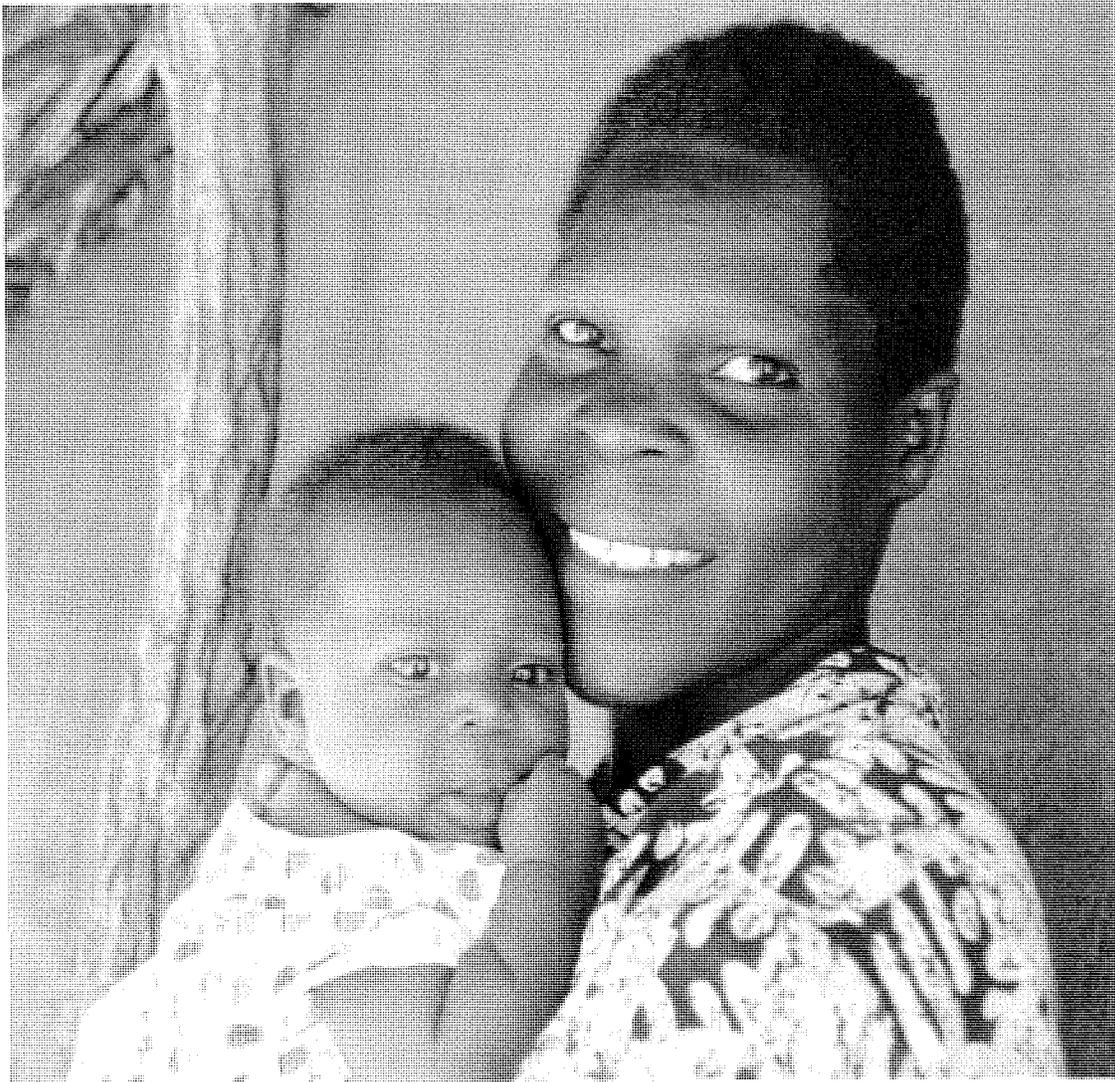
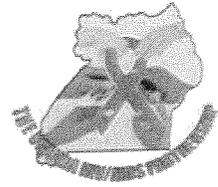




CIVIL SOCIETY FUND

Strengthening civil society for improved HIV&AIDS
and OVC service delivery in Uganda



**2010-2011 QUARTER TWO REPORT
1 OCTOBER 2010 TO 31 DECEMBER 2010**

31 DECEMBER 2010

Jointly Prepared by CSF Management Agents: the Technical Management Agent, the Monitoring and Evaluation Agent, and the Financial Management Agent.

TABLE OF CONTENTS

ACRONYMS	iv
EXECUTIVE SUMMARY	5
INTRODUCTION.....	9
CHAPTER ONE	11
KEY RESULT AREA 1: CSF MANAGEMENT STRENGTHENED	11
Strategic Objective 1.1: To Strengthen CSF Governance Systems and Structures to Deliver All the CSF Service Delivery Targets	11
Strategic Objective 1.2: To manage at least \$31m of multi-donor resources annually while ensuring efficiency, transparency, timeliness and value for money.....	15
Strategic Objective 1.3: To measure and disseminate CSF's contribution towards the national response to HIV/AIDS and OVC	17
Strategic Objective 1.4: To utilize CSF generated data in order to improve HIV/AIDS and OVC programming at all levels.....	18
CHAPTER TWO.....	20
KEY RESULT AREA 2: INSTITUTIONAL AND TECHNICAL CAPACITY OF SUB-GRANTEES STRENGTHENED.....	20
Strategic Objective 2.1: To strengthen the financial management capacity of all CSF sub-grantees by June 2012	20
Strategic Objective 2.2: To strengthen technical and institutional capacity of all sub-grantees to provide quality HIV/AIDS and OVC services	21
Strategic objective 2.3: To strengthen CSF sub-grantee capacity in monitoring and evaluation by June 2012.....	23
Strategic Objective 2.4: To strengthen learning and knowledge management amongst sub-grantees and other strategic partners at all levels by 2012	24
CHAPTER THREE.....	25
KEY RESULT AREA 3: SERVICE DELIVERY IN THE NSP/NSSPI PROGRAM PRIORITY AREAS INCREASED	25
Strategic Objective 3.1: To increase access and utilization of HIV prevention services through CSF sub-grantees.....	25
Strategic Objective 3.2: To increase access and utilization of HIV/AIDS care and support services in targeted communities through CSF sub-grantees.....	35
Strategic Objective 3.3: Access and utilization of OVC services among OVC and their households increased as outlined in the NSPPI.....	39
Strategic Objective 3.4: To strengthen systems and policies to support HIV/AIDS and OVC service delivery	43

APPENDICES

Appendix 1: Summary of July-September achievements.....	43
Appendix 2: CSF Performance Management Plan tracker.....	56
Appendix 3: CSF Financial statement.....	62

LIST OF TABLES

Table 1: Distribution of CSF grants by rounds and amounts to date	10
Table 2: Results of the revision of the Governance, Management and Operations Manual	12
Table 3: HIV Prevention/BCC people reached by age group, sex and category	26
Table 4: Number of people given various SRH services	30

LIST OF GRAPHS

Graph 1: People reached with HIV prevention messages; April 2009 to December 2010	27
Graph 2: Categories of MARPS Reached with HIV Prevention Messages	27
Graph 3: Trends in condom distribution; April 2009 to December 2010.....	28
Graph 4: Number of people Counseled, Tested and given results; July to December 2010	29
Graph 5: Proportion of PLHIV getting co-trimoxazole	34
Graph 6: Proportion of PLHIV screened for TB	34
Graph 7: Gender distribution of OVCs across key CPAs; October to December 2010.....	38
Graph 8: Gender distribution of OVCs by key CPAs served; July to December 2010.....	39
Graph 9: Comparison between referrals and access to OVC services by HIV positive children; October to December 2010.....	40

Cover Picture: Emelda 31 with her three months baby Susan. of CSF Bute village, Nalwesomba. She was provided with information on Prevention of Mother to Child services (PMTCT), referred for PMTCT prophyllaxis and now has an HIV negative baby.

ACRONYMS

ADPs	AIDS development partners
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
BCC	behavioral change communication
CBO	community-based organization
CPAs	core program areas
CSF	Civil Society Fund
CSOs	civil society organizations
DFID	Department for International Development (UK)
FMA	Financial Management Agent
GIS	geographical information systems
GoU	Government of Uganda
GPS	global positioning system
HBC	home-based care
HCT	HIV counseling and testing
HIV	Human Immune Deficiency Virus
IEC	information education communication
IGA	income generating activities
INGOs	international non-governmental organizations
JSS	joint support supervision
MARPS	most at risk populations
MEA	Monitoring and Evaluation Agent
M&E	monitoring and evaluation
MOH	Ministry of Health
NGO	non-government organization
NNGOs	national non-governmental organizations
NSP	National Strategic Plan
NSPPI	National Strategic Program Plan of Interventions
OCAT	organization capacity assessment tools
OVC	orphans and other vulnerable children
PAA	pre-award assessment
PLHIVs	people living with HIV/AIDS
PMP	performance management plan
PMTCT	prevention of mother to child transmission
PWPs	prevention with positives
RFA	request for applications
SC	Steering Committee
SRH	sexual reproductive health
STDs	sexually transmitted diseases
TASO	The AIDS Support Organization
TMA	Technical Management Agent
TSOs	technical service organizations
UAC	Uganda AIDS Commission
UNASO	Uganda Network of AIDS Service Organizations
VFMA	value for money audits

EXECUTIVE SUMMARY

As the second quarter of Fiscal Year 2010-2011 came to a close, the majority (97) of CSOs funded through the CSF also had contracts coming to an end. Performance assessments completed for these CSOs showed that the majority (90%) of CSOs had met or exceeded their targets. This resulted in expanded access to services for Ugandan people, and reflected increased capacity of the civil society sector to provide quality services and manage their own operations. CSO capacity in technical service delivery, financial management and M&E was strengthened. At the start of CSF, CSOs lacked guidelines and technical support for quality service delivery; a gap that has now been filled by CSF. All CSOs lacked adequate data quality assurance procedures but after CSF interventions, 42% of 142 projects now have appropriate data quality assurance procedures in place. Data utilization was very low (12% of 125 CSOs assessed) but now has improved to 56%.

The majority of CSF-funded CSOs met or exceeded their targets: End of project assessments were conducted in November and December 2010 for 97 CSOs implementing HIV prevention, OVC, and pediatric AIDS linkages interventions. Overall, 90% of 97 CSOs the assessed sub-grantees met or exceeded their targets. In addition, many CSOs are making commendable progress in designing gender inclusive interventions such as couple testing for HIV, taking services where men congregate, gender sensitive timing of events to suit both men and women, and applying gender sensitive beneficiary selection criteria.

From the end of project assessments conducted, it was established that CSOs working in the area of HIV prevention increasingly used community dialogue forums to raise awareness, discuss HIV issues, and fight stigma issues in their communities. These forums and other information, education and communication (IEC) and behavior change communications (BCC) interventions supported an increase in uptake of HIV counseling and testing (HCT) from 70,000 in 2008 to 154,257 in 2009 and 182,143 individuals in 2010. An increase in the number of distributed condoms (from just over 2.5 million to nearly 7 million in 2010), through numerous condom distribution outlets was also recorded.

For the granting period that was being assessed, 81,499 orphans and other vulnerable children (OVC) were provided with a range of services, which represents an 11% contribution to the NSPPI target of 750,000. To support access to these services and strengthen community support for OVC, CSOs also conducted sensitization campaigns on child rights and welfare, trainings on managing a number of OVC interventions, and facilitated the formation of parent support groups, which strengthened communities' capacity to protect vulnerable children and support their welfare.

CSF expands access to services: CSF interventions have resulted in increased access to HIV prevention, HIV counseling and testing (HCT), HIV care and OVC services by the population.

Increased access to HIV prevention services: Social and behavioral change interventions were provided to 215,195 people including Most at Risk Populations (MARPS) that included fisher folks, commercial sex workers, truckers, street children, incarcerated populations uniformed service persons and 'boda boda' (motor cycle) riders; people living with HIV/AIDS; and the

general population. This surpassed the planned quarterly target by 1,837 people (1%). In all, 2,760,068 IEC/BCC assorted materials were disseminated to target beneficiaries. This exceeded distributions in the previous quarter by 1,834,711, largely because Straight Talk Foundation, one of CSF's NNGOs, increased the number of copies of its newspaper pull-outs for young people. A total of 3,677,036 male condoms were distributed to target beneficiaries, including; sexually active individuals, fishermen, commercial sex workers, and 'boda boda' riders. The great increase in condom numbers from 1,236,087 to 3,677,036 condoms distributed in the previous quarter was due to increased condom promotion interventions and CSF directly linking CSOs to MOH distribution points.

Quarter 2: Key Results
• 215,195 individuals received BCC interventions
• 2,760,068 IEC/BCC materials were disseminated
• 3,677,035 condoms were distributed
• 17,450 PLHIV were provided with HIV care services
• 81,599 OVC and their households accessed comprehensive services (min. 4 CPAs)

In order to ensure comprehensive delivery of services and because of the understanding of the high correlation between sexually transmitted diseases (STDs) and HIV, a number of CSF sub-grantees are integrating sexual and reproductive health (SRH) services into HIV prevention. In total, 2,690,700 SRH IEC/BCC materials with messages on antenatal care, condom use, and STDs were disseminated to targeted populations (some services were delivered in schools, others as newspaper pull outs, and the rest of the materials to the MARPS and general population). Messages on safe male circumcision, Post Exposure Prophylaxis (PEP), and contraceptive use were also produced and disseminated

HCT service delivery expanded: A total of 16 CSOs were involved in direct HCT service delivery while 63 CSOs conducted community mobilization and referral of individuals and couples for HCT elsewhere. During this quarter 57,144 individuals received counseling for HIV testing, and 56,712 individuals were counseled and tested. Of those that were counseled and tested, 56,139 (98%) received HIV test results, an achievement which was above our quarterly target by 25% due to scaled up community mobilization efforts and increased HCT outreaches. In all, 3,007 people (5% of those who received HIV test results) were HIV positive. A total 3,897 couples came to access HCT services and this was a 12% increase from the previous quarter.

Community PMTCT services provided: A number of pregnant mothers were mobilized and referred to access Prevention of Mother to Child Transmission (PMTCT) services. Eight (8) CSOs conducted community mobilization and information dissemination aimed at scaling up the uptake of PMTCT services. During this quarter, 1,163 pregnant women were counseled in PMTCT accredited sites after referrals by CSOs and of these, 1,080 (93%) mothers were tested and given HIV test results. All HIV positive mothers were given appropriate counseling and information on when to obtain their doses of ARV prophylaxis and for the babies.

Increased access to HIV care services: A total of 17,450 (68% females, 32% males) PLHIV were provided with at least one clinical service. This achievement was 16% above our target of 15,000. Clinical services provided included; clinical monitoring and management of opportunistic infections, co-trimoxazole prophylaxis, screening and treatment of Tuberculosis (TB), nutritional support, assessment for Anti-Retroviral Therapy (ART) eligibility, psychosocial

support, and palliative care including morphine for physical pain services. Among the PLHIV served, 1,246 (7%) were children below 18 years.

OVC services expanded: A cumulative total of 81,559 OVC (39,901 females and 41,698 male) and their households were provided with support services, thus exceeding our quarterly target of 75,000 OVC by 9%. Among the OVC served; 9,680 were newly added on this quarter. This was mainly due to the fact that all sub-grantees had received funds that had been delayed in the first quarter. Services per CPA were provided to the cumulative total as follows: 80% psychosocial support; 52% socio-economic support; 41% food and nutrition; 39% child protection; 37% education services; 21% basic health care 3% care and support; and 1% legal support services.

CSF supports nation-wide programs to reach more beneficiaries: During this quarter, CSF issued a national non-governmental organization (NNGO) request for application (RFA) #10-001. The RFA focused on three main areas: HIV prevention, care and support, as well as advocacy and networking. The RFA targeted NGOs that are multi-site, have a national coverage, and are able to provide several services simultaneously to a high number of beneficiaries. The services they provide directly address the drivers of the HIV epidemic, and strengthen the quality assurance systems for service delivery. NNGOs also provide services that strengthen referrals, linkages, advocacy and partnerships. The NNGO scope of work includes building the institutional and technical capacities of smaller CSF funded civil society organizations (CSOs) that operate in the same thematic and geographical area.

Capacity of CSOs improved: CSF employs various strategies aimed at strengthening CSO capacity in program, M&E and financial management. The quarter's interventions included support supervision, direct training as well as mentoring and coaching through one-on-one meetings, phone calls and email. CSF provided M&E assistance for online data entry into the database, proper utilization of data collection tools, indicators and reporting formats, internal evaluations and training for data collection tools, and web-based data entry. One notable success was achieved in data utilization, where through CSF capacity building interventions, 64% of 142 CSF funded CSOs now perform regular analysis of performance data, and 56% of the CSOs are utilizing project generated data to inform decisions and improve programming (in 2009, only 12% of 125 CSOs at that time were doing this). Under financial and programmatic assistance, CSOs were provided support for budgeting, improving the quality of reports and management practices as well as improving the quality of services. The M&E, financial, and programmatic capacity building activities mentioned above will ensure that CSOs improve the quality of the services they deliver to their beneficiaries.

This quarter CSF also developed decentralized capacity building models to ensure that interventions being delivered are regionally appropriate and tailored to the capacity needs of individual sub-grantees. In addition to this, CSF also developed two blended-learning modules on performance management and managing change. The blended learning modules will be used to build the capacity of several CSOs simultaneously and will make the capacity building process cheaper and faster.

CSF performs data quality assurance for improved decision making at CSO, CSF, and national level: CSF has made great strides in improving the quality of data produced by CSOs;

52% of CSOs have adequate data quality assurance procedures as compared to 8% at baseline in 2009. In order to further strengthen CSF data quality assurance procedures, CSF has developed a data quality assurance plan stipulating what exactly needs to be done at various stages to ensure quality data. A CSO sample data flow chart was also developed and will be shared with CSOs as a guide to develop their own data flow charts.

CSF strengthens national programming and M&E systems: CSF is a member of various technical working groups that are reviewing the OVC National Strategic Plan. CSF further initiated setting up an OVC monitoring and evaluation Technical Working Group (M&E TWG). This is a multi-sectoral TWG comprising of line ministries, AIDS Development Partners (ADPs) district probation and other implementing partners. This TWG is responsible for finalizing the M&E section of the National Strategic Plan (NSP) and has had a number of working meetings to this effect.

Issues and challenges during the quarter: Shortage of HIV test kits was reported by sub-grantees throughout the country. CSOs normally obtain HIV test kits from the districts, but they reported that in most cases when they go to obtain these supplies, the kits are out of stock. CSF has advised CSOs to link with districts and give them their test kit projections in advance to enable districts to procure adequate supplies in a timely manner. CSF is also advocating through the national logistics system for increased supplies of HIV test kits to the districts.

Lack of peer educator recruitment and support supervision guidelines at CSO level remains a challenge. As a result there is lack of minimum standards for peer educators, and technical support provided to them by the CSOs. CSF is adapting existing peer educator guidelines and will disseminate them to CSOs in the following quarter.

There are limited innovative ways of influencing behavior change among CSOs. Most CSOs are doing business as usual and as a result, there is fatigue among the population because most people are aware about HIV/AIDS, but this knowledge is not translating into behavior change. The cost extension guidelines for the 97 ending contracts which will be developed in the coming quarter will emphasize innovations in HIV prevention BCC interventions.

Priorities for Quarter 3: CSF FY 2010/2011, January to March 2011

CSF will continue strengthening CSO capacity through piloting and rolling out of the decentralized capacity building models and blended learning modules, providing support supervision and disseminating guidelines for community volunteers, child protection and legal support. The October-December quarter reports for CSOs will be reviewed and feedback provided to CSOs.

CSF will continue providing the following services to communities: social and behavior change interventions, IEC/BCC products, condoms, HCT, HIV care services, SRH services, community mobilization for PMTCT and OVC services through the continuing and newly contracted CSOs.

Monitoring and evaluating CSO projects will be performed through field monitoring visits, financial monitoring, value for money audits (VFMs), spot checks and end of project assessments. Data quality will be strengthened further through disseminating the data quality

assurance plan and sample data flow charts to CSOs, and by conducting data validation and data quality assessments.

CSF visibility will be promoted through a revised communications strategy, updated CSF website and continued production and dissemination of success stories and the CSF newsletter.

INTRODUCTION

The Civil Society Fund (CSF) is a multi-donor funding mechanism which provides a coordinated and streamlined granting system to civil society organizations in an effort to support activities that scale up effective and comprehensive HIV/AIDS prevention and care services, as well as services to orphans and other vulnerable children. This initiative is a partnership involving the Government of Uganda (GoU) through Uganda AIDS Commission (UAC), AIDS Development Partners (ADPs) and the civil society.

CSF was established in May 2007 to provide a more centralized and coordinated system of funding to civil society and thereby harmonize their subsequent reporting and accountability to partners. CSF has made tremendous achievements and contributions towards implementation of the HIV/AIDS National Strategic Plan, and the National Strategic Program Plan of Interventions (NSPPI).

The CSF is currently supported by the Danish Agency for International Development (DANIDA), Irish Aid, the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the Swedish International Development Agency (SIDA), and the Italian Cooperation with a total annual commitment to the basket of 19.86 million USD, to provide services to Fund beneficiaries.

CSF Management

Governed by the Partnership Committee of UAC and with executive oversight of a Steering Committee both housed at UAC the CSF day-to-day management is handled by a Fund Management Agent (implemented by Deloitte Uganda) that is responsible for disbursing grants and reporting on performance of the fund; and the Technical and M&E agents (implemented by Chemonics International) that are responsible for providing technical support to the grantees of the CSF and monitoring the performance of the projects being funded.

Funding

The CSF basket has received financial commitments from the ADPs amounting \$85m from May 2007 to June 2012. Funds amounting to \$49m have been disbursed to 149 Civil Society Organizations that vary from National Non-

CSF GOAL AND PURPOSE

The goal of the Civil Society Fund (CSF) is to ensure that civil society provision of prevention, care, treatment, and support services is harmonized, streamlined and effectively contribute to the attainment of the goals of the Government of Uganda National Strategic Plan (NSP) and the National Program plan of Interventions for Orphans and other Vulnerable Children (NSPPI), National Priority Action Plan and other national policies and plans.

The purpose of CSF is to bring together multiple donor funds and disburse grants to the civil society organizations that are aligned with national plans and policies.

Governmental Organizations (NNGOs), Community Based Organizations (CBOs), Non-Governmental Organizations (NGOs), and International Non-Governmental Organizations (INGOs) to consortiums or alliances of CSOs. These grants have been awarded in eight different rounds, seven of which have been through competitive solicitation. They also include grants to local governments and to Technical service organizations. However, funding to these groups has expired.

Table 1: Distribution of CSF grants to date

Sub-grantees by Round	Number of Organizations/ Institutions	Grant Amounts (USD)	Funding Dates
National NGOs	9	29,116,166	July – December 2007 (subsequent extensions till December 2010)
HIV Prevention Round I	31	6,636,889	April 2008 – March 2010 (subsequent extension until June 2012)
HIV Prevention Round II	54	4,125,179	January – December 2009 (subsequent extension until December 2010)
OVC Round I	28	4,179,883	January – December 2009 (subsequent extension until December 2010)
Pediatric AIDS	3	1,199,319	March 2009 – August 2010 (no-cost extension until December 2010)
OVC Round II	17	1,480,067	November 2009 – September 2010 (no- cost extension until December 2010)
TSO Funding	7	1,183,506	August 2009 – June 2010 (no-cost extension to Dec 2010)
Local Governments	79	828,979	August 2009 – June 2010 (no-cost extension until December 2010)
TOTAL AMOUNT		48,749,988	

CHAPTER ONE

KEY RESULT AREA 1: CSF MANAGEMENT STRENGTHENED

Key Result Area (KRA) one encompasses strategic planning, a communication strategy, governance and management systems of the CSF, the monitoring and evaluation system of the CSF, grants management and partnership development. The key achievements under this key result area included: finalization of CSF governance manual, solicitation for the NNGOs proposals, end of project assessment for 97 CSOs and strengthening CSF visibility through a number communication interventions.

Strategic Objective 1.1: To Strengthen CSF Governance Systems and Structures to Deliver All the CSF Service Delivery Targets

The ultimate result of this strategic objective will be strengthened collaboration among CSF partners within the multi-sectoral approach to effectively contribute to the national response for HIV/AIDS and OVC in Uganda.

To achieve the aforementioned, the following activities were planned for the second quarter.

Planned activities

- Finalize and distribute the revised CSF Governance and Operations Manual to stakeholders and sub-grantees
- Identify and contract a local agent to take over MEA/TMA scope of work
- Share CSF sub-grantee profiles with all stakeholders
- Redesign the CSF website
- Develop and print project communications products
- Compile and submit/disseminate financial and program reports
- Finalize and implement fundraising strategy
- Engage in CSF mid-term evaluation activities

Key achievements

The overall achievements under this strategic objective include: approval of the CSF governance manual, issuing the intent of award for the potential local agent, and increasing CSF visibility through a number of communications interventions.

CSF Governance, Management, and Operations Manual: The CSF Steering Committee approved the revised the CSF Governance, Management, and Operations Manual that had been reviewed in the previous quarter. The revision incorporated most of the recommendations of the external CSF review report of June 2009. The key results of the revisions are outlined in the table below:

Table 2: Key results of the revision of the CSF Governance, Management and Operations Manual

Revision in the Manual	Subsequent Result
1. Some of CSF’s secretariat functions were transferred to the management agencies	This shortened many of the workflow processes. As a result the lead time for making many of the executive decisions has been shortened.
2. Increasing the number of CSO representatives on the SC to six out of the stipulated 12 members. One of the slots for the SC was for a woman representative.	This has been instrumental in lobbying for the inclusion of gender related issues and concerns in a number of areas being discussed at the SC meetings. As a result, the NNGOs RFAs have special interventions addressing gender and HIV/AIDS, such as preventing sexual gender-based violence, post exposure prophylaxis for raped women and scaling up male involvement in PMTCT. The civil society now also co-chairs the SC
3. Move towards one management agency, begin with merging MEA and TMA	Chemonics put together a concept note on the potential merger between MEA and TMA. The contractual discussion on this matter is yet to be finalized.
4. The rationale, pros and cons of competitive bidding for NNGOs and networks was reassessed.	A competitive NNGO RFA was issued. This resulted in new NNGOs submitting proposals for funding approval by the SC.
5. Institutional and technical capacity building for sub-grantees to be decentralized.	Three models for decentralizing capacity building were developed. The current NNGO RFA mandated that the successful applicants build the capacity of at least 10 CSOs each. In effect, the seven successful NNGOs will support and mentor 70 CSOs.

Contracting TMA/MEA local agent

Following MEA and TMA submission of the top two candidates from the Local Agent solicitation process to the SC as reported in the previous quarter; CSF AIDS Development Partners (ADPs) met and identified UNASO as the preferred contender. UNASO was then given a letter of intent of award and was asked to respond to a number of issues raised by the technical review teams. Most issues were adequately responded to apart from the conflict of interest issues. The main unresolved conflict of interest issues include:

- The fact that the roles of the Local Agent would include the following: drafting scopes of work for RFAs; selecting awardees; routine monitoring of grants; and evaluation of grants. Since UNASO does not wish to abstain from bidding on the above-referenced RFAs or implementing the subsequent grants, a conflict arises.
- UNASO has over 2,000 NGO members, who pay dues to this network. Most of these members are either current CSF sub-grantees or potential sub-grantees. UNASO stated that the support they provide does not alter or change the members’ mandates, and that they are not so intimate with these members that they would see a concern. Chemonics

International Inc., the current MEA/TMA contractor, and UNASO agreed that even the appearance of a conflict of interest is a concern.

The local agent conflict of interest issues were presented to CSF ADPs in November 2010 and no solution was immediately identified.. CSF is still waiting for guidance on the way forward from the ADPs

Strengthening communications systems

Helpline: During this quarter, the CSF helpline info@csf.or.ug was widely published to solicit feedback and to answer queries about CSF activities. The need for a CSF helpline had been established through the previous quarters and was hence established at the beginning of 2010-2011 fiscal year. This quarter, the communications team received and answered 12 queries mostly from non CSF-funded organizations seeking funds. Over 20 sub-grantees wrote to appreciate the CSF newsletter.

Partner profiles: In a bid to promote information sharing and networking among sub-grantees, CSF solicited partner profiles from all CSF-funded CSOs. Partner profiles provide information on the organization including mission, vision, objectives, program targets in terms of people reached and geographical coverage, and interventions funded by CSF. A total of 83 (74%) profiles were submitted in the past two quarters. Two profiles have been used in the CSF quarterly newsletter. During the next quarter all profiles will be compiled in an e-directory that will be circulated to all stakeholders and also posted on the CSF website. CSOs will then know where to refer clients for comprehensive services as well as avoid duplication when in the same geographical area. In addition, CSOs offering similar interventions can learn and implement best practices.

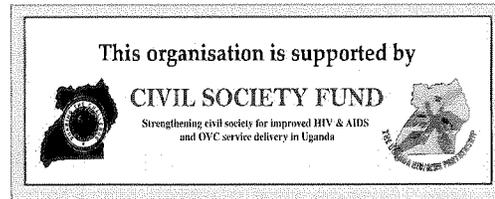
CSF website: As one of the main means of communication used at CSF, the website must be frequently updated to make it more attractive, informative and interactive. CSF contracted a graphic designer for this purpose and the new website will be uploaded once the redesigning is completed. The website, (www.csf.or.ug) includes CSF cumulative and quarterly service statistics and information on current events related to CSF.

The Link: CSF published the second issue of her quarterly e-newsletter - *The Link*. This e-newsletter aims at updating sub-grantees, steering committee (SC) members and other partners on new developments at the CSF as well as upcoming events, opportunities and success stories. The e-newsletter also serves as a medium through which issues, questions and clarifications from the public are addressed. This quarter's issue focused on World AIDS Day's theme; 'Universal Access and Human Rights'. A special gender corner is included in each issue to encourage the sub-grantees to give gender related issues and concerns special attention in the planning, implementing and monitoring of their projects. *The Link* is sent out directly to over 150 recipients. It is also posted

"I am writing in regard to the recently released CSF Newsletter. It is really good with lots of best practices to share and learn from. It also gives all the stakeholders a chance to know what is happening at the CSF. However, I would like to know the contribution mechanisms to this newsletter. Can the CSOs send in articles? Thanks."
Naula Mariam, Programme Manager, Restless Development (Uganda), a CSF-funded CSO

on the CSF website. CSF received feedback from over 30 readers, with over 70% appreciating the content of newsletter. In addition, CSF received requests from three CSOs to contribute to the next issue.

Communications materials: To increase CSF's branding and visibility, CSF developed wall stickers and provided them to all sub-grantees to display in strategic areas of their organizations such as office receptions.



The CSF wall sticker

Print media: CSF run a supplement in the two leading newspapers on World AIDS Day where CSF's goal, objectives and achievements were shared. In addition, the chairman SC was interviewed on CSF contribution to the day's theme, "Universal Access and Human Rights."

Monthly updates: A new innovation this quarter was the issuance of monthly update reports to all SC members and partners. These updates serve to keep all the partners informed about ongoing activities, given that SC meetings are now schedule to be held once a quarter. It has been observed that the updates have helped reduce meeting times as SC members are provided with information that would otherwise need to be presented during the meetings.

Issue/challenge

The CSF fundraising strategy development is not complete. The strategy will be informed by the CSF external review that is due in the first half of 2011.

Lesson learned

Sharing monthly updates gives the SC members the ability to closely follow the CSF activity calendar, provide input and align their schedules to allow them the flexibility to participate in some of the joint activities of the CSF.

Priorities for the next quarter

- Disseminate the revised CSF Governance, Management and Operations Manual to identified stakeholders
- Map the way forward for contracting the local agent depending on the decision made by the donors
- Finalize solicitation and editing of all CSF sub-grantee profiles and share with identified stakeholders
- Finalize the redesign and operationalization of the CSF website
- Identify, develop and print a variety of project communications products, including but not limited to: a pull-up banner and 5,000 copies of five success stories
- Compile and submit/disseminate financial and program reports
- Engage in mid-term evaluation activities as warranted by the TORs

Strategic Objective 1.2: To manage at least \$31m of multi-donor resources annually while ensuring efficiency, transparency, timeliness and value for money

Management of the CSF requires the existence of efficient and transparent systems to receive and disburse the funds to the CSOs in a timely manner. The system has to also ensure that disbursed funds are appropriately utilized to achieve the best results at the lowest possible cost and not forgetting that misuse of funds is not tolerated. CSF strategies to achieve this included: operationalizing an effective financial control system, implementing a transparent funding proposal solicitation process as well as strengthening and implementing timely funding processes. CSF further provides TA to CSOs to strengthen their capacity to manage these resources as reported on under subsection 2.1.

Planned activities

- End of project assessments for 101 sub-grantees under HIV2, OVC 1&2, Paediatric AIDS, local governments and TSO whose contracts are ending within the period
- Conduct financial monitoring and spot checks for at least 30 sub-grantees to provide capacity building and ensure compliance to the contractual obligations
- Review of annual audit reports for all sub-grantees
- Solicit and contract NNGOs through a competitive solicitation process

Key achievements

End of project assessment: CSF conducted end of project assessments for 97 CSOs in November and December 2010. The CSOs assessed were: 3 RFA 08-004 Pediatric AIDS, 27 RFA 08-002; OVC1, 17 RFA 08-002; OVC 2, 47 RFA 08- 03; HIV 2 and 3 RFA 08-001: HIV1. These projects had been implementing HIV prevention, OVC and Pediatric AIDS linkages interventions for the past two years with the exception of RFA 09-002 OVC2 CSOs who have only implemented interventions for one year. The overall purpose of the assessment was to evaluate grantee performance and the overall achievements to inform subsequent implementation and granting. The assessment methodology entailed desk reviews of project documents and reports, and interviews with CSO staff, district technical teams and targeted. Overall, 90% of the 97CSOs assessed had made commendable achievements in terms of meeting project objectives and targets. They were recommended for cost extension. In addition, many CSOs are making commendable progress in designing gender inclusive interventions such as couple testing for HIV, taking services where men congregate, gender sensitive timing of events to suit both men and women, and applying gender sensitive beneficiary selection criteria.

The main achievements of CSOs working in the area of HIV prevention were; use of community dialogue forums to raise awareness, stimulate widespread discussions on HIV issues, and fight stigma issues in their communities. These forums and other IEC/BCC interventions supported an increase in uptake of HCT from 70,000 in 2008 to 154,257 in 2009 and 182,143 in 2010. An increase in the number of distributed condoms (from just over 2.5 million to nearly 7 million in 2010), through numerous condom distribution outlets was also recorded.

The OVC grantees that were assessed had served 81,499 OVC with a range of services; an achievement that was 11% contribution to the NSP target. To support access to these services and strengthen community support for OVC, CSOs also conducted sensitization campaigns on

child rights and welfare, trainings on managing a number of OVC interventions, and facilitated the formation of parent support groups; which strengthened communities' capacity to protect vulnerable children and support their welfare.

Financial monitoring: CSF conducted financial monitoring visits to support the sub-grantees facing challenges in fiduciary management. Financial monitoring covered 94 organizations and involved CSF resolving a number of queries and verifying the quality and effective delivery of procured items to the targeted beneficiaries so as to ensure value for money.

Review of CSO annual audit reports: CSF continues to ensure that sub grantees are audited and that the reports are reviewed. The issues that are identified are followed up and dealt with during the routine monitoring exercise and JSS. These audit report issues also form part of the basis upon which the capacity building is provided particularly for internal controls in the organizations. This is an ongoing activity and audit reports are reviewed throughout the year as each organization has a different year end period.

NNGO solicitation: Following the NNGO assessment that was conducted in April 2010, an RFA was designed to scale up best practices and address emerging issues. In response to this RFA 10-001, 42 proposals were received from national non-governmental organizations (NNGOs). The proposals were in the areas of care, support and treatment, HIV/AIDS prevention, and networking and advocacy. Thirty (30) proposals passed the administrative compliance review and qualified for the technical and budget review. The reviewers were drawn from the three CSF Management Agents, the ADP fraternity, Center for Disease Control (CDC), Makerere University- John Hopkins University (MU-JHU), Ministry of Health and Uganda AIDS Commission (UAC), amongst others. The proposals were ranked against compliance to national standards, coverage, efficiency, effectiveness, and innovations that were considered appropriate towards curbing the HIV/AIDS spread. Sixteen proposals from 14 organizations were recommended for the final level, the pre-award assessment (PAA) in which fiduciary and operational risks were assessed. All the 14 organizations scored above the 80% pass mark based on the above criteria, thereby being eligible for funding. However, due to the budget limit of UGX 30 billion for RFA 10-001, the CSF recommended only nine of the 16 proposals for funding. The above position was arrived at after considering the number of targeted direct beneficiaries, geographical coverage and past experience. The successful organizations will be contracted during the next quarter.

It should be noted that seven of the nine former CSF NNGOs are part of the successful organizations. These include: Straight Talk Foundation (STF), The AIDS support Organization (TASO), AIDS information Centre (AIC), Program for Accessible Health, Communication and Education (PACE), and a consortium of Uganda Network of AIDS Service Organizations (UNASO), National Forum for PLHA networks in Uganda (NAFOPHANU) Uganda Network on Law, Ethics and HIV/AIDS (UGANET).

In addition, a previously CSF-funded NGO, Institute of Disease Control (IDI) is among the successful NNGO applicants. Another new entrant is Joint Clinical Research Centre (JCRC)

Priorities for next quarter

- Financial monitoring/Value for Money Audits (VFMs)/spot checks to identify weakness in compliance
- Contract successful NNGOs
- Receive and review accountabilities and disbursement of quarterly funding
- Develop and issue OVC 1, OVC 2, HIV 2, and Pead-AIDS extension guidelines and extend successful contracts.
- Process extensions for OVC 1, OVC 2, HIV 2, and Pead-AIDS contracts
- Conduct program assessments for expiring contracts

Strategic Objective 1.3: To measure and disseminate CSF's contribution towards the national response to HIV/AIDS and OVC

To measure and have timely and accurate dissemination of CSF's contribution towards the national response to HIV/AIDS and OVC, CSF designed data collection tools and web-based databases to collect, store and analyze data on the funded interventions. CSF quarterly performance reports are disseminated on the website www.csf.or.ug, e-news letter, and on-line health practice professional mailing lists and fora.

Planned activities

- Finalise data collection tools and database modules for PMTCT, HCT and palliative care
- Finalize design of systems to enable CSOs to make corrections and analyse their respective data for all the database modules, including the new ones of PMTCT, HCT and palliative care.
- Conduct web based data entry training for the remaining HIV prevention and OVC CSOs, who have not been trained.
- Conduct training in use of data collection tools and web-based data entry training for the PMTCT, HCT and palliative care CSOs. Over 70 CSOs
- Produce and disseminate automated and standardised reports

Key achievements

CSF finalized the development of PMTCT and HCT data collection tools and database modules that had been started on in the previous quarter and trained relevant CSOs in the use of the respective data collection tools as well as web-based data entry. The PMTCT and HCT database modules are part of the previously completed modules on HIV prevention and OVC that were done in the fiscal year 2009-2010. The PMTCT and HCT tools and databases were deployed after the training CSOs on the modules and it is expected that CSOs will collect data and upload information into the relevant database modules during next quarter.

CSF Conducted web based data entry training for the sixty remaining (60) HIV prevention (BCC) and OVC CSOs, who had not been trained before. All CSOs have now been trained in web based data entry. Overall, over 85% of the CSOs are entering data via the web into CSF database; CSF is now performing data cleaning to ensure quality reports.

The feedback module that supports CSOs to make corrections and analyze their own data that was designed in the Jul-September quarter was finalized. CSOs are now able to edit data that they enter

"The web based data entry is cool and fun. I definitely prefer it to the excel sheets." **Hope Rachel Atim, Project Officer, Action for Children**

within an agreed timeframe of data entry. CSF is now designing and uploading reports to the CSF website for wider dissemination to stakeholders.

Priorities for next quarter

- Upgrade CSF database server RAM
- Upload HIV/AIDS and OVC service delivery reports to the CSF website
- Carry out quality checks on uploaded information on the database
- Design and implement database modules to capture data on interventions to communities/households
- Finalize the HIV care and treatment data collection tools and database modules

Strategic Objective 1.4: To utilize CSF generated data in order to improve HIV/AIDS and OVC programming at all levels

Utilizing data generated from CSF supported activities has remained a core function of the CSF M&E system. During this reporting period, support has been extended to sub-grantees to enhance their capacity to collect, analyze, disseminate and utilize data to improve HIV/AIDS and OVC programming at all levels of implementation. The focus has primarily been on conducting program reviews to identify implementation challenges, gaps and best practices towards improved service delivery, and programming.

Planned activities

- Conduct quarterly review and work planning meetings(including PMP review)
- Conduct Geographical Information System (GIS) mapping, analyze and make strategic recommendations
- Share CSF information at national, district and international fora

Key achievements

CSF conducted two program review meetings during the reporting period. Agents discussed HIV/AIDS and OVC program performance, challenges, and refocused scheduled activities to avoid implementation gaps. As a result, areas of focus were identified and prioritized for the coming quarter such as training on child protection interventions, developing guidelines for integrating SRH into programmes and community volunteer guidelines.

CSF is continuing with efforts to utilize the GIS tool for improved programming and management. Among the accomplishments is the purchase of the GIS software (Arc View GIS) and a GPS receiver. This software is compatible with a variety of products from other GIS software enabling further integration of other layers acquired from external GIS users in the country. External map layers including locations of health units, schools, road network, and towns have been acquired. The GPS will enable acquisition of coordinates of relevant sites whenever staff travel to project sites.

To date, maps have been utilized to a small scale for displaying demarcated regions in the country and general location of CSOs. During the quarter, the TMA M&E Specialist attended a conference organized by ESRI Eastern Africa, to learn more about GIS/ESRI technology.

Issues/challenges

- There is inadequate capacity of CSOs to utilize project generated data into their own planning frameworks as well as for decision making. CSF is addressing this challenge through on-going mentoring and coaching of CSOs.
- Limited attention given to data quality assurance has continued to slow program improvement and data utilization. CSF is designing a data quality assurance plan and sample data flow to address this. Data Quality Assurance (DQAs) surveys are also conducted to assess and guide CSOs on recommended data quality assurance practices.

Emerging issue

New administrative units have to be aligned with those in the GIS database. The process of harmonizing names of administrative units is ongoing in the CSF statistics with the names in the GIS layers.

Priorities for next quarter

- Conduct CSF quarterly review meeting
- Review CSO quarterly reports
- Analyze, interpret and present data for critical reflection to inform decision making.
- Participate in information sharing and dissemination sessions at regional and national levels by writing (abstracts) to present in international fora
- Carry out targeted support supervision towards improved data quality and utilization
- Acquire relevant additional map layers and statistical data from relevant government departments and organisations
- Conduct GIS mapping, analyze and make strategic recommendations. This is an ongoing activity.

CHAPTER TWO

KEY RESULT AREA 2: INSTITUTIONAL AND TECHNICAL CAPACITY OF SUB-GRANTEES STRENGTHENED

Building the capacity of sub-grantees in technical, organizational and institutional areas is part of CSF's mandate. The purpose is to ensure that CSOs deliver quality services, monitor results and appropriately utilize and account for funds given to them. The CSF capacity building interventions included: support supervision, mentoring and coaching, trainings, dissemination of resource materials including guidelines, and production of compliance school articles. This section of the report highlights the capacity building achievements made in the October to December 2010.

Strategic Objective 2.1: To strengthen the financial management capacity of all CSF sub-grantees by June 2012

In order to strengthen the financial management capacity of CSF sub-grantees, compliance school articles were produced and on-going mentoring and coaching of CSOs on financial management issues was performed.

- **Planned activities**
- Write compliance school articles to provide tips on financial management
- Conduct support supervision for sub-grantees
- Mentor and coach sub-grantees through in-going technical support

Key achievements

Compliance school articles were established to provide tips on financial management processes in "bite-size" pieces for sub-grantees to understand the common problem areas and how to handle them. CSF produced a compliance article on internal control systems to guide CSOs to establish allocation of roles and responsibilities at different levels financial transaction process. This will strengthen checks to minimize fraud. These articles have become popular among sub-grantees and this is shown by the positive feedback and suggestions on topics to write about. CSF also continues to provide on-going mentoring and coaching especially through answering queries over the telephone, reviewing of reports and giving feedback, and by carrying out on-site visits.

Issue/challenge

Following several interactions with sub-grantees and reviewing of their accountabilities, it has been established that the major challenge is not the lack of knowledge in financial management, but the lack of vigilance in following the necessary procedures. Minor errors in accountabilities that would have been picked up by the authorizers are found during the reviews. The emphasis for technical support for compliance will therefore be with CSO management in the review of documents for quality and completeness before they are shared.

Emerging issue

The next compliance school article will target project closeouts since several projects are ending. CSOs will be provided with information on closeout procedures.

Priorities for next quarter

- Write compliance school article on close-outs
- Conduct support supervision for sub grantees
- Mentor and coach sub-grantees through on-going technical support

Strategic Objective 2.2: To strengthen technical and institutional capacity of all sub-grantees to provide quality HIV/AIDS and OVC services

This quarter, CSF focused on developing decentralizing capacity building models and providing technical support to sub-grantees.

Planned activities

- Develop the decentralized capacity building models
- Roll-out two blended-learning modules
- Orient CSOs on child protection and legal support
- Provide targeted communications development skills for CSOs
- Conduct support supervision for CSOs
- Identify, adapt and disseminate HIV and OVC guidelines to sub-grantees
- Mentor and coach sub-grantees through on-going technical support

Key achievements

In a bid to strengthen coordination at regional and district levels, and to allow intended CSOs to receive focused attention and support, CSF is moving from a centralized to a decentralized capacity building and technical support approach; an approach that was identified recommended in the past the past fiscal year during the capacity assessment. To this effect, this quarter, CSF developed three costed decentralized capacity building models. These are: a) Partnership for Accountability and Capacity Transformation (PACT), b) Lead Agency (LA) and c) Regional Technical Assistance (RTA) models. The models were developed with participation from sub-grantees, ADPs, Ministries of Health, Gender Labor and Social Development, and consultants with vast capacity building experience. Implementation of these models is expected to start in the next quarter.

CSF also developed two blended learning modules, namely 'Managing People Performance' and 'Managing Change' that aim at strengthening institutional and organizational development skills and processes of the sub-grantees. Blended learning modules will be rolled out with decentralized capacity building modules. The blended learning modules will be rolled out on CDs and will be used to build the capacity of several CSOs simultaneously and will make the capacity building process cheaper and faster. Capacity building M&E tools are being developed to continually track and assess the effectiveness of these interventions.

"We appreciate CSF visits of all kind since we acquire knowledge. We not only use the knowledge and skills for CSF-funded projects, but also for programs funded by other donors." **Irene Ntanda, Sub-program Manager, Lutheran Foundation, Sembabule.**

This quarter, CSF provided technical support to 97 sub-grantees while conducting the end of project assessments for grants under HIV2, OVC1 and OVC2 and Paed-AIDS. The support focused on adherence to quality standards, data management, report writing and documentation, motivation and capacity building of community volunteers, and partnerships.

In preparation for the targeted communications development skills training for CSOs, CSF carried out a communication needs assessment on nine of the CSF's sub-grantees. The areas that need special emphasis from the assessments are: adherence to CSF branding guidelines, strengthening the feedback mechanism, laying strategies for media coverage and sharing successes and lessons learnt. Modules for training targeted CSOs in identified areas will be developed next quarter informed by the assessment findings.

CSF realized that despite giving a lot of offsite support to the sub-grantees through emails and telephone calls, there were no records of such capacity building interventions. This has made it difficult to quantify the type of support given, and the frequency at which a given CSO needs support. An analysis of such data would help CSF in designing more targeted interventions that will appropriately address the emerging capacity gaps. A tool to track the aforementioned was jointly developed by the three management agents and its usage started in the last month of this quarter. In one month CSF recorded 10 organizations helped through such interventions.

The technical team has identified some national HIV guidelines, which include: MoH safe male circumcision policy guidelines, MoH condom distribution guidelines, and guidelines for HIV/AIDS activities in schools by Ministry of Education and Sports. CSF distributed condom guideline to six organizations in the quarter. Other guidelines will be disseminated in the following quarters when copies are reproduced. In a bid to standardize service given by volunteers, CSF drafted guidelines for CSF sub-grantees to use with their community volunteers. These guidelines will be finalized and disseminated to sub-grantees in the next quarter.

Lesson learned

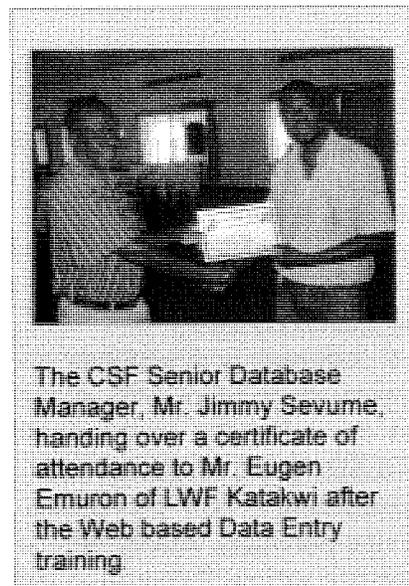
CSF has learned that active participation of the benefiting CSOs through identifying capacity needs, implementation and assessment promotes ownership, institutionalization learning.

Priorities for next quarter

- Finalize and implement the three decentralized capacity building models
- Roll-out two blended-learning modules
- Conduct joint support supervision for CSF sub-grantees in northern, eastern, north-eastern, and West Nile regions.
- Conduct targeted support supervision for at least 12 sub-grantees
- Finalize and disseminate the community volunteer guidelines
- Provide continuous technical support to sub-grantees through various capacity building approaches
- Orient OVC program implementing partners on child protection and legal support
- Disseminate child protection and legal support training manuals
- Develop communication training modules

Strategic objective 2.3: To strengthen CSF sub-grantee capacity in monitoring and evaluation by June 2012

In the previous years, CSF set up an M&E system through developing the CSF M&E plan that includes a harmonized set of indicators, data collection frequency, methodology and responsibility. CSF developed standard data collection and reporting tools, trained CSOs in M&E and developed a web-based database for storage and processing of data. Over 60% of HIV prevention and OVC CSOs were trained in data entry and are now uploading data. During this quarter, CSF conducted data entry training for CSOs that had not been trained in the first round. CSF further developed a data quality assurance plan to guide CSOs in collecting quality data.



Planned activities

- Train sub-grantees in web-based data entry
- Train sub-grantees on data collection tools and reporting tools
- Conduct data quality assessment

Key achievements

During the reporting period, 60 M&E officers/ Data clerks from 60 CSOs were trained in web-based data entry. These were CSOs that had not been trained in data entry in the first round of training. To-date, all CSOs have been trained in data entry and have started on-line data entry though some of them are facing a few challenges. MEA has continued to provide technical assistance for data entry on a case-by-case basis, with over 80% CSOs supported during the quarter.

The August 2010 joint support supervision established that only 10 out of the 52 CSOs visited had written guidelines for data management. However, none had a well displayed data flow chart for easy reference by staff on procedures of handling data. In addition, only 44% consistently verified the data from the field. To reduce these gaps and improve data management, MEA went ahead to develop data management guidelines including a sample of a data flow chart that will guide all CSOs on how data is generated, who carries out what responsibilities and when, data quality assurance, the reporting procedures and timelines. The draft guidelines will be discussed finalized and disseminated to CSOs for adoption in the next quarter.

Priorities for next quarter

- Finalize and disseminate the M&E data management guidelines for CSOs
- Finalize and disseminate the Data Quality Assurance (DQA) Plan
- Conduct quarterly report review
- Conduct targeted support supervision
- Conduct data validation exercise and identify CSOs for DQA

- Train HIV care services CSOs in web-based data entry

Strategic Objective 2.4: To strengthen learning and knowledge management amongst sub-grantees and other strategic partners at all levels by 2012

CSF endeavors to keep sub-grantees up-to-date with innovations, information and discoveries in the areas of HIV/AIDS and OVC. CSF facilitated learning and knowledge sharing through sourcing and disseminating relevant resource materials to sub-grantees.

Planned activity

Reproduce and disseminate relevant resource materials

Key achievements

CSF continues to disseminate relevant resource materials to sub-grantees and this is done during support supervision visits, one-to-one interactions with CSOs and during any other field visits that are scheduled in the quarter. Last quarter CSF distributed materials developed by the MGLSD, some materials were developed in collaboration with CSF, in the areas of youth mobilization in HIV prevention, counseling guidelines for OVC, and training manuals for OVC service providers, among others. In a number of occasions, CSOs contacted CSF requesting for guidance various technical in which case CSF makes reference to technical materials within CSF Resource Center where necessary.

Priority for next quarter

Disseminate existing resource materials to sub grantees

CHAPTER THREE

KEY RESULT AREA 3: SERVICE DELIVERY IN THE NSP/NSSPI PROGRAM PRIORITY AREAS INCREASED

This chapter describes the key results under interventions in HIV prevention (IEC/BCC) HCT, PMTCT, HIV care, and OVC, as well as a description of the partnerships and collaborative approaches used by the sub-grantees.

Strategic Objective 3.1: To increase access and utilization of HIV prevention services through CSF sub-grantees

CSF's support for HIV prevention focuses on behavior change communication, HIV Counseling and Testing (HCT) and condom programming. CSF supports 83 sub-grantees to provide HIV/AIDS prevention services in all the regions of the country. To achieve this objective, CSF implemented various interventions as indicated below.

Strategic Intervention 3.1.1: Scale up HIV prevention service delivery and uptake in targeted communities

CSF conducted social and behavioral change interventions to various target groups, produced and disseminated IEC/BCC materials and distributed condoms in various service outlets across the country.

Planned activities

- Conduct social and behavioral change interventions reaching 213,358 people including Most at Risk Populations (MARPS), the PLHIV and the general population
- Produce and disseminate 50,000 IEC/BCC products on at least three thematic areas
- Distribute 2,500,000 condom pieces

Key achievements

In this quarter, 215,195 (101% of target) people comprising of (105,655 males, 109,540 females) were reached with HIV/AIDS prevention messages. There is an increase of 26% of people reached compared to the previous quarter.

HIV prevention messages were based on the Abstinence Be faithful Condom use (ABC) model. Abstinence messages were delivered to 28,907 individuals (13,446 males, 15,461 females). Be Faithful only messages benefited 14,465 individuals (6,866 males, 7,599 females) and "condom" messages were delivered to 3,975 individuals (1,827 males, 2148 females). Integrated ABC messages on the other hand were delivered to 2,284 individuals of whom 1,194 were males and 1,090 females. Messages were delivered through small group discussions, peer education sessions and one-on-one talks.

A medley of 2,760,068 IEC/BCC materials was distributed to target beneficiaries which was way above our target and exceeded distributions in the previous quarter by 1,834,711. This was

largely because of increased Straight Talk Foundation (STF) newspaper pull-outs. IEC/BCC products were in form of banners, T-shirts, key holders, flyers, bags, brochures and reflector jackets, posters and newspaper pull-outs. Communication through radio was in form of 280 radio programs and 477 radio spots. The messaging focused on domestic violence, life skills in relation to HIV prevention, promotion of HCT and PMTCT, positive living, sero status disclosure, ARV adherence, and sexual reproductive health. The CSF is in the process of standardizing the type of IEC/BCC messages used by sub-grantees.

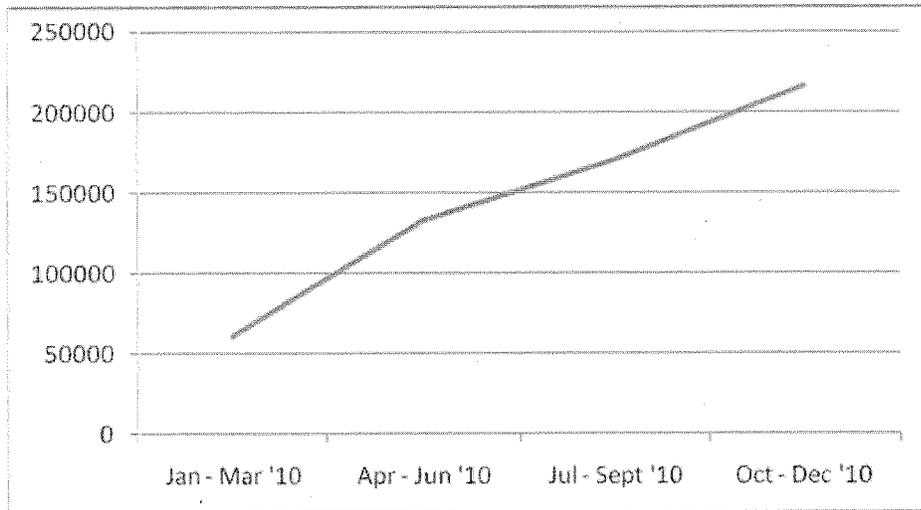
The categories of people reached included the MARPS (fisher folks, followed by commercial sex workers, truckers, street children, incarcerated populations, uniformed service persons, and *boda bodas*), The people categorized as the general population included young people in and out of school, singles as well as couples in married relations, PLHIV and the general population as shown in the table below.

Table 3: HIV Prevention/BCC people reached by age group, sex and category

Age group	10 - 14 yrs			15 - 24 yrs			25+ yrs			
Sex	Male	Female	Total	Male	Female	Total	Male	Female	Total	Overall Total
General Population	8,006	9,812	17,818	39,995	38,977	78,972	42,000	41,540	83,540	180,330
MARPS	606	718	1,324	3,436	4,044	7,480	5,155	5,392	10,547	19,351
PLHIV	342	419	761	1,904	2,842	4,746	4,211	5,796	10,007	15,514

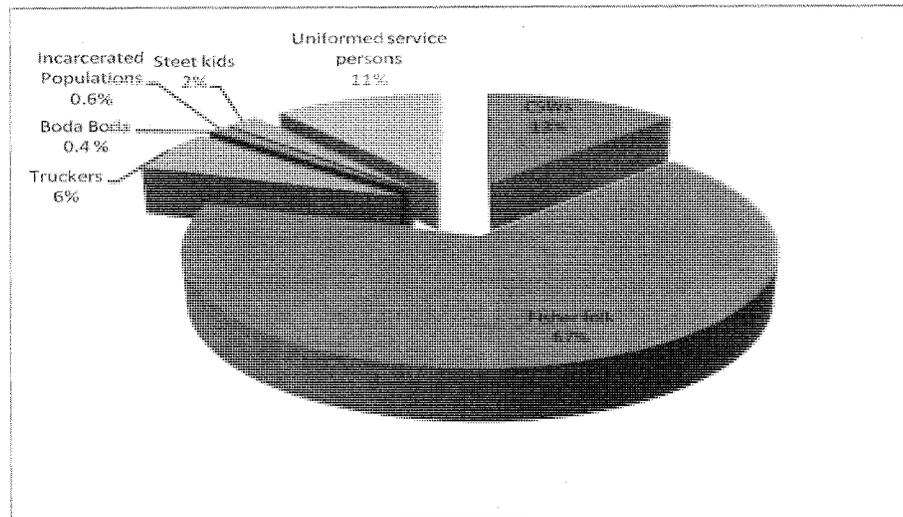
The numbers of people reached with HIV prevention interventions over various quarters have been going high in the year 2010. The numbers were at the lowest (61,171) level during the January-March 2010 quarter because a number of CSO contacts had come to an end and the contracts were renewed in March 2010. There after the numbers went higher to 132, 791 in the April-June quarter, then 170,384 in the July September quarter and 215,915 in the October-December quarter as shown in graph 2 below.

Graph 1: People reached with HIV prevention messages; January 2010 to December 2010



The majority of the Most at Risk Populations (MARPs) reached were fisher folks (67%), followed by commercial sex workers (13%), truckers (6%), street children (2%), incarcerated populations, uniformed service persons (1%) and boda bodas (0.4%) as presented the in graph 1 below.

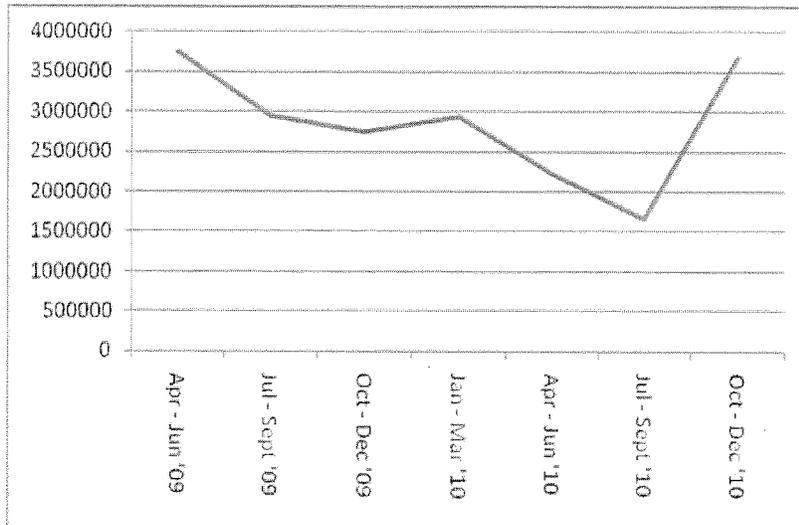
Graph 2: Categories of MARPS reached with HIV prevention messages (October-December 2010)



Condom Programming: CSOs distributed 3,677,036 male condoms to targeted beneficiaries that included: fishermen, commercial sex workers, and *boda boda* riders. This was approximately 121% over the previous quarter distributions and 37% contribution to the annual target. The distribution points were at bars, restaurants, hotels, public community centers and shops. The

increase in distribution was attributed to increased condom promotion campaigns among CSOs and efforts by CSF to link the sub-grantees to the Ministry of Health Headquarters AIDS Control Program unit for condom supplies and other MOH condom distribution points.

Graph 3: Trends in condom distribution; April 2009 to December 2010



In order to address the challenge of lack of peer educator recruitment and support supervision guidelines at CSO level that was reported on last quarter, CSF is adapting existing peer educator guidelines and will disseminate them to CSOs in the following quarter.

Issues/challenges

- There are frequent stock-outs of condoms, IEC materials and drugs that is ARVs for PMTCT and PEP. These shortages have been reported by all sub-grantees with the worst cases being in rural communities. CSF made efforts to link the sub-grantees to the MoH, which has assured partners that strategies have been developed to improve on the delivery of the supplies. Also, CSF has advised CSOs to provide their quarterly condom projections to the district focal point person to enable district secure adequate supplies.
- Due to limited funding, most sub-grantees have difficulty in retaining professional staff. They rely on community volunteers to implement HIV prevention interventions. This presents other challenges like inadequate technical capacity, weak integration of interventions and inadequate services. CSF is developing community volunteers' guidelines and helping sub-grantees to access various resource materials to ensure quality selection and supervision of community volunteers in HIV prevention programs

Priorities for next quarter The following activities that were implemented in previous quarters will continue to be implemented during the 3rd quarter;

- Conduct social and behavior change interventions including one-on-one peer education and small group discussions reaching 213,358 people; including MARPS, prevention with positives and the general population)
- Produce and disseminate 50,000 IEC/BCC products on at least three thematic areas
- Distribute 2,500,000 condom pieces

Strategic Intervention 3.1.2: Scale up HCT services

Community mobilization interventions aimed at sanitizing people on the value of HCT services as well as HCT outreaches were conducted by CSOs.

Planned activity

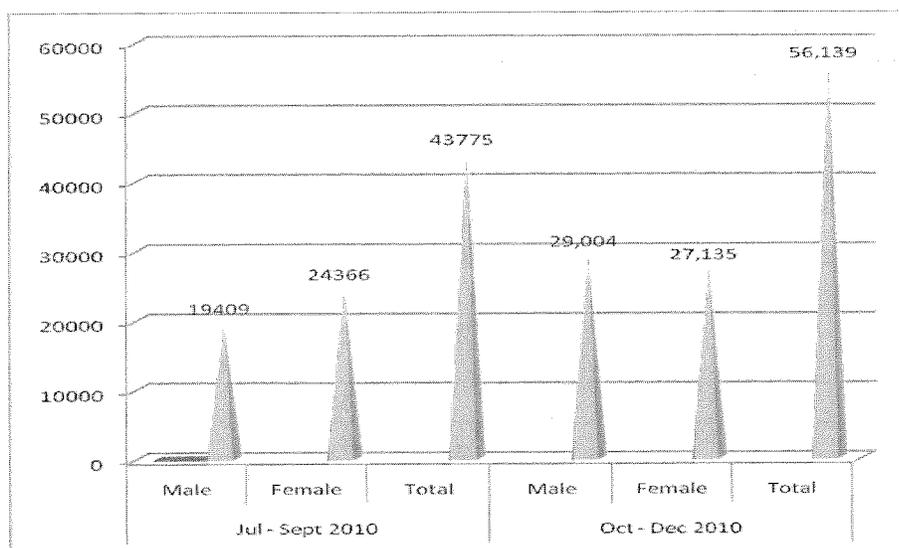
Provide HIV counseling, testing and results to 45,000 people

Key achievements

Sixteen sub-grantees carried out HCT service delivery while 63 conducted community mobilization and referral of individuals and couples for HCT services. Overall, sub-grantees showed better performance in this quarter than the previous by counseling 57,144 people for HCT compared to 43,755 in the previous quarter. Out of the 57,144 counseled, 56,712 were tested and 56,139 (125 % of the quarterly target) people received HIV test results. In all, 3,007 people (5% of those who received HIV test results) were HIV positive. Among the people that were counseled, tested and given results, 3,897 were couples.

There was an increase in numbers of males accessing HCT services which was a challenge in the previous quarter. Males constituted 48% compared to 44% in the previous quarter, of the people accessing HCT services as shown in graph 4 below. The increment in male uptake of HCT services was a result of a number of interventions targeting male involvement in HCT such as moonlight (evening) HCT services and targeting couples during community mobilization.

Graph 4: Number of people counseled, tested and given results; July to December 2010



Issue/challenge

- Shortage of HIV test kits was reported by sub-grantees throughout the country. CSOs normally obtain HIV test kits from the districts, but they reported that in most cases when they go to obtain these supplies, the kits are out of stock. There is high demand for HCT

services from target populations as a result of CSO community mobilization interventions in relation to HIV test kit supplies available. CSF has advised CSOs to link with districts and give them their test kit projections in advance to enable districts to procure adequate supplies in a timely manner. CSF is also advocating through the national logistics system for increased supplies of HIV test kits to the districts.

Priorities for next quarter

- Support access to HCT of 45,000 individuals, including children and couples
- Lobby the MoH for increased HIV test kit supplies to cater for CSO needs
- Mobilize communities for HCT services
- Refer HIV positive individuals to care and treatment facilities

Strategic Intervention 3.1.3 integrate SRH services into HIV/AIDS prevention services

SRH services were delivered as an integral part of HIV prevention interventions; these services included IEC/BCC materials and SRH services that included; antenatal care, condom use, STDs, safe male circumcision, Post Exposure Prophylaxis (PEP) and contraceptive use.

Planned activities

- Integrate SRH services into HIV/AIDS prevention services
- Screen for Sexually Transmitted Infections (STIs)
- Provide family planning services

Key achievements

The key providers of SRH services in this quarter were: STF, Uganda Reproductive Health Bureau (URHB), International Medical Fund, The AIDS Support Organization (TASO) and the AIDS Information Centre (AIC). The services provided under SRH include antenatal care, condom use, STDs, safe male circumcision, Post Exposure Prophylaxis (PEP) and contraceptive use. STF primarily provides education focusing on Adolescent Sexual Reproductive Health (ASRH) and produced and distributed 2,690,700 IEC/BCC materials focusing on SRH. That is; through the Kitgum, Adjumani and Gulu youth centers. STF provided SRH, health education and counseling, HCT, STI management and as well as family planning.

Table 4: Number of people given various SRH services (October-December 2010)

Type of service	Beneficiaries		
	Male	Female	Total
Health education and counseling	3,518	3,158	6,676
Cervical cancer screening	-	50	50
Post abortion care	-	15	15
Postnatal care (PNC)	-	170	170
Antenatal care (ANC)	-	65	65
STI screening and management	601	782	1,383
Family planning	395	857	1,252

The number of individuals that received SRH education (6,676) was much higher than the individuals that received other services because that is the main intervention done by most of

CSF sub-grantees. Other services are clinical-based and require specialized care. There is no significant gender difference in people receiving SRH information, that is: 3,518 males and 3,158 females. There are more females (782) than males (601) receiving STI management services.

Issues/challenges

- Limited number in qualified health workers has affected provision of SRH services by smaller CSOs. To address this issue CSF has linked the small CSOs to NNGOs such that smaller CSOs concentrate on mobilization and referral to appropriate SRH service delivery centers.
- Integration of SRH into HIV prevention services is still low among sub-grantees due to limited knowledge on the subject matter. CSF will adapt and disseminate guidelines for integration of SRH into HIV prevention and provide technical support for implementation.

Priority for next quarter

Adapt and disseminate Ministry of Health (MoH) SRH guidelines among sub-grantees for integration into HIV prevention

Strategic Intervention 3.1.4: Scale up PMTCT

Community mobilization and referrals for PMTCT services were conducted; the mobilization efforts were targeting pregnant women and their spouses. The interventions aimed at raising awareness on the benefits of PMTCT services and pointing pregnant women to service centers where they can access these services.

Planned activity

Provide community PMTCT services for pregnant women

Key achievements

Eight CSF sub-grantees are carrying out community mobilization, PMTCT messaging and referral. As a result of this intervention, 1,163 pregnant women were counseled at the health centers. Of these 1,080 pregnant women were tested and given HIV test results. A total of 249 male spouses were counseled, tested and given results. The number of pregnant women counseled and tested this quarter was slightly more than half (54%) those that received the same service in the previous quarter because CSO contacts were coming to an end and hence reduced interventions.

Issues/challenges

- Male involvement in PMTCT is still low. Few couples were seeking HIV prevention services. This is widely recognized as a national challenge. CSF has designed a training manual with a module on male involvement. CSF has also planned targeted support supervision for PMTCT sub-grantees.
- The current CSF PMTCT reporting tool does not fully address the four pillars of PMTCT. CSF will revise the tool to address the four pillars in the coming quarter.

Priorities for next quarter

As a continuation of the activities implemented in the previous quarter; CSF will conduct the following activities;

- Provide community PMTCT services for pregnant women and their spouses through CSF sub-grantees
- Conduct targeted support supervision for PMTCT sub-grantees

SUCCESS STORY:

A CSF-funded CSO Intervenes to Save Lives of Fishermen in Namayingo District



ABOVE: Biso Kamy a 25-year old fisherman at Mulwanda landing site in Namayingo District, dialogues with fellow fishermen about HIV/AIDS issues BELOW: Biso demonstrates the correct use of condoms.



“After completing my ordinary level certificate, I came to Mulwanda landing site to start a living as a fisherman. As soon as I arrived, I started getting involved in different kinds of risky behavior that may have been the reason why I am HIV positive today. These included heavy drinking of alcohol, having multiple sexual partners and having unprotected sex.

“Besides my three steady girlfriends, I also had other partners. Together with my peers, I would compete for every girl/woman that would come to the landing site. As you would probably know, in comparison to the rest of the community, fishermen have a lot of disposable income. Since we are many a times idle during the day, our main source of entertainment was alcohol and sex. That is why we are often classified as one of the Most At Risk Populations (MARPs) to HIV infection in Uganda.

“If a girl comes to the landing site, boys would ‘bid’ for her. Normally the highest bidder would be the first one to have sex with her. That has been the trend around here for quite some time now.

“However, with the intervention of Integrated Development Activities and AIDS Concern (IDAAC), a CSF-funded organization, this is fast changing. IDAAC sensitized me on the benefits of not having multiple sexual partners. As a result I have now married one of my girlfriends, with whom I had got a child. I have tested with her once and her results were negative. We plan to go for another test, but use condoms to avoid infecting her.

“IDAAC also through several interventions supported me to reduce on my heavy drinking. This coupled with not having multiple sexual partners has greatly improved my health and wellbeing. I have also been trained as a peer educator. Now I actively educate my fellow fishermen on the dangers of alcohol and risky behavior as well as proper and consistent condom use.”

Strategic Objective 3.2: To increase access and utilization of HIV/AIDS care and support services in targeted communities through CSF sub-grantees

The HIV care services provided by CSF included; clinical monitoring, provision of co-trimoxazole prophylaxis, supportive counseling, TB screening, pain management, social support services and referrals for specialized care.

Strategic Intervention 3.2.1: Scale up HIV care and support services

HIV care and support services were provided to PLHIVs and these included clinical and non-clinical services.

Planned activities

As a continuation of the activities implemented in the previous quarter; CSF will conduct the following activities;

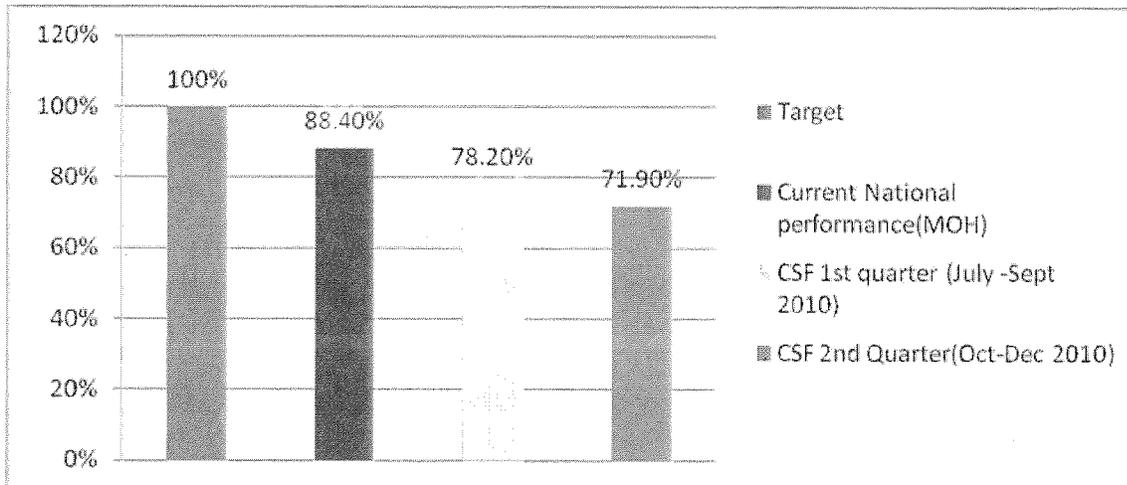
- Provide clinical monitoring and management of opportunistic infections to 15,000 PLHIVs
- Provide co-trimoxazole to 15,000 PLHIVs
- Provide TB screening to 15,000 PLHIVs and treatment for those positive for TB
- Provide physical pain management services (morphine)
- Provide social support services to 5,000 PLHIVs (IGAs, legal aid, safe water, ITNs, housing)
- Provide referrals to at least 30% of PLHIV for specialized care

Key achievements

CSF supported four sub-grantees to provide HIV care and treatment services. These included: TASO, AIC, Uganda Red Cross Society (URCS), and Hospice Africa Uganda. A total of 17,450 PLHIV were provided with at least one of the following clinical services: clinical monitoring and management of opportunistic infections, co-trimoxazole prophylaxis, screening and treatment of TB, nutritional support, assessment for ART eligibility psychosocial support, and palliative care including morphine for physical pain services. This is above the planned 15,000 target for the quarter. Of these, 11,470 (68%) were females and 1,246 (7%) were children aged less than 18 years. New strategies are required to get more children into care to achieve the desired 15% target of MoH that reflects the actual burden of Pediatric AIDS in the country.

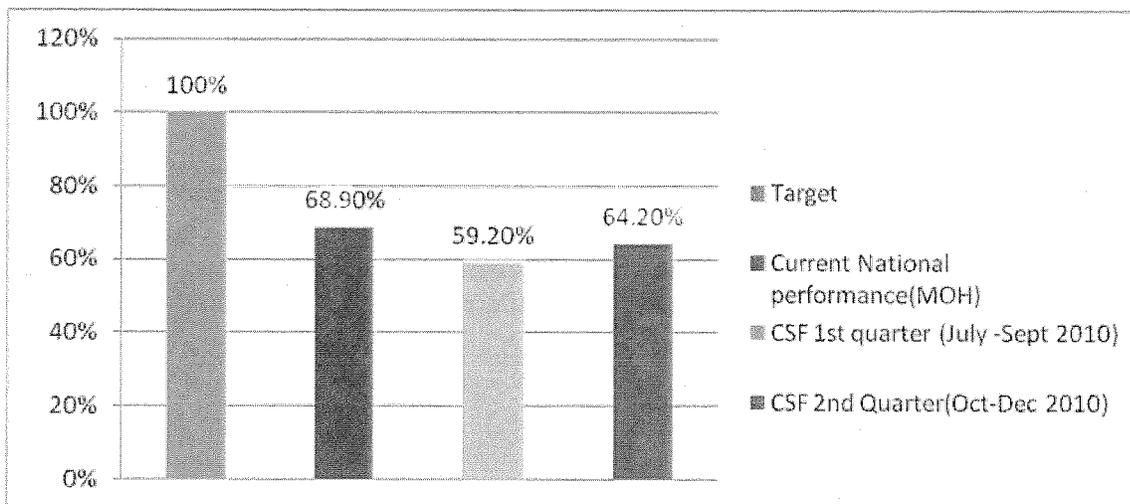
Seventy two percent (12,551) of the clients in care received co-trimoxazole prophylaxis against opportunistic infections. This is less than the recommended 100% of MoH. This is because Hospice and URCS do not provide this service and refer clients to other service providers for co-trimoxazole. The graph 5 presents the proportion of PLHIV receiving co-trimoxazole during this quarter.

Graph 5: Proportion of PLHIV receiving co-trimoxazole (July –December 2010)



It is expected that all PLHIV in care should be screened for TB. However, in this quarter, 11,203 (64%) of the PLHIV served were screened for TB out of whom 64 were found to be positive for TB). The 100% expectation is not reflected in CSF figures because some of the sub-grantees like AIC and TASO utilize other funding mechanisms for TB services and hence do not report the numbers to CSF. Follow up has shown that these sub-grantees are implementing the national HIV/TB collaboration as per MoH guidelines. Graph 6 below shows the proportion of PLHIV screened for TB against the national targets.

Graph 6: Proportion of PLHIV screened for TB (July –December 2010)



Overall, 4,248 (24%) of PLHIV served this quarter received social support services, which was 85% of our target for the quarter. The services received were: Insecticide Treated Nets-ITNs

(524), safe water vessels (613), sustainable livelihoods support (2,633), economic support (464) and legal aid services (14). The provision of the above services has contributed to the improved quality of lives of PLHIV in care. This social support contributes to achieving the full benefits of HIV care and treatment.

A total of 7,113 (40% of clients served) were referred for specialized care which was 10% higher than the target. These included referrals for: oncology, surgery and specialist care.

Issues/challenges

- There are no scheduled plans by some sub-grantees for continuous medical education to ensure staff are up-to-date with contemporary issues in HIV. Sub-grantees have been encouraged to schedule routine and mandatory continuing medical education sessions for staff and ensure most recent guidelines are distributed to staff.
- The referral system is still weak. There is poor documentation of referrals and a weak referral feedback tracking system by sub-grantees. CSF has shared with sub-grantees sample referral forms with a perforation at the bottom for tracking feedback from referrals. CSOs are also required to report on referrals on a quarterly basis.
- Access to oncology services is still a major obstacle as most clients referred to Uganda Cancer Institute in Mulago Hospital are unable to afford the costs involved. MoH has earmarked funding to support the institute. CSF will promote leveraging of resources by promoting strategic partnerships to ensure more is achieved with the limited resources available.

Priorities for next quarter

CSF will continue to implement the following activities that were implemented in previous quarters;

- Conduct support supervision to ensure that service providers are meeting national performance targets for supported programs
- Provide clinical monitoring and management of opportunistic infections to 22,500 PLHIV including children
- Provide co-trimoxazole to 15,000 PLHIV including children
- Provide TB screening to 100% of PLHIV in care and treatment for those positive for TB
- Provide physical pain management services (morphine)
- Provide social and economic services to 5000 PLHIVs (IGAs, legal aid, safe water, ITNs, housing)
- Provide referrals to at least 30% of PLHIV for specialized care

Strategic Intervention: 3.2.2 Integrate supportive counseling

Psychosocial-support was provided to PLHIV through three organizations: TASO, AIC and Hospice.

Planned activity

Continue to provide psychosocial-support to 100% of PLHIV in care and their families

Key achievements

A total of 13,943 (80%) PLHIV received supportive counseling. This is less than the 100% target but is improved performance from 61.1 % achieved in the previous quarter. The counseling

sessions focused on promoting positive living, positive prevention and adherence issues. This has contributed to clients' improved attitudes and practices towards: positive living, drug adherence, condom use and reduction in the number of sexual partners. In addition, this has led to improved care seeking behavior and has restored hope to PLHIV.

Issue/challenge

There are still a few staff trained in child/adolescent counseling. Sub-grantees will be encouraged to identify training opportunities for child counselors.

Emerging issue

There is concern about the increasing complacency among PLHIV towards positive living which is contributing to stagnating HIV prevalence rates in the country. In order to address this issue, CSF will support more CSOs to implement prevention with the positives interventions. .

Priority for next quarter

Provide psychosocial support to PLHIVs and their families

Strategic Intervention 3.2.3 Scale-up Home Base Care (HBC)

Two CSF sub-grantees; TASO and Hospice Africa Uganda provided HBC to PLHIV individuals.

Planned activity

Continue to provide home-based care to 1,250 PLHIVs and their households

Key achievements

In all, 2,811 PLHIV were provided with HBC; an achievement that is more than double the target for the quarter because one of the sub-grantees increased on the targets for community nurses, who deliver the HBC package. The package of care provided varied from organization to organization. HBC services were to enhance continuum of care for PLHIV. HBC care was provided by trained community volunteers who are supervised by health workers. As the number of bedridden PLHIV clients reduces due to good chronic HIV care, the focus of HBC is changing to focus on: adherence support, distribution of ITNs, co-trimoxazole, TB treatment supervision, HBC kit and Home-Based HIV Counseling and Testing (HBHCT) targeting family members. This HBC has contributed to enhanced adherence to treatment including TB, reduction of loss to follow up, and promotion of Greater Involvement of People with AIDS given that many of the volunteers are PLHIV themselves.

Issues/challenges

- National guidelines on home based care have not been rolled out and this is affecting standardization of the HBC package and defining appropriate capacity needs for delivery of quality HBC. The guidelines will be disseminated to CSOs once finalized.
- Some communities do not have functional Village Health Teams (VHTs), yet CSF is encouraging all sub-grantees to use VHTs for community activities. In the districts without VHTs, CSF is allowing sub-grantees to use CSF funds to train the same.

Emerging issue

Due to improvement in the delivery of HIV chronic care, there are fewer bedridden clients. This will require a paradigm shift in the way HBC is delivered to ensure it meets the new needs of PLHIV that can be provided at home.

Priorities for next quarter

- Scale up home based care to an additional 1,250 PLHIV
- Integrate of HBC into VHTs activities as per MoH policies
- Work with MoH on rolling out the HBC guidelines

Strategic Intervention: 3.2.4 Promote nutrition and food security

CSF provided supplemental and therapeutic nutrition support to PLHIVs that were in dire need for the services.

Planned activity

Provide supplemental and therapeutic nutrition support to 2,500 PLHIVs

Key achievements

A total of 2,102 PLHIV received therapeutic and supplemental nutrition. This was 84% of the quarter's target. CSF did not reach the target due to limited funds. Also, there are other players apart from CSF sub-grantees that provide nutrition to PLHIV.

Priorities for next quarter

- Provide supplemental and therapeutic nutrition support to 1,250 PLHIVs
- Support sub-grantees to form partnerships with existing programs that are addressing nutritional support to PLHIV

Strategic Objective 3.3: Access and utilization of OVC services among OVC and their households increased as outlined in the NSPPI

A household centered approach was used by CSF to provided OVC services in areas of; education support, psychosocial support, basic commodities, health care services, food security services, legal support and child protection.

Strategic Intervention 3.3.1: Support equitable program coverage of OVC services to the most vulnerable children and their households

In an effort to comprehensively meet the OVC needs, CSOs were encouraged to provide at least 4 services to the OVC and then refer the OVC to other partners for other services.

Planned activities

- Provide comprehensive services (a minimum of four CPAs, including psychosocial support) to a cumulative of 75,000 OVC and their households
- Provide education support services to 20,000 OVCs
- Provide psychosocial support to 75,000 OVC
- Provide basic commodities like bedding, clothing, food, soap to OVCs and their households
- Provide health care services to 11,000 OVCs
- Conduct monitoring of child growth and development (including immunization monitoring)

- Provide food security services to OVC households
- Provide IGA to 20,000 OVC households
- Provide legal support to OVC
- Provide child protection support to OVC
- Sensitize communities on signs and symptoms of child abuse and on reporting mechanisms

Key achievements

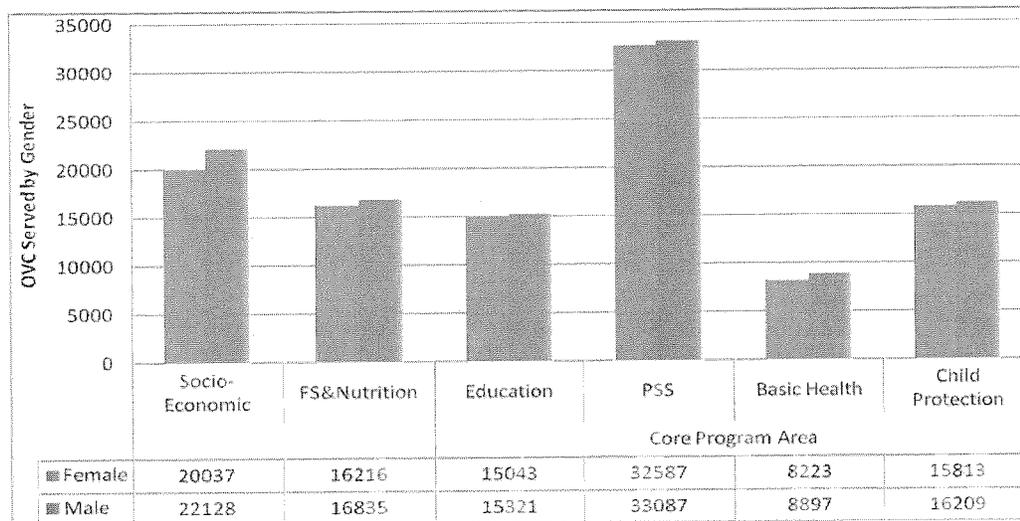
A cumulative total of 81,599 OVC (39,901 females and 41,698 male) and their households were provided with support services, thus exceeding the annual target of 75,000 OVC by 9%. This was mainly due to the fact that the all sub-grantees had funds during the quarter for implementing various interventions. Of the 81,599 OVC served, 35,634 (44%) received comprehensive services (at least 4 CPAs). This is far less than the recommended level of 100%, it was established through the recently concluded end of project assessments that although most CSOs are providing a minimum of 4 CPAs to OVC, these services are at times phased and hence won't be captured in the report accordingly. CSF will continue following up this issue to ensure that as much as possible, all OVC get comprehensive services simultaneously.

Services per CPA were provided as follows:

Eighty percent (80%) of the OVCs served in the quarter received psychosocial support through provision of counseling services during home visits and at youth centers. Picture books were used as one of the key communication tool. Socio-economic support was provided to 52% of the OVC by conducting activities that aimed at increasing the income of their respective households. Activities included training in enterprise management and apprenticeship, provision of starter-up kits as well as follow-up support visits. Forty one percent (41%) of the OVCs received food and nutrition support particularly through the distribution of tools (including pangas, hoes and axes) and seeds to OVC households as well as training of OVC household farmers in appropriate food storage technologies, and establishment of backyard kitchens and garden. Through the sensitization of caregivers on education benefits and distribution of scholastic materials and uniforms, 37% of the OVCs received education services. Only 21% of the OVCs served in the quarter received basic health care. This was achieved through making referrals to health facilities, conducting health care sensitizations to care givers and the OVC through drama, & film shows and the training of caregivers in basic health care particularly provision of first aid services at household level. Only 3% of the OVCs received care and support the through provision of household items like jerrycans, saucepans, cups and plates; provision of sanitary towels and the training in the making of sanitary materials for the girl child. One percent (1%) and 39% of OVCs served in the quarter received legal support and child protection services particularly through the facilitation of child protection committees, sensitization of the community on service availability and referral for appropriate services.

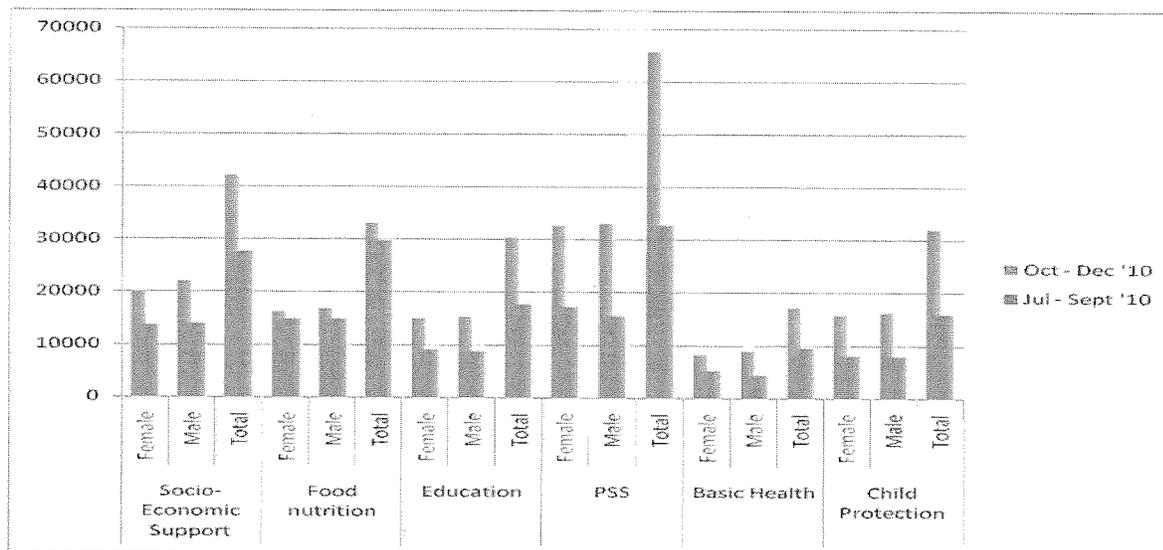
Provision of psychosocial support was highest compared to other CPAs because it was made a requirement for all sub-grantees to integrate its provision with other CPAs. Gender distribution of OVCs across key CPAs is shown in graph 7 below.

Graph 7: Gender distribution of OVCs across key CPAs; October to December 2010



A comparative analysis between the quarter ending September 2010 and the October-December 2010 quarter indicates that more OVCs were served across the CPAs, as shown in graph 8 below. The increase in OVC served may have been as a result of funding availability in the quarter under review.

- **Graph 8: Trends of gender distribution of OVCs by CPAs served; July to December 2010**



Issues/challenges

Some planned agricultural interventions were affected by unreliable climatic conditions that have delayed implementation of activities. Agricultural activities were rescheduled for the next rainy season.

Lesson learnt

CSOs planning and coordinating with the local government leaders promotes sustainability.

Planned activities

CSF will continue supporting OVC with the following interventions:

- Provide comprehensive services (a minimum of four CPAs, including psychosocial support) to a cumulative of 75,000 OVC and their households
- Provide education support services to 20,000 OVCs
- Provide psychosocial support to 75,000 OVC
- Provide basic commodities like bedding, clothing, food, soap to OVCs and their households
- Provide health care services to 11,000 OVCs
- Conduct monitoring of child growth and development (including immunization monitoring)
- Provide food security services to OVC households
- Provide IGA to 20,000 OVC households
- Provide legal support to OVC
- Provide child protection support to OVC
- Sensitize communities on signs and symptoms of child abuse and on reporting mechanisms

Strategic Objective 3.4: To strengthen systems and policies to support HIV/AIDS and OVC service delivery

This objective presents achievements on strengthen systems and policies to support HIV/AIDS and OVC service delivery.

Strategic Intervention 3.4.1 Support policy formulation, review and implementation

CSF staffs were members of the program and M&E technical review working groups that were drafting, reviewing and finalizing the NSPPI.

Planned activities

- Engage in revision of the NSP/NSPPI
- Adapt and implement an OVC advocacy and communication strategy

Key achievements

The review of the NSPPI is on-going and the work of the various sector working groups is in progress. The review exercise has received technical input from CSF staff, who are members of the sector working group on child protection systems, and M&E working group. The first draft of the NSPPI is currently being reviewed by stakeholders.

The OVC advocacy and communication strategy was not adapted by CSF in the quarter since it is yet to be finalized by the Communications focal person at the Ministry of Gender, National Implementing Unit.

Priorities for next quarter

- Engage in finalization of the NSP/NSPPI
- CSF to adapt the National advocacy and communication strategy following its finalization and approval.

Strategic Intervention 3.4.2: Strengthen coordination and linkages amongst CSF sub-grantees and other strategic partners

CSF contributed towards strengthening the coordination and linkages amongst CSOs through various interventions implemented by Pediatric AIDS sub-grantees and by requiring CSOs to work closely with the local governments in their districts of operation.

Planned activities

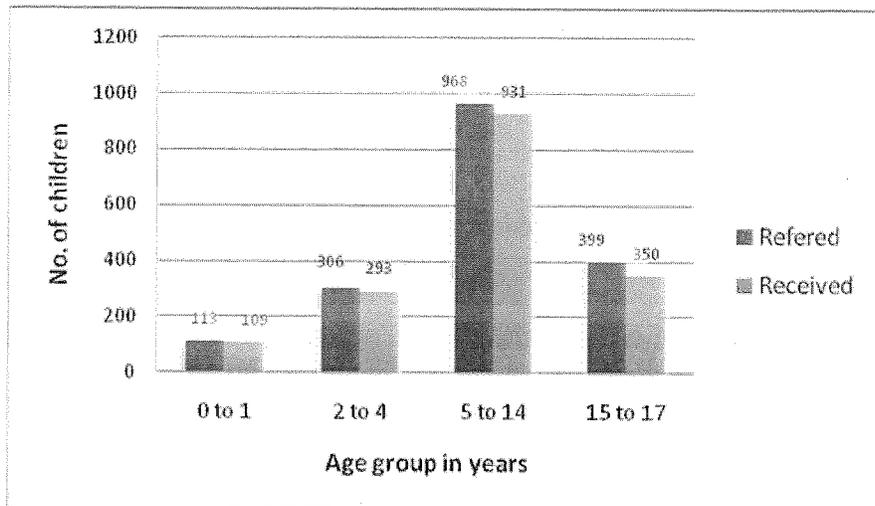
- Support the active engagement of sub-grantees in existing OVC/HIV/AIDS coordination mechanisms and structures at district level
- Establish functional referral systems and mechanisms

Key achievements

The three pediatric AIDS sub-grantees, conducted referrals of 1,785 HIV positive OVCs for complimentary HIV/OVC services. Ninety four percent (1,683) of those referred received services at the health care facilities. This was a big improvement compared to the previous quarter's performance where only 24% of the referred received any service. This increase was mainly attributed to the improvement in the service delivery as the referral mechanisms were

clearer to the service providers whose capacity to provide services had in turn strengthened through trainings and technical support supervision. Graph 9 below shows Number of HIV Positive Children served with different CPAs as of December 2010.

Graph 9: Comparison between referrals and access to OVC services by HIV positive children; October to December 2010



There is increased acceptance of HIV positive OVC and reduced segregation at community level. In addition, there is increased appreciation of the need for comprehensive attention to HIV positive children and their households.

CSF further requires all CSOs to work closely with the local governments in their districts of operation by sharing with them their work-plans, quarterly reports and involving local governments in quarterly review meetings. This is monitored by CSF through joint support supervision visits and has fostered coordination, linkages and community ownership of various programme interventions

Lesson learnt

The established and the existing community structures such as child protection committees, village health team, community volunteers counselors and network support agents facilitate OVC CSOs in OVC mapping, follow up and referral. These are sustainable structures that support OVC when funded projects end.

Priorities for next quarter

- Support the active engagement of sub-grantees in existing OVC/HIV/AIDS coordination mechanisms and structures at district level
- Establish functional referral systems and mechanisms

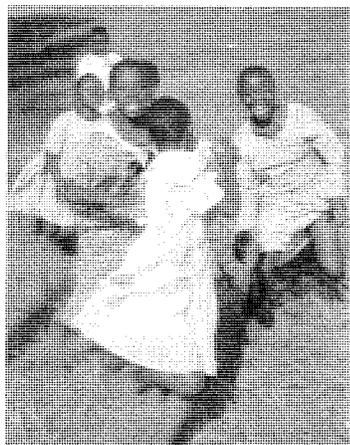
Conclusion

The October to December 2010 quarter was a period characterized by several performance assessments for the majority (75%) of the CSOs whose contracts were coming to an end. This

meant aggregating CSF achievements over the past two years. It was established that the majority (90%) of CSF-funded CSOs met or exceeded their targets. CSF continued expanding access to services, providing CSOs with quality capacity strengthening interventions, performing data quality assurance and contributing towards strengthening national programming and M&E systems. The achievements of the quarter contribute significantly to CSF's overall results framework that aims at; strengthening CSF management, strengthening institutional and technical capacity of CSF sub-grantees and increasing service delivery in the NSP/NSPPI program priority areas.

The coming quarter will focus on contracting CSOs that will be granted cost-extensions, mapping the way forward on the local agent, continued strengthening CSO capacity through piloting and rolling out of the decentralized capacity building models and blended learning modules, providing support supervision and disseminating guidelines for community volunteers, child protection and legal support. CSF will continue providing the following services to communities: social and behavior change interventions, IEC/BCC products, condoms, HCT, HIV care services, SRH services, community mobilization for PMTCT and OVC services. Monitoring and evaluating CSO projects will be performed through field monitoring visits, financial monitoring, value for money audits (VFMs), spot checks and end of project assessments. Data quality will be strengthened further through disseminating the data quality assurance plan and sample data flow charts to CSOs; conducting data validation and data quality assessments. Communication and information sharing with CSOs will be done through: uploading service statistics on CSF website, producing and disseminating CSF success stories and through the CSF electronic newsletter.

SUCCESS STORY: *CSF Partnerships Bring Hope to an HIV Positive Girl*



Mary Namala is now able to play with peers like the group of girls above.

One of the Civil Society Fund (CSF) strategies has been to proactively create strategic partnerships, linkages and referrals between different organizations with proven capacity. This strategy serves to provide comprehensive and effective HIV/AIDS and orphans and vulnerable children (OVC) services to the populations they support.

Mary Namala (not real name), a 10-year old orphan girl has benefited from this strategy by being able to access the needed medical care and other basic needs. Namala studies at Kagangu Church of God Primary School in Sembabule District. She was identified by the head teacher, who was trained in child counseling under the Mildmay Uganda CSF's project. Mildmay Uganda partners with 168 smaller organizations to provide comprehensive services to OVC. Mary's head teacher said he had observed that Mary "had skin rashes came to school with a high fever and was often absent. She looked unhappy, and was always a lonely child while at school."

