



School Children at Kyenjojo Primary School, Kyenjojo District

UPHOLD

OCTOBER 2004 TO FEBRUARY 2005

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UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT



THE REPUBLIC OF UGANDA



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INTRODUCTION

This report represents a summary of the key achievements of the Uganda Program for Human and Holistic Development (UPHOLD) for the period October 2004 to February 2005.

During this period, the major thrust of our efforts was focused on completing the review of 242 grant applications from Civil Society Organizations through a district-led and owned participatory process. Significant progress was made in this leading to the direct transfer of funds to seven organizations, to commence implementation work, with a further twelve anticipated to be funded in March 2005.

Implementation work continued to be supported through our partners, local government and Civil Society Organizations in all 20 UPHOLD-supported districts, in the areas of Education, HIV/AIDS, Nutrition and Growth Promotion, Reproductive Health, Child and Adolescent Health and Communicable Diseases.

Our central government partners include the Ministry of Health, Ministry of Education and Sports, Ministry of Local Government and Ministry of Gender, Labour and Social Development.

This report is divided into seven sections. The first section deals with the grant highlights, sections 2, 3 and 4 describe the progress made in the results areas, and section 5 provides an update on the status of work related to monitoring and evaluation. Section 6 discusses the constraints and challenges ahead, and finally section 7 contains appendices, providing additional materials related to this quarter's progress report.

SECTION 1: GRANT ACTIVITIES

Grant Highlights

- **Family Community and Action Grants RFA Phase I accomplished:**
 - 38 Review panels undertaken in 7 offices
 - 242 applications successfully reviewed
 - 112 applications submitted to Kampala for Phase II
 - 67 district officials participated in review panels
 - achieved involvement of over 20 CSO representatives and other stakeholders
- **First Phase II Review undertaken - Concluded that all contending applicants would need to have intense follow up CSO workshops before funding**
- **Successfully held 4 CSO workshops for 21 HIV/AIDS and Integrated Reproductive Health proposals**
- **Successfully held 3 CSO workshops for 19 Education and Child Health**
- **Internally approved 9 re-submitted CSO proposals**
- **10 re-submitted CSO proposals sent to USAID for approval**
- **13 draft MoUs sent to CSOs; of which 7 have been signed**
- **Local Government Grants signed for Bundibugyo and Bugiri districts**
- **Developed CSO Grantee Capacity Strengthening Strategy to benefit all UPHOLD CSO grantees**

October and November 2004 were dedicated to regional reviewing of the qualified applications from the Family and Community Action Grants Request for Applications (RFA). UPHOLD regional offices received 625 applications that met the basic requirements to enable them to move on to assessment by a Technical Review Panel.

To ensure fair-play and transparency, Technical Review Panels comprised of Local Government officials, UPHOLD staff, representatives from CSO community, and where possible USAID officials. Several stakeholders were also involved in the process, including representatives from GOAL, ActionAid, ADRA, PSI, CARE, Plan International and NGO Forum. The Review Panels were co-chaired by a government official and an UPHOLD staff member (usually the Regional Director) and set up by technical area and district. All qualified applications for a technical area and a district were reviewed together by the same group of people.

The overall goal of the Review Panel was to arrive at a consensus on which applications should be forwarded to Kampala for final consideration. In order to achieve this, many objectives had to be met, resulting in UPHOLD setting up one day training for each of the Review Panels to ensure participants had:

- 1) A shared understanding of the role of grants in UPHOLD and the process by which they are awarded;
- 2) Clarified their roles and responsibilities vis a vis this phase of the review/selection process;

- 3) Discussed and agreed on key elements of social transformation and specific technical interventions for grant consideration;
- 4) Reviewed and applied technical guidelines for each focus area;
- 5) Applied the evaluation criteria and rating sheet to one proposal;
- 6) Identified and resolved questions, concerns regarding the use of the rating form;
- 7) Agreed upon a schedule for reading and reviewing of the grant applications.

Although time consuming, the process was necessary to have the Review Panel members feel comfortable with their roles and to emphasize the transparency of the process. Time was also allowed to review some of UPHOLD's goals and objectives in technical areas by district with key stakeholders.

Lessons learnt during Regional Review Panels

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| <ol style="list-style-type: none"> 1. The UPHOLD Regional offices have created a very good working relationship with the Local Government Officials resulting in very few problems soliciting their collaboration during this process. 2. Most of the applicants did not adequately elaborate on how they would include the key area of social transformation that was specifically requested for by UPHOLD in the RFA. 3. Partnership, as defined in the RFA, was not well understood by many of the CSOs. Partners were listed in the application but not incorporated into the work plan or budget. 4. In preparing the eventual winners of the grants to implement their projects UPHOLD needs to focus on discussing the concept of community participation, specifically to assure the participation and empowerment of the stakeholders for the purpose of sustainable utilization of services. 5. There is need for exploring different ways of actual involvement and participation in analyzing their support to their children's learning and enable them to make decisions they can implement and value as their own initiatives. 6. Technical areas were not adequately matched with planned activities. In most proposals this linkage was weak, planned activities were not reflective of the technical areas ticked in the application 7. The section on Monitoring and Evaluation was not well understood by a large number of applicants. UPHOLD needs to establish a means to strengthen the M&E components of the eventual grantees. |
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Each of the review panels used the same Review Form which outlined the criteria for evaluating each of the applications. Criteria to select grants, as stated in the Request for Applications, included:

- Project Description
- Management Capacity/Past Performance
- Partnership
- Reasonableness of Costs Relative to Results
- Monitoring and Evaluation

Applications that scored highly in these areas were forwