-TB DOTS approach focusing on integration of HIV/AIDS/TB. The trained health workers are currently supervising the community TB-DOTs volunteers and providing them with the supplies as well providing care for those with HIV/AIDS and TB.

Increasing Community Participation and Advocacy in the response to HIV/AIDS

UPHOLD has supported formation of support groups with the view of giving opportunity to PHA to play their rightful role in influencing decisions regarding prioritization and delivery of HIV/AIDS services. In addition, the support groups are quickly assuming their role of advocating for the rights and responsibilities of PLWA. UPHOLD supported CSOs are working with a host of other community based organizations whose services reflect community identified needs and priorities.

3.3.2. Increased Multiple Stakeholder Participation

Partnership and Networking in Education

UPHOLD’s IES and SBQR approach also spread during the period through continued collaborative efforts with Peace Corps. The Education Team met with the Associate Peace Corps Director for Education (APCD-E) to follow up on the presentation made to the new volunteers (PCVs) in March 2006 and discuss how the two programs could support one another for improved quality in Uganda’s primary schools. The APCD-E shared the posts for the new PCVs for the purpose of leverage mentoring human resources in the field. It was agreed that as much as possible, PCVs be invited to District and School Representative level trainings. Discussions were also held with the PCV

stationed at Nakaseke CPTC, who sought guidance on how he can support SBQR in his CPTC catchment area. He expressed enthusiasm in sharing his CL experiences with CPTC and the schools.

Additionally, UPHOLD provided soft copies of all training materials to Peace Corps and will train PVCs in Leadership in Education training during the in-service training to take place in August 2006. The APCD-E will provide contact details for UPHOLD's Regional Offices and encourage PVCs to visit these offices in its monthly newsletter. Using the newsletter to update PVCs on upcoming trainings and other UPHOLD activities were also discussed and the current training schedule was provided by UPHOLD.

UPHOLD education sector also added to its network of partners the Jane Goodall Institute (JGI) an Environment conservation organization working in primary schools supporting curricula components around water, air, soil and forests. The JGI project has sought permission to pilot the use of CL modules in the areas of their mandate. These efforts will ensure the expanded use of CL in other districts that are not covered by UPHOLD. The JGA project is working in the 7 districts of (Hoima, Masindi, Kabarole, Kamwenge, Bushenyi, Bundibugyo and Kyenjojo) 3 of these districts are shared with UPHOLD.

Partnership and Networking in HIV programming

There has been a deliberate effort by UPHOLD to involve many stake holders in implementation of the program. The Ministry of Health is involved in planning and facilitating training of providers. UPHOLD consults local governments before selecting CSOs for funding and UPHOLD supported activities reflect priorities of LG plans. Implementation of activities involves local councilors, religious leaders, representatives of the mass media and consultations with other development partners.

Partnerships in Health

The Presidents Malaria Initiative (PMI)

During this quarter, the Ministry of Health convened the first stakeholders meeting of PMI in Uganda. Partners, including UPHOLD shared their plans of how they will be rolling out their first year activities, areas of collaboration and coordination as well as monitoring and reporting of the project. Below is a picture showing some of the presentations:



First PMI stakeholders' coordination meeting at Sheraton Hotel

Under PMI, UPHOLD is responsible for four areas:

- Supporting the Ministry of Health to train medical workers in the use of ACTs at the facility level. MOH has already trained medical workers throughout the country. UPHOLD will focus on ensuring that the medical workers are able to effectively administer ACTs at the facility level. This will be

achieved through providing on the job supportive supervision.

- Conducting a study on the feasibility of using Co-artem for HBMF
- Supporting Net retreatment in 26 districts, 12 of which are UPHOLD supported districts.
- Improving uptake of Intermittent Preventive Treatment (IPT2) to prevent malaria in pregnancy.

Many activities are ongoing. Concept papers on how to work with MOH and partners to address PMI requirements have been prepared and approved, work-plans made and the speed of implementation will increase rapidly during the fourth quarter. All PMI activities are implemented under the coordination of the Inter-Agency Coordination Committee on Malaria (ICCM), chaired by the Director General Health Services, in the Ministry of Health. The National Malaria Control Programme (NMCP) of the Ministry of Health(MOH) manages the day to day activities. UPHOLD is a member of all the 4 working groups; Case Management, Vector Control, IEC and Social Mobilization and Monitoring and Evaluation.

Malaria Treatment as part of Home Based Health Care

During this reporting period, UPHOLD Participated in the WHO/UNICEF facilitated multi-stakeholder review meeting in Kitgum district on Home Based Health Care (HBC) in which recommendations were made to improve the quality of HBC in the IDP camps as well as community management of pneumonia and malaria (with focus on Artemisinin Combination Therapy (ACT))

3.3.3 Effective Implementation of National Policies

Key Achievements

- *Worked with MoES to streamline UPHOLD's School Based Quality reform (SBQR) with Development Cooperation of Irish Aid's Quality Education in Schools through Training (QUEST) program in Rwenzori Region*
- *At the request of MoES, UPHOLD Produced 16,000 extra copies of the School Open Day guidelines for use in 14,800 primary and secondary schools in the country*
- *Participated in reviewing the national PMTCT annual work-plan, draft HIV/AIDS strategic plan 2006 -2010 and in the discussion on rolling out of a program for early diagnosis of HIV in infants.*

Participation in the implementation of National Education Policies

MoES focus on harmonisation of training materials

In order to increase effectiveness and leverage partnerships, UPHOLD continued to participate in the MoES working group meetings and interface with other partners supporting the primary school education sector in Uganda. The MoES working group meetings have enabled UPHOLD to share its achievements and accomplishments thus far. This efforts have been recognised by MoES and has resulted in to MoES's resounding advocacy for the use of UPHOLD's School Based Quality reform (SBQR) and materials by other partners working to improve the quality of education in the same components as UPHOLD. This effort to harmonise the use of materials will go a long way to reduce confusion among the stakeholders in the field. For instance, Development Cooperation of Irish Aid began a new program- the Quality Education in Schools through Training (QUEST) program- in early 2006. The program targets the Rwenzori region and shares Kyenjojo and Bundibugyo districts with UPHOLD as target districts. In order to ensure collaboration and assist the MOES to spread UPHOLD's SBQR approach and materials, Education Team staff participated in a number of Teacher Effectiveness Working Group meetings during the Quarter. As a result, the QUEST program is not implementing its management and community components in the two shared districts therefore ensuring that duplication of efforts do not occur. QUEST has also been instructed by the MOES to use the EMS modules for training in management. They were also advised to only develop supplemental materials for the Teachers Effectiveness material thereby tailoring the CL modules for use with the new Thematic Curriculum. CIE materials will also be used in a similar way.



UPHOLD staff displays and explains use of Education Advocacy materials: UPE Conference- Kampala: June 2006

Cooperative Learning in the Classroom

UPHOLD's work with teachers in the classroom – the use of the CL approach in teaching is supporting the implementation of the MoES policy of placing text books and non-text book materials in the hands of the pupils. The need for children to research on some topics and make group presentations has made teachers devise ways of getting the children to share the few existing textbooks in the school stores. Most schools visited reports from CCTs reveal pupils effective use of these materials in groups during lessons and borrowing especially text books and supplementary readers for home work. In addition the incorporation of CL in to the teaching of pre-service students at the CPTCs is a positive step towards supporting the MoES policy to institute and consolidate participatory and interactive teaching and learning methods and approaches in the primary school classrooms.

Support to UPE Advocacy at National level

UPHOLD has continued to strengthen partnership and collaboration with the MoES in support of the UPE advocacy. In this reporting period UPHOLD participated in the national 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. This occasion was graced by the presence of the Honourable Minister of Education and Sports and the Minister of State in of primary education who observed she is ready to support any initiative that will help sustain the UPE and more so contribute to Uganda's achievement of the Education for All (EFA) and Millennium Development Goals (MDGs). The major issues that dominated the discussions at the workshop included the following: the need to focus activities that strengthen the work that will help head teachers achieve the Customized Performance Targets (CPTs); the importance of timely and accurate data to inform policy and decision making; the need for increased inspection and emphasis on the Head teachers' roles and responsibilities in ensuring school-based inspection and quality of teaching and learning; and the involvement of the local communities in managing the education of their children. "The Minister has mandated the local communities to get involved in their children's education so that the quality of education improves" explained the principle Education Officer at MoES. The issues and recommendations made at the UPE conference adequately cover UPHOLD's strategic areas of interventions. UPHOLD will need to continue working to support and sharpen the current focus on the CPTs and possibly aim at building a strong foundation for the thematic curriculum especially through the TE and CIE components.

School Open Day guidelines for non-UPHOLD districts through MoES

With the continued focus on creating an enabling environment for working within the existing systems and ensuring sustainability, UPHOLD's education sector invested both time and resources to respond to the demands of the MoES to reproduce 16,000 extra copies of the School Open Day guidelines for use in 14,800 primary and secondary schools across the country. UPHOLD and the MoES need 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 promote school-community partnerships in the country for improved quality of pupils' learning. These guidelines await hand over to the MoES as soon as arrangements are completed.

Participation in National Health Policies

UPHOLD supports its partners to implement national policies in health. In this regard, UPHOLD participated in several fora that focused on national policy issues relating to various aspects of health especially regarding new malaria treatment policy and related activities. Some of the fora participated in included attending a workshop to finalize the trainer's guide for the Rapid Diagnostic Tests (RDTs) for malaria

Participation in the Implementation of National HIV Policies

UPHOLD participated in reviewing the national PMTCT annual work-plan, draft HIV/AIDS strategic plan 2006 -2010 and in the discussion on rolling out of a program for early diagnosis of HIV in infants. UPHOLD also actively participated in meetings in which national guidelines were being developed for HCT service providers with a view of improving records keeping, monitoring and evaluation; paediatric AIDS management, and comprehensive care, support and treatment of PLWA through net-working. In addition, UPHOLD participated in a meeting to develop standards for OVC services which was organised by the Ministry of Education and CORE Initiatives

3.4 Monitoring and Evaluation

UPHOLD continues to strengthen Monitoring and Evaluation to promote evidence based programming. In addition, UPHOLD continues to strengthen Dissemination to share learning with various partners.

Key Achievements

- *Completed First phase of upgrading of the UPHOLD Indicator Database to include new and revised tools and continued with uploading data.*
- *Organised a National Conference on the importance of the Lot Quality Assurance Survey (LQAS) methodology for the district evidence-based planning*
- *Shared UPHOLD experiences with actors in two international conferences, and received approval for 3 presentations in the 134th Annual Meeting of the American Public Health Association.*
- *Commenced on the process evaluation of long lasting insecticide treated nets distribution exercise that was carried out in nine UPHOLD supported districts*
- *Rolled-out CSO-CSO partnership study*
- *Performed Data Quality Assessments for CSOs in the East, Southwest, Rwenzori and Central regions*

Completed First phase of upgrading of the UPHOLD Indicator Database to include new and revised tools and continued with uploading data.

UPHOLD continued updating the indicator database with new and backlog information in order to incorporate achievements in all technical sectors since UPHOLD inception. This exercise has made it easier for UPHOLD to report on achievements in a more accurate and timely manner and can enable comparisons across different dimensions and timelines. In order to make the Indicator Database more versatile and user friendly, during Q3, the upgraded database with new tools incorporated was tested and commissioned.

The First LQAS National Conference

In order to further strengthen evidence based work planning at district level, UPHOLD organised a national LQAS conference with the theme; “*Enhancing Evidence-based planning at district level: the LQAS experience in Uganda*”. The conference which was graced by the Rt. Honourable Prime Minister, included presentations on the results, experiences and the application of the 2004 and 2005 LQAS surveys by the UPHOLD, districts and other partners. The conference which was highly attended by over 200

participants comprising of stakeholders, donors, UPHOLD partners and district officials involved sharing experiences regarding the advantages and limitations of using the LQAS methodology in enlisting affordable and reliable evidence for programme development. The Following presentations were made during the conference; *LQAS Overview*; *The UPHOLD/ UNICEF experience*; *The LQAS experience in Uganda by UACP*; *Bushenyi District Experience*; *Yumbe District Experience*; and *Why use LQAS at District level*. It was concluded that LQAS is quick and cost-effective methodology which and policy-makers and other development partners can use at the Local Government level to improve evidence based planning on annual basis.

Dissemination in International Conferences

In addition to local dissemination fora, UPHOLD continued to harness wider avenues for enlisting and sharing learning for improved programme delivery. These avenues included: The PEPFAR Conference; the XVI International AIDS Conference; the 134th Annual Meeting of the American Public Health Association (APHA), and the 33rd Global Health Conference.

The Annual PEPFAR meeting took place in Durban, in June 12-15, 2006. UPHOLD as one of implementing partners under PEPFAR was among participants who attended the PEPFAR conference whose main theme was “Building on Success: Ensuring Long Term Solutions”.

The conference attended by more than 1000 implementing partners allover the world provided opportunities to discuss best practices field experiences and challenges in HIV/AIDS prevention, care and treatment. To this conference, UPHOLD submitted four abstracts, all of which were accepted for presentation. The presentations made by UPHOLD included:

- Tailoring social support to the needs of individuals who test for HIV: Action Research on Disclosure of HIV Status in Uganda
- Utilizing evidence to drive program implementation: How Lot Quality Assurance Sampling (LQAS) Surveys help districts to focus HIV/AIDS Interventions in Uganda
- Increasing HIV/AIDS service utilization through Public-Private Partnerships: Experiences from Rural Uganda
- HIV Testing for pregnant women influences choices of delivery: Lessons from a household based PMTCT utilization survey in Uganda



UPHOLD Poster presentation session at PEPFAR Conference Durban June 2006

In addition, UPHOLD submitted an abstract entitled “Making children safer in Uganda through the Safe School Contract (SSC)” to the Global Health Council. This abstract was accepted for presentation and was presented at the 33rd Global Health Conference in Washington D.C. on the First of June 2006. The paper has also been recommended for publication by the Global Health Council. This paper discussed the results of the Safe School contracts as a measure to avoid risky situation that could lead to defilement and HIV/AIDS among young people.



Onesmus Dralega UPHOLD staff presenting an Safe School Contracts paper:33rd Global Health Conference : Washington D.C

A forthcoming conference is the 134th Annual Meeting of the American Public Health Association (APHA). The APHA meeting is scheduled to take place in Boston, USA, between 4th and 8th November 2006, with the theme: *Public Health and Human Rights*. To this conference, UPHOLD submitted five abstracts, three of which were accepted for presentation, and are currently being developed.

Process evaluation of Long Lasting Insecticide Treated Nets (LLIN) distribution exercise

In its efforts to support initiatives aimed at rolling back malaria, UPHOLD has been involved in the distribution of bed nets to communities in 9 districts. There was a need to examine the success of this process through a process evaluation, to supply lessons for subsequent exercises. During this quarter, a consultant was engaged to work with UPHOLD on this assignment. By the end of June 2006, data analysis had commenced. It is anticipated that this evaluation will furnish recommendations on how to enlist rapid, efficient and effective processes for bed net distribution.

Rolled-out CSO-CSO partnership study

As afore mentioned, During Q3 UPHOLD rolled out a CSO-CSO partnership study to evaluate the impact of partnerships to achieving results. Data collection has already been completed and preliminary findings have been shared with the UPHOLD working committee.

Data Quality Assessments for several CSOs in the East, Southwest, Rwenzori and Central regions

UPHOLD M&E team also continued to provide technical support in terms of Data Quality Assessments to CSOs in the different regions: to RWIDE, Bandimagwara and Fortportal diocese (HIV/AIDS Focal point) in the Rwenzori region; Hyuslink and AFXB in the Central Region and FLEP in the Eastern Region. These assessments provided CSOs with more insight into monitoring and evaluation of their interventions and how to maximize impact where they work. The team continued to give ideas on how the CSOs could align their resources so as to achieve better results and meet their targets.

Formative Evaluation of Activities under EIS

During the reporting period, UPHOLD developed a draft Scope of Work for a Formative Evaluation on activities under the Integrated Education Strategy (IES). The Scope of Work is in final stages of development and it is hoped that a team on consultants will be contracted by mid July to start the evaluation immediately.

3.5. Challenges and Constraints

Key challenges that are worth noting during this reporting period include the following:

- Despite the training already provided to the CCTs and Education officers aimed at enabling them to provide on-site support supervision to both head teachers and classroom teachers, constraints of time and overload for the field officers reduce the opportunities for support supervision in the school. UPHOLD is to focus on follow-up of the use of the support supervision information by the schools, CCs and the districts to enable self-assessment to occur and focused follow-up and mentoring to be planned by the respective schools and district teams. The CPTCs are yet to submit their support supervision results
- Information available this reporting period, show less enthusiasm among teachers of primary one, two and three classes in practising CL while teaching the core and non-core subjects. CCTs, DEOs, head teachers and the teachers seem to associate this with the literacy levels of the learners in these classes
- As teachers practice the CL approach in the classroom, it is reported that most of them still find the method challenging especially in lesson planning and using the CL structures/varieties appropriately
- Further, most head teachers are reported as not giving enough school-based mentoring and support supervision to the teachers. These phenomena points to an urgent need for increased close mentoring at school level and refresher-training for the teachers in this category
- Qualitative data collection has continued to prove challenging especially as it relates to capturing the impact of CL and the IES interventions in general on the pupils, teachers and education managers. The education team in collaboration with district and CPTC teams hope to capture impact data through the on-going support supervision through the CPTC grants and the Formative Evaluation
- Many people who test for HIV are unable to receive care and treatment including ARVs
- There continues to be low involvement of males in VCT/PMTCT activities
- Many clients do not disclose their sero-status to spouses due to the persistent prevalence of Gender based Violence
- Many mothers still delivering outside health facilities thus, a smaller number of babies born to HIV positive mothers get Nevirapine
- There is a growing complacency towards avoidance of risky behavior as a result of availability of ARVs. This calls for a greater recourse to prevention
- Support supervision of lower health units from district level still a big need.
- Conflict and insecurity in Northern and north Eastern Uganda remains a hindrance to implementation and supervision in this part of the country
- Delayed accountability for results and financial inputs on the part of many LG and CSO partners elicits delays in the project cycles

- In the area of child health, weighing, record keeping and counseling, FCWs have not been regular. The standard health education given by FCWs seems lacking in helping mothers translate technical information
- As a result of awareness and community mobilisation by RUHECO, there is a high demand for tubal ligation in Dokolo and Agwata sub-counties but the challenge is that the health centre IV in Dokolo and the health centre III in Agwata don't offer tubal ligation services. Clients are requested to travel to Lira hospital for the services, which is very far

4.0 APPENDICES

- A. List of Acronyms
- B. UPHOLD at a Glance (April-June 2006)

Appendix A: List of Acronyms

ABC	Abstinence, Being Faithful and Condom use
ACORD	Agency for Research and Cooperation in Development
AEI	African Education Initiative
AFXB	Association Francois Xavier Bagnoud
AIC	AIDS Information Centre
ANC	Antenatal Care
APHA	American Public Health Association
ART	Antiretroviral Therapy
BAMILA	Bundibugyo Association of Men Living with HIV/AIDS
BAWILA	Bundibugyo Association of Women Living with HIV/AIDS
BCC	Behaviour Change Communication
BEPS	Basic Education Policy Support
BMC	Bushenyi Medical Centre
CAO	Chief Administrative Officer
CARAVAN	Cultivating Art and Realizing Alternative Ventures for Aid to the African Nations
CBO	Community Based Organization
CC	Coordinating Centre
CCTs	Coordinating Centre Tutors
CDOs	Community Development Officers
CDWs	Community Development Workers
CHECHEA	Community Health and Education Agencies
CIE	Community Involvement in Education
CIES	Comparative and International Education Society
CIP	Community Integration and Participation
CL	Cooperative Learning
CMDs	Community Medicine Distributors
CPTCs	Core Primary Teacher's Colleges
CSO	Civil Society Organization
DDHS	District Director of Health Services
DHACs	District HIV/AIDS Committees
DHEs	District Health Educator
DMTC	Development Management and Training Consultancy
DPO	Deputy Principal Outreach
DPP	Deputy Principal Pre-service
DSW	Germany Foundation for World Population
DTs	District Trainers
ECHO	Environmental and Community Health Outreach Foundation
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EMS	Education Management Strengthening
EMSI	Education Management Strengthening Initiative

EPI	Expanded Program of Immunization
EUPEK	Enhancing Universal Primary Education in Kampala
FABE	Family and Basic Education
FAWE	Forum for African Women Educationists
FBO	Faith Based Organization
FDA	Family Dialogue Agents
FLEP	Family Life Education Program
FY	Financial Year
GBV	Gender Based Violence
HBMF	Home Based Management of Fever
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HMIS	Health Management Information Systems
HOMAPAK	Home Based Management of Fever Pack
IDPs	Internally Displaced Persons
IPT	Intermittent Presumptive Treatment (of Malaria)
IRCUC	Inter Religious Council of Uganda
ITNs	Insecticide Treated Nets
KAPIDA	Kamuli Parish Integrated Development Association
LABE	Literacy and Adult Basic Education
LC	Local Council
LLINs	Long Lasting Insecticide Treated Nets
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MDD	Music Dance and Drama
MEMS	Monitoring and Evaluation Management Systems
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTs	Master Trainers
OD	Organizational Development
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PIASCY	Presidential Initiative on AIDS Strategy for Communication to the Youth
PLHA	People Living with HIV/AIDS
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
PRA	Participatory Rural Appraisal
PSS	Psychosocial Support
PTC	Primary Teachers College
PY	Program Year
RAIN	Rakai AIDS Information Network
RCT	Routine Counselling and Testing
RTC	Routine Testing and Counselling
RUGADA	Rukungiri Gender and Development Association
RUHECO	Rural Health Concern
RWIDE	Rural Welfare Improvement for Development
RWODEC	Rukungiri Women Development

SMCs	School Management Committees
TASO	The AIDS Support Organization
TB-DOTS	Directly Observed Treatment of Tuberculosis
TDMS	Teacher Development Management System
TE	Teacher Effectiveness
TUKO	Tukolerewamu (<i>Lets Work Together</i>)
UGX	Ugandan Shillings
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
VCT	Voluntary Counseling and Testing
VHT	Village Health Teams
YSP	Yellow Star Program

Appendix B: UPHOLD at a Glance (Achievements April-June 2006)

IR 8.1: IMPROVED EFFECTIVE USE OF SOCIAL SERVICES

Improved Quality of Social Services

- 2,828 head teachers and deputies were trained in EMS module 1 (in Cohort 3 districts) and in module 2 (in Cohort 1 & 2 districts) in CL module 2
- In at least 6 districts, 2,494 teachers used the CL method to teach at least 5 lessons a week
- provided On-site technical support supervision and training to 53 health workers in the districts of Mbarara, Kiruhura, Isingiro, Ibanda and Kaliro districts
- Under the Yellow Star Programme (YSP), supervision and quality assessments were conducted in 393 health facilities in the 12 districts of Bushenyi, Pallisa, Bugiri, Kaliro, Kyenjojo, Bundibugyo, Yumbe, Arua, Mbarara, Isingiro, Ibanda, and Kiruhura. 33% achieved at least 75% of the basic standards of health care
- Regarding mentoring for enhanced YSP supervision, 19 of the 25 mentors have selected mentees, and of the 19, 10 are in active mentor-mentee relationships.

Improved access to and availability of social services

- 2,200 clean delivery kits were distributed Kitgum (1,300) and Lira (900) districts to increase the number of clean deliveries
- More than 159,766 children were treated by CMDs in April and May
- More than 123,580 children received HOMAPAK within 24 hours in April and May
- More than 169,296 children received treatment from CMDs and recovered from fever
- Coverage for Insecticide treated nets has increased by 24% on average in Bugiri, Bushenyi, Lira, and Gulu from December 2005 to date
- Trained 280 community based growth promoters in 135 villages serving a combined population of about 7500 children less than two years
- Home based HIV counseling and testing was provided to 18,559 individuals
- 2487 youth received HIV/AIDS prevention and care services through the models for Youth friendly services at the Gulu Youth centre and Kajjansi teenage centre

Improved positive behavioral changes adopted

- 157 parents (mothers & guardians) in 21 schools in Wakiso district were oriented on child nutrition and development. More than 500 children from these same schools were supported with growth monitoring and nutrition education during this period.
- These activities have resulted in 430 children attending pre-schools regularly for all five days of the week with
- Approximately, 1,800 children received health services provided through the Child Days Plus strategy, during the Cultivating Art and Realizing Alternative Ventures for Aid to the African Nation (CARAVAN) activation in the Koch Goma IDP camp.

- These services included Vitamin A supplementation, deworming, immunisation and health
- Health (Feeding, Sanitation and AN) messages were aired on 10 FM radio stations with an average of 100 clubs per radio station. Based on the coverage of the radio stations, reaching more than 11 million people across the country, with approximately 10,000 community leaders

IR 8.2: INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

Improved Decentralized Planning, Management and Monitoring

- 663 schools in 10 districts (Rakai, Arua, Yumbe, Kamuli, Mayuge, Luwero, Nakaseke, Lira, Bushenyi, Rukungiri, Bundibugyo, Katakwi and Amuria) received support supervision in the five areas of Leadership, School administration and management, CIE/School Health, TE and Planning.
- 1,062 pre-service students and 320 in-service students have been reached with the CL approach of teaching while still under training.
- Working in close partnership with other stakeholders (UNICEF, WHO,) and under the coordination of the Ministry of Health, UPHOLD participated in Central Level planning for the bi-annual Child Days Plus that take place for a month in May and November

Increased Private Sector Role in Service Delivery

- RWODEC procured 100 nets and sold them at subsidized cost to pregnant mothers in Rukungiri
- TIDO and ACOWA were involved in distribution of and used Community Medicine 14,200 LLINs to children <5s in 5 Sub-Counties of Katakwi and 6 Sub-Counties in Amuria with CMDs
- Private Midwives conducted: 1027 safe deliveries, treated 3086 sick children offered quality adolescent reproductive health care to 1817 adolescents ,offered family planning services to 3719 new acceptors exceeding the planned 1400; and referred 183 HIV positive mothers to centers offering ARVs
- RWODEC provided family planning antenatal care, and tetanus toxoid immunisation to 17,5805 people in Rukungiri
- Followed up the 39 trained service providers from Luwero and Kamuli in improved child health practices. including direct observation of the case management process by the trained health worker, verbal case reviews with the patients managed by the trained
- Conducted and completed a capacity assessment for CSOs
- Conducted a study to review CSO partnerships

IR 8.3:STRENGTHENING AN ENABLING ENVIRONMENT FOR SOCIAL SERVICE SECTOR

Increased Community Participation and Advocacy

- In Yumbe support supervision reports in 36 schools indicate 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
- In Kiruhura district, in all the 43 schools supported by UPHOLD at least 50% of the parents now provide something to eat or drink for the children
- UPHOLD's education sector has provided Technical Assistance through the CIE Mentors to 8 out of 10 districts where the Inter Religious Council of Uganda (IRCU) grant reached out during previous quarter religious leaders at the grass root level in the districts of Bundibugyo, Bushenyi, Rukungiri, Katakwi, Mbarara, Kyenjojo, Arua and Lira.
- Bundibugyo district oriented 73 health workers on Community Based-TB DOTS approach focusing on integration of HIV/AIDS/TB.

Effective Implementation of National Policies

- Worked with MoES to streamline UPHOLD's School Based Quality reform (SBQR) with Development Cooperation of Irish Aid's Quality Education in Schools through Training (QUEST) program in Rwenzori Region
- At the request of MoES, UPHOLD Produced 16,000 extra copies of the School Open Day guidelines for use in 14,800 primary and secondary schools in the country
- Participated in reviewing the national PMTCT annual work-plan, draft HIV/AIDS strategic plan 2006 -2010 and in the discussion on rolling out of a program for early diagnosis of HIV in infants.

Monitoring and Evaluation

- Completed Firstphase of upgrading of the UPHOLD Indicator Database to include new and revised tools and continued with uploading data.
- Organised a National Conference on the importance of the Lot Quality Assurance Survey (LQAS) methodology for the district evidence-based planning
- Shared UPHOLD experiences with actors in two international conferences, and received approval for 3 presentations in the 134th Annual Meeting of the American Public Health Association.
- Commenced on the process evaluation of long lasting insecticide treated nets distribution exercise that was carried out in nine UPHOLD supported districts
- Performed Data Quality Assessments for CSOs in the East, Southwest, Rwenzori and Central regions

PIASCY

- Trained 568 Core PTC Coordinating Centre and Pre-Service Tutors in PIASCY II implementation and guidance and counseling in the second leg of the PIASCY II training cascade
- Trained 4,294 teachers/school representatives implementation and guidance and counseling in the third leg of the PIASCY II training cascade
- Conducted PIASCY orientation for 4,520 PTC pre-service students
- More Inputs in PIASCY II implementation guidelines and Monitoring and Evaluation
- Distributed PIASCY II materials to 1,078 model schools