Using his acquired child counseling skills, the head teacher contacted Mawogola Community Development Initiative (MACOEDIN) one of the sub-grantees under Mildmay CSF funded project. MACOEDIN provided pre- test counseling to Mary and her grandmother who was the primary care giver. She was referred to Sembabule Health Center where she was tested for HIV and enrolled for HIV care and treatment once the results were confirmed. Mary's grandmother also got counseling and information on the proper support Mary needed to ensure she adhered to the antiretroviral therapy.

The continued basic and psychosocial support that Mary and her family got through MACODEIN and the health center has greatly improved her health and general wellbeing. The head teacher mentioned that her skin rash had gone; she attended school regularly and associated more freely with peers. Furthermore her absenteeism from school had reduced and as a result her academic performance was steadily improving. The head teacher enthusiastically mentioned that he saw, "Great things happening for her in the future."

APPENDIX 1: Summary of CSF Achievements October-December 2010

Description of activity	Key indicators/Milestones with completion dates	Quarter's targets	Status as of Dec 2010	Remarks
Strategic Intervention 1.1.1: Establish, strengthen, and operationalize CSF systems and structures.				
1.1.1.2 Identify and contract a Local Agent to take over MEA/TMA scope of work	Subcontract for local agent signed by end of November 2010.	1 local agent	No local agent	To be finalized in Q3 depending on the donor decision
1.1.1.4 Maintain information help line platform (telephone and email) for sub grantees and general public to address queries	Query log shared and feedback provided within 7 days of receipt of query	30 query logs	12	On going. Answered all queries received.
1.1.1.3 Develop an agenda and participate in Steering Committee quarterly meetings	Meeting agenda developed for the quarterly steering committee meeting	1 meeting	Agenda for 2 SC meetings developed	Input into RFA 10-0001 and Project close out assessment given and USAID to fund CSF external evaluation
Strategic Intervention 1.1.2: Strengthen communication systems and mechanisms for coordination, collaboration and linkages between the CSF and stakeholders at all levels.				
1.1.2.1 Share CSF sub-grantee profiles with all stakeholders	Profiles shared by 31st December 2010	134 profiles	83	Eighty-three profiles received and edited. Will be distributed next quarter.
1.1.2.3 Redesign CSF website	Redesigned website completed by 31 August 2010	1 redesigned web site	Website redesigned but not uploaded	Technical protocols for uploading to be finalized in Q3
1.1.2.4 Develop and print project communications products	Communications products developed (i.e., brochures, posters, fact sheets, pull up banners, photo gallery, CSF logos, stickers distributed by 31 Dec 2010 and e-newsletter) on a quarterly basis.	500 brochures; 500 posters, 500 fact sheets, 5 pull up banners. 25 photos collected in photo gallery 1 newsletter 1 newspaper supplement	200 stickers, 20 pictures collected, Drafted pull up banner. Communication strategy reviewed	200 stickers were sufficient at the time but printing of targeted 500 stickers will be done as more CSOs are contracted. Communication Strategy to be produced and disseminated in Q3
Strategic Intervention 1.1.4: Conduct periodic assessment of CSF's relevance, efficiency, effectiveness and sustainability.				

1.1.4.1 Engage in mid-term evaluation activities	CSF mid-term evaluation SOW drafted, placed on SC agenda and discussed by the end of December 2010	SC to provide funding for mid-term evaluation	Draft SOW developed	USAID to fund CSF mid-term evaluation
Strategic Intervention 1.2.1: Operationalize an effective financial control system				
1.2.1.1 Financial monitoring/VFMs/spot checks to identify weaknesses in compliance and focus Capacity Building	CSOs with weaknesses identified	10% of sub-grantees	5%	Only 7 CSOs have been identified with weaknesses and appropriate capacity building is being provided
1.2.2.8 Develop, publicize and issue OVC2 application guidelines for cost extension	OVC2 extension application guidelines developed and publicized by end of September 2010	1	Close out assessment for 97 CSO conducted to form basis for the guidelines	Cost extension of OVC1, OVC2 and HIV2 is pending approval from SC in January (Q3)
Strategic Intervention 1.2.2: Implement a transparent funding proposal solicitation process				
1.2.2.1 Solicit and contract NNGOs through a competitive solicitation process	NNGO RFA released by the end of September 2010. NNGOs pre-bidders conference conducted by end of October 2010. Technical and financial proposal review report per applicant by end of November 2010. PAAs carried out for NNGOs by November 2010. Pre and Post-award workshop for NNGOs conducted by end of December 2010. Grant award ceremony covered by print, radio and TV media by December 2011. NNGO contracts signed by end of December 2010. 1.2.2.2 Extend contracts for RFA 09-002 (OVC2) Senior Grants Manager TMA OVC 2 application guidelines released by end of September 2010. Technical and financial reviews for 17 OVC CSOs finished by 30th November 2010.	RFAs released (number of RFAs TBD)	42 proposals were received, 30 proposals passed administrative compliance review, 16 proposals were recommended for final. 9 proposals were selected for funding.	Post-award meetings with selected organizations are scheduled for Q3
Strategic Intervention 1.2.4: Strengthen and implement timely funding processes				
1.2.4.1 Receive and review of accountabilities and disbursements of quarterly	Send reminder to CSOs to submit accountabilities and requests for quarterly funding. Reminders will	4 times a year, per CSO	2 communications sent for	Accountabilities for the Q1 period were

funding	be sent 15 days before the end of the quarter. CSO funding. Reminders will be sent 15 days before the end of the quarter. CSO accountabilities reviewed and disbursements made by the end of the month following the quarter.		the past two quarters; accountabilities reviewed	reviewed and advances made for Q2
Strategic Intervention 1.3.1: Establish and strengthen an M&E system at CSF and CSOs level				
1.3.1.1 Finalize database modules for PMTCT, HCT and palliative care	The 3 database modules ready for data input by end August 2010	3 database modules	2	Palliative care module still being developed
1.3.1.2 Design systems for CSOs to make corrections and analyze their data	A system developed for each database module to enable each CSO to make corrections to the data input. A system developed for CSOs to analyze their respective data by end of September 2010.	A data edit system & data analysis system for each of the 8 database modules developed.	Completed	8 modules being reviewed
Strategic Intervention 1.3.2: Analyze CSF program data and generate reports				
1.3.2.1 Design and generate automated standardized reports	Design queries for the pre-defined standard reports by the end of November. Design the predefined standard reports by the end of December. Quarterly reports generated.	Pre-defined standard reports for each of the 8 database modules developed. Quarterly reports from each of the 8 database modules developed	Designed 8 standard reports	Data is still being cleaned and will be finalized early Q3
1.3.2.2 Disseminate automated standardized reports – CSF Steering Committee, donors and Other stakeholders	CSF statistical abstract disseminated.	4 reports	Work in progress	Milestone to be accomplished in Q3 due to ongoing data cleaning
Strategic Intervention 1.3.3: Conduct impact assessment at both CSF and sub-grantees levels				
1.3.3.1 Conduct program assessments for expiring contracts	Program performance assessment reports completed by December 2010.	81 reports	97	97 contracts assessed.
Strategic Intervention 1.4.1: Conduct regular program reviews to identify and address gaps weaknesses and share lessons learnt				
1.4.1.1 Conduct quarterly/annual review and work planning meetings	Quarterly/annual review and work planning meeting reports, last week of the quarter	4	2 program review meetings, 1	2 Program review meetings focused on HIV

(including PMP review)			work plan review meeting	prevention and OVC. One meeting was conducted to review the approved work plan.
1.4.1.2 Conduct GIS mapping, analyze and make strategic recommendations	GIS maps produced by end of December 2010. Strategic recommendations made using GIS info.	Maps produced (number TBD)	Preliminary maps were produced.	Thematic maps reflecting performance will commence in the coming quarter
Strategic Intervention 1.4.2: Continue information sharing with the wider public for purposes of learning replication and scaling up				
1.4.2.1 Share CSF information at National, District and International fora	Three forums attended by June 2011	3	Not done	Planned for Q3 and Q4
Strategic Intervention 2.2.1: Identify institutional and technical capacity gaps in HIV/AIDS and OVC programming and build plans				
2.2.1.1 Hold a consultative workshop to develop capacity building interventions and models	Capacity building models developed by September 2010	Models developed	3 models developed	PACT, LA, and RTA models developed
Strategic Intervention 2.2.2: Support capacity building of CSOs in identified needs in HIV/AIDS and OVC services delivery and organizational development				
2.2.2.1 Decentralizing capacity building for the CSF sub-grantees	The capacity building models will be designed by September 2010. Teams will be contracted by January 2011 and the models will be rolled out throughout the rest of the year.	Models developed by September 2010 and implemented starting in January 2011.	3 Models developed and work in progress to roll them out.	Implementation in planning phase
2.2.2.2 Roll-out e-learning modules	Two e-learning modules developed and rolled out in phases to CSOs beginning in the month of November 2010. Models developed by September 2010 and implemented starting in January 2011.	2 modules	2 modules developed – the performance management and change management modules	To be rolled out in Q3

2.2.2.3 Orient CSOs on child protection and legal support, and disseminate child protection and legal support manual	All CSF supported CSOs' staff oriented by March 2011.	44 OVC CSOs	Not conducted	To be conducted in Q3 through the capacity building strategy by subcontracting
2.2.2.4 Provide targeted communications development skills for CSOs (link with 2.4.2.1)	A sample of CSOs assessed on communications capacity by June 2011. CSOs oriented in communications for development strategies by June 2011	45 CSOs assessed. Sessions at 4 regional workshops	Carried out second communications Needs Assessment in 11 western Uganda sub grantees	Orientation scheduled for Q3 and Q4
Strategic Intervention 2.2.3: To strengthen organizational systems, structures, and processes				
2.2.3.1 Conduct JSS- Joint Support Supervision (2 regions in August, 2 regions in March)	Teams constituted, logistics in place, and CSOs visited	100% of all CSF funded CSOs and in all 4 regions	JSS is a bi-annual activity.	Targeted JSS to selected CSOs planned for Q3
Strategic Intervention 2.2.4: Identify gaps and develop strategies to address capacity gaps for quality assurance among CSF sub-grantees				
2.2.4.1: Write compliance school articles	All CSO reports reviewed and Feedback provided to CSOs within the month of their submission. At least one compliance school article written and disseminated each quarter	100% of received CSO reports reviewed a compliance school article written	All financial Reports received were reviewed (100%) One compliance school article written	In the 2, one Compliance school article was written and a total of four have been written since the beginning of the year
Strategic Intervention 2.2.5: Adapt /develop and disseminate relevant QA guidelines				
2.2.5.1 Identify, adapt and disseminate guidelines for CSOs	Guidelines adapted and disseminates by June 2011.	At least 4 guidelines	8 guidelines have been identified.	Adapting and dissemination planned for Q4
Strategic Intervention 2.2.6: Provide technical assistance for HIV/AIDS and OVC quality standards				
2.2.6.1 Mentor and Coach sub-grantees through on-going technical support	Technical assistance provided to CSOs regularly by email, teleconference, and office visits	All CSF funded CSOs	Work in progress.	Tool to track this has been developed
Strategic Intervention 2.3.1: Develop and implement an M&E Capacity Building Plan				
2.3.1.1 Train sub-grantees in web based data entry	Training in web based data entry conducted by December 2010	75 CSOs	60 CSOs	CSOs were trained in web based data entry
2.3.1.2 Train sub-grantees on data collection tools (DCTs) and reporting tools	All CSOs with existing contracts who are implementing HCT, PMTCT and palliative care	75 CSOs	60 CSOs	CSOs were trained in data collection tools.

	trained in how to use the HCT, PMTCT and palliative care data collection tools and web based data entry by September 2010. Report from each training submitted by October 2010.			
Strategic Intervention 2.3.2: Promote data quality assurance measures				
2.3.2.1 Conduct data quality assessment	The data audit/assessment tool reviewed, updated and tested. Two data assessment exercises conducted and completed in the second and fourth quarters.	56 CSOs	Not done	Planned for Q3
Strategic Intervention 2.4.1 Develop and disseminate resource materials to CSF sub-grantees and other relevant stakeholders				
2.4.1.1 Reproduce relevant resource materials and disseminate	A resource materials inventory updated twice a year (first and third quarter). Reproduce and disseminate relevant resource materials by June 2011.	2 times a year update inventory TBD	There were no materials reproduced.	Work in progress
Strategic Intervention 3.1.1: Scale up HIV prevention service delivery and uptake in targeted communities				
3.1.1.1 Conduct social and behavior change interventions to 853,433 people	853,433 people reached through BCC interventions	213,358 people	215,195	This was higher than last quarter (170,384) by a 26% increment.
3.1.1.2 Produce and disseminate 50,000 IEC/BCC products on at least three thematic areas	50,000 IEC/BCC Materials produced	50,000 IEC/BCC Materials produced	2,760,068	Depending on current trends for IEC/BCC materials disseminated, work is in progress to revise the set targets. The over and above target achievement is attributable to the increased Straight Talk Foundation newspaper pull-outs dissemination to Youths and in school children.
3.1.1.3 Distribute 10,000,000 condoms through 20,000 condom outlets	10,000,000 condoms distributed by CSF sub-grantees by the end of June 2011	2,500,000 Condoms	3,677,036	Compared to the previous quarter more condoms were distributed (121%). This is

				attributed to the linking of CSF sub grantees to MOH for condom supplies.
	20,000 CSF-supported condom outlets by the end of June 2011	20,000 Condom Outlets	2,216	These were the active condom outlets in the quarter
Strategic Intervention 3.1.2: Scale up HCT services				
3.1.2.1 Mobilize communities for HCT	180,000 individuals mobilized for HCT services	45,000 people	57,144	There was a remarkable increment from 45,527 for the previous quarter, owing to the availability of HCT kits from MOH and DHOs.
3.1.2.2 Support HCT service outlets	200 HCT service outlets supported	200	216	AIC was the biggest contributor of HCT statistics (64%)
3.1.2.3 Provide HIV counseling , testing and results to 180,000 people	180,000 people utilizing CSF-supported HCT services by the end of June 2011	45,000 people	56,139	There was an increment from previous quarter achievement (43,775), owing to the availability of HCT kits from MOH and DHOs thus less stock outs compared to last night.
Strategic Intervention 3.1.3: Integrate SRH services into HIV/AIDS prevention services				
3.1.3.1 Integrate SRH services into HIV/AIDS prevention services	Needs assessment conducted to identify operational barriers for integration of SRH into HIV programs by September 2010	1 Needs Assessment	Not done	Needs assessment to be done in quarter 3
3.1.3.2 Screen for STIs	50% of HCT beneficiaries screened for STIs	50% of people receiving HCT	2.5%	This was low performance given that STI screening has not been consistently tracked by sub-grantees. Work

				is in progress for the integration and tracking of the same.
3.1.3.3 Provide family planning services that will include counseling products	10% of HCT beneficiaries provided with family planning services	10% of people receiving HCT	2.23%	Until this quarter, there had been low and inconsistent tracking of FP data though services would be offered.
Strategic Intervention 3.1.4: Scale up PMTCT				
3.1.4.1 Provide comprehensive PMTCT services for pregnant women and their Spouses	<p>HIV counseling and testing and services received by at least 2000 pregnant</p> <p>HIV counseling and testing and services received by at least 2000 pregnant women by June 2011;</p> <p>All tested pregnant women who need further care are referred for appropriate services;</p> <p>At least 1,569 pregnant mothers receive ART associated for PMTCT;</p> <p>All children born to positive mothers access ARVs;</p> <p>All infants born to HIV positive mothers followed and provided with EID services.</p>	2,000	1163	<p>These mothers were counseled, tested and given results. The positives were referred for appropriate services. There were more pregnant women tested in the previous quarter (1991).</p> <p>Upstream activities which sub-grantees don't implement. They are involved in community mobilization.</p>
Strategic Intervention 3.2.1: Scale up palliative care				
3.2.1.1 Provide clinical monitoring and management of opportunistic infections to PLHIVs	30,000 people receiving clinical monitoring and management of opportunistic infections	15,000	17450	Overall we are on target but a slight drop was observed from the previous quarter (18,468)
3.2.1.2 Provide Co-trimoxazole to PLHIVs	30,000 (100%) of those PLHIVs enrolled into care receive co-trimoxazole. 100% of those on co-trimoxazole prophylaxis assessed for any allergies.	15,000	12551	14,445 PLHIV received co-trimoxazole the previous qrt. Not all PLHIVs received co-trimoxazole

				Some were referred to other service providers that don't report to CSF.
3.2.1.3 Provide TB screening to PLHIVs and treatment for those positive for TB	30,000 PLHIVs screened for TB and receive their results 100% of PLHIV positive for TB are treated for TB.	15,000	11203	A slight increment from 10,936 PLHIV in care was screened for TB last qtr. Some were referred to other service providers that don't report to CSF.
3.2.1.4 Provide physical pain management services (morphine) - Linked with the activities outlined in	Linked with the activities outlined in 3.2.1.1	Linked with the activities outlined in 3.2.1.1	1245	Linked with the activities outlined in 3.2.1.1
3.2.1.5 Provide social and economic services to PLHIV (IGAs, legal aid, safe water, ITNs, housing)	12,000 PLHIVs receive socio-economic support	5000	4248	The number increased significantly from 3927 during the previous quarter
3.2.1.6 Provide referrals to at least 30% of PLHIV for specialized care	Palliative care providers with a directory of specialized service providers. 10,000 (30%) of PLHIVs under care referred for specialist services. All referred clients with documented feedback.	30%	(24%) 7113 PLHIVs	The referral system has had challenges especially to do with follow-ups, appropriate documentation and access to specialized care services.
Strategic Intervention 3.2.2: Integrate supportive counseling				
3.2.2.1 Provide psychosocial support to 30,000 PLHIV (100%) and their families	All palliative care service providers integrate psycho-social support in their activities. 30,000 (100%) of PLHIVs receiving palliative care receive psychosocial support. At least 75 percent of CSF-supported HIV CSOs providing counseling services	30,000	13943	There was a slight increment from 11,277 PLHIV served with psychosocial support over the last quarter reporting. This is attributable to the integration of PSS in the care package for

				the PLHIV by CSF supported CSOs
Strategic Intervention 3.2.3: Scale-up HBC				
3.2.3.1 Provide home based care to PLHIVs and their households	All palliative care implementing partners incorporating an HBC component in their programs 5,000 PLHIVs receive HBC	5,000	2,811 individuals.	It was only TASO and Hospice Uganda who reported statistics for HBC
Strategic Intervention 3.2.4: Promote nutrition and food security				
3.2.4.1 Provide supplemental or therapeutic nutritional support to 5,000 PLHIV	5,000 PLHIVs receive supplemental and therapeutic nutritional support during this year 5,000 PLHIVs supported with food security interventions	5,000	2102 0	The figures are still below the target because the demand for this service exceeds available resources
Strategic Intervention 3.3.1: Support equitable program coverage of OVC services to the most vulnerable children and their households				
3.3.1.1 Provide comprehensive services (a minimum of 4 CPAs, including psychosocial support) to a cumulative of 75,000 OVCs and their households	At least 75,000 OVC and their households receive at a minimum of 4 CPAs by June 2011	75,000	35634	There was an increase in the number of OVCs receiving a minimum of 4 CPAs (24,034) for the previous quarter. Mainly due to the fact that all sub-grantees were implementing to full capacity after receiving funds that had delayed in Q1
Strategic Intervention 3.3.2: Support OVC to enroll and remain at school				
3.3.2.1 Provide education support services to 20,000 OVCs	At least 20,000 OVC enrolled and retained in school by June 2011.	20,000	30364	Performance along this CPA has improved from 17,811 OVCs in the previous quarter to 30364 due to reasons in 3.3.1.1
Strategic Intervention 3.3.3: Scale up psychosocial support to OVCs				
3.3.3.1 Provide psychosocial support to 75,000 OVC	75,000 OVCs and their HHs receive psychosocial support	75,000	65674	The number of children receiving Psycho-social support

				increased from 32,846 OVC s in the last quarter. This is as a result of the mandatory requirement by CSF to all OVC CSF sub grantees to provide PSS to all OVC
Strategic Intervention 3.3.4: Strengthen care and support to OVC				
3.3.4.1 Provide basic commodities like bedding, clothing, food, soap to OVCs and HHs/care Institution	At least 11,000 OVC and their households provided with basic commodities	11,000	2464	1310 OVCs received basic commodities in the previous quarter. Refer to 3.3.1.1
3.3.4.2 Provide health care services to 11,000 OVCs	11,000 OVC access free or subsidized medical services by June 2011	11,000	17120	9507 OVC were served with basic health care services. Refer to 3.3.1.1
Strategic Intervention 3.3.5: Scale up monitoring child growth and development				
3.3.5.1 Conduct monitoring of child growth and development (including immunization monitoring)	5,000 OVCs (under 5 years) monitored for child growth and development (including immunization monitoring)	5,000	Not done	No tool for capturing this data
Strategic Intervention 3.3.6: Strengthen OVC household capacity for food security				
3.3.6.1 Provide food security services to OVC households	9,000 OVCs and their HHs receive food security services	9,000	33,051	29859 OVC were served with food security interventions during the previous quarter, this is in line with reasons give in 3.3.1.1
Strategic Intervention 3.3.7: Strengthen the earning capacity of OVC households				
3.3.7.1 Provide IGA to 20,000 OVC households	20,000 OVC HHs implement IGAs	20,000	42,165 OVC	27,711 OVC reached in their HH during the previous quarter. Refer to 3.3.1.1
Strategic Intervention 3.3.8: Strengthen legal, policy, and institutional frameworks for OVC protection				
3.3.8.1 Provide legal support to OVC	2,000 OVC receive legal support	2,000	815	There has been a remarkable increase in the provision of

				legal support to OVC from 35 OVC in the last quarter to 815.
Strategic Intervention 3.3.9: Strengthen child protection mechanisms at all levels				
3.3.9.1 Sensitize communities on signs and symptoms of child abuse and on reporting mechanisms	All targeted communities served by the CSF-supported CSOs	All targeted communities served by CSF CSOs	Not done	No tool for capturing this data
Strategic Intervention 3.4.1: Support policy formulation, review, and implementation				
3.4.1.1 Engage in revision of the NSP/NSPPI	No of review meetings participated in , No of policies reviewed	TBD	Participated in one review meeting.	Draft NSPPI developed and circulated. Meeting to finalize is scheduled for Q3.
3.4.1.2 Develop and implement advocacy strategy	CSF communications strategy reviewed by December 2010 Emerging issues that need to be advocated for identified by June 2011.	1	Communication strategy was reviewed and work is in progress.	To be produced and disseminated in Q3
Strategic Intervention 3.4.2: Strengthen coordination and linkages amongst CSF sub-grantees and other strategic partners				
3.4.2.1 Support the active engagement of sub-grantees in existing OVC/HIV/AIDS coordination mechanisms and structures at district level.	Sub-grantees mentored to effectively engage in identified HIV/AIDS and OVC coordination structures and mechanisms at district level.	All CSF supported CSOs (112)	All the (44) OVC IPs are coordinated by the DOVCCs (80) and TSO (7). HIV sub grantees (82) have been coordinated through the DACs although not fully in some [especially new] districts Three Paed-AIDS partners were funded to improve coordination and linkages for OVC	There is still need to strengthen the linkages, coordination and referrals among the OVC/HIV/AIDS implementing partners.
3.4.2.2: Establish functional referral systems and	300,000 people referred. 100% of CSOs establishing referral	75,000	14,133 HIV positive and	There are still cases of under-

mechanisms	systems by June 2011		other OVC referred and 10,986 served at the referral points	reporting on the part of the sub-grantees for the referrals made.
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APPENDIX 2: Summary of achievements in October-December 2010

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
Result 1: CSF management strengthened													
5	Existence of a functional local agent to take over the role of TMA and MEA	One of the main deliverables of MEA is to recruit and build the capacity of a Ugandan organization to take on the TMA and MEA functions. The local agent will be functional when it has been equipped with necessary technical and infrastructure resources to enable perform its role. Unit of measure: %	n/a	CSF program reports	MEA	2008	n/a	n/a	n/a	n/a	-	0	-
Sub Result 1.1: CSF governance systems and structures strengthened to deliver service delivery targets													
7	Number of Steering Committee (SC) meetings held to review CSF performance and make decisions	The Steering Committee (SC) of the CSF is a twelve member committee (donors, CSO representatives that oversee the performance of the Civil Society Fund. The committee meets regularly (quarterly) to plan, review and make program decisions. Unit of measure: #	n/a	SC minutes	TMA	2009	12	12	12	4	1	2	3
8	Number of joint outputs/ activities successfully accomplished	The indicator tracks joint outputs/activities that the three management agents produce or work on jointly including: quarterly/annual reports, work plans, capacity building plans, strategic plan, support supervision, proposal reviews, and pre award/post award workshops Unit of measure: #	n/a	CSF program reports, databases.	MEA	2009	9	6	9	10	-	4	4
Sub Result 1.3: Grants management systems strengthened													
14	Number of days taken to process grantee quarterly disbursements	Processing here refers to receipt and review of CSO accountabilities, addressing of any issues arising, approval of accountabilities, and preparation of funds transfer wires. Quarterly disbursements refer to the funds due to each	n/a	FMA records	FMA	2008	0	20	45 (Receipt of OVC funds was	20	20	16	-

¹ Baseline years vary from 2004 to 2010 depending on source of information, time of contracting of the responsible agent, and when the indicator was agreed upon

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
		organization quarter by quarter. Unit of measure: #							delayed for over 3 months)				
Sub Result 1.4: M&E system for measuring CSF contribution to the NSP established and strengthened													
15	Existence of a functional CSF M&E system	Functional M&E system here refers to existence and utilization of qualified staff, standardized data collection and reporting tools; and a database. It also consists of data analysis procedures and timelines, data flow plan as well as a DQA plan Unit of measure: n/a	n/a	CSF quarterly reports	MEA	2008	0	Tools designed tested & rolled out	Tools rolled out Data base designed	Data analysis & DQA planned			1
16	Existence of a functional CSF database for storage, analysis and production of report	A functional CSF database refers to a computerized statistical database that will enable timely input and storage of project data from the grantees. It will also enable analysis of data and generation of reports on a quarterly, semi-annual, and annual basis.	n/a	MEA	MEA	2008	0	DB designed Pre-tested	Pre-tested	Rolled out	n/a		1
17	% of CSOs with qualified M&E staff	Qualified M & E staff refers to staff that have attained degrees, diplomas, or certificates in M & E related education. This also includes staff who have attended M & E related trainings either in workshops or other fora.	n/a	JSS reports	MEA	2009	25%	75%	70%	100%			56%
18	% of CSOs utilizing CSF standardized data collection and reporting tools	This indicator measures the proportion of CSOs that have adopted and using the CSF standardized CSF data collection tools that include the OVC register, OVC service tracking tool, OVC service providers training register, HIV prevention people reached register, people trained register, and any other tools that may be developed overtime. Numerator: Identified number of CSOs using these tools at any given time. Denominator: Total number of CSOs funded by CSF at that given time.	n/a	JSS reports	MEA	2009	0	100%	100%	100%			79%

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
19	% of CSOs submitting quality data	Quality of data is determined during the DQA assessments and Joint Support supervision (JSS) visits by CSF to the CSOs. Numerator: Identified number of CSOs that submitted quality data to CSF. The data set considered could be quarterly, semi-annual, or annual data. Denominator: Total number of CSOs at which CSF has conducted DQA assessments or JSS during the exercise.	N/a	DQA, JSS reports	MEA	2009	33%	50%	55%	75%	-	42%	-
Sub-Result 1.5: Utilization of CSF generated data in order to improve HIV and OVC programming at levels strengthened													
21	Percentage of sub grantees making program implementation decisions based on analyzed data	The indicator measures the number of grantees that make informed management decisions based on analyzed programmatic data. Achievement of this indicator implies that the data is analyzed and used to make decisions. Numerator: CSF CSO who made program decisions based on analyzed data, denominator: all CSF CSOs. Unit of measure: %	Type of CSO (NNGO, Region based NGO /CBO)	CSO program reports	MEA	2009	24.30%	50%	64%	70%	-	56%	-
Sub Result 2.1: Financial technical capacity of sub grantees improved													
25	Percentage of CSOs using CSF financial reporting tools correctly	This indicator measures proportion of sub grantees that adopt and correctly use the harmonized financial reporting format designed by FMA. Numerator: CSO using CSF financial reporting tools correctly; denominator: all CSF CSOs. Unit of measure: %	Program area (HIV prevention BCC, HCT, PMTCT, HIV Care, OVC)	FMA records	FMA	2008	0%	100%	92%	100%	95%	100%	-
26	Percentage of CSOs achieving an average monthly burn rate of 70% computed and reported quarterly	The funds burn rate refers to the level of utilization of the released funds by a given sub grantee on planned activities in a given period. Numerator: Funds used in a given quarter (computed into monthly averages); denominator: total funds received from FMA for that quarter computed into monthly averages and reported quarterly. Unit of measure: monthly % reported quarterly.	N/a	FMA records	FMA	2008	80%	100%	90%	100%	80%	100%	-
27	Percentage of	CSOs fully complying with the financial	Program	FMA	FMA	2008	50%	80%	65%	90%	90%	90%	-

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
	CSOs complying with financial regulations.	regulations as stipulated in the CSF financial and account manual Numerator: number of compliant CSOs Denominator: total number of CSO receiving financial support through the CSF Unit of measure: %	Area (HIV prevention BCC, HCT, PMTCT, HIV Care, OVC)	Records/CSO records									
Sub Result 2.2: Capacity of sub-grantees to deliver quality services strengthened													
28	Percentage of CSOs trained in HIV/AIDS and OVC programming	HIV/AIDS and OVC programming refers to use of recommended approaches (e.g. rights based approach, linkage of HIV to sexual reproductive health, HIV and nutrition, violence against women and HIV), proper targeting in terms of vulnerable groups and geographical coverage, as well as implementation of activities in line with national policies and guidelines. Numerator: Number of CSOs participating in HIV/AIDS and OVC trainings; denominator: all CSF funded CSOs. Unit of measure: %	Program area (HIV prevention BCC, HCT, PMTCT, HIV Care, OVC)	Training reports	TMA	2008	0%	-	100%	100%	0%	0%	0%
Sub Result 2.3: Sub grantee capacity to document and share lessons learnt, best practices and success stories strengthened													
30	Percentage of CSOs documenting implementation experiences	This indicator measures CSO efforts to record implementation experiences: lessons learned, best practices and or success stories. Unit of measure: %	Program area (HIV prevention BCC, HCT, PMTCT, HIV Care, OVC)	CSF database	TMA	2008	0%	2009	59%	70%	95%	-	-
Result 3: Service delivery in the NSP/NSPPI program priority areas increased.													
34	Number of individuals utilizing CSF supported prevention services.	Total number of people who utilize CSF prevention services: HCT, PMTCT Unit of measure: #	Sex, age	CSF database	MEA	2009	HCT-154,257	-	154,2572,32280	210,000 18,000 1980	24,366,NA,	HCT-56139, PMTCT-1163	-

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
Sub-Result 3.1 Access to and utilization of HIV/AIDS prevention services increased													
35	Number of people reached with social and behavioral change communication interventions on HIV/AIDS	Total number of individuals reached with BCC messages given in individual or small groups (less than 25) settings: abstinence, be faithful, condom use, HCT, PMTCT, and other prevention messages. People reached Unit of measure: #	Sex, age	CSF database	MEA	2008	628,652	-	620,678	775,848	152,311	215,195	367506
36	Number of CSF supported condom outlets	This indicator refers to a count of condom distribution points facilitated by CSF CSOs. Service outlets include facility based like health units/clinic and community based through community resource persons. Unit of measure: #	N/a	CSF database / CSO reports	MEA	2008	9,068		13,247	15,000	6,288	2,216	-
37	Number of condoms distributed by CSF sub grantees	This indicator refers to a count of condoms distributed through CSF facilitated distribution points. Please note that CSF does not procure condoms but rather facilitates their distribution. Service outlets include facility based like health units/clinic and community based through community resource persons. Unit of measure: #	N/a	CSF database / CSO reports	MEA	2008	4,588,408	6.5m	6,713,719	8m	1,236,087	3,677,036	4,913,123
38	Number of couples testing for HIV/AIDS	Number of two people in a relationship who come to health facility to be tested for HIV (couple session) in last reporting period Unit of measure: #	Sex, age	CSF database / CSO reports	2008	-	-	-	-	-	3,228	3,897	7,125
Sub Result 3.2 Provision of HIV care and support services in targeted communities through CSF sub-grantees increased													
39	Number of HIV positive individuals receiving palliative care	total number of people who are HIV positive that receive palliative care (basic care services) Unit of measure: #	Sex, age	CSF database / CSO reports	MEA	2008	1174	TBD	-	-	18,468	17,450	35,918
Sub Result 3.3: Provision of OVC services among OVC and their households as outlined in the NSPPI increased													
40	Number of OVC receiving care and support	Number of orphans and vulnerable children aged 17 years and below whose households received free basic external support in caring	Sex	CSF database / CSO	MEA	2009	41,682	46,000	41,682	50,000	8,535	2,464	-

Ind.No.	Performance indicator	Indicator Definition	Disaggregated by	Data Source	Lead CSF Agent	Baseline Year ¹	Baseline value	FY 09 Target	FY 09 Actual	FY 10 Target	FY 10 – Q1	FY 10 – Q2	FY 10 Cumulative
	services in CSF supported projects.	for the child (Support as defined by the national OVC strategy)Unit of measure: #		Reports									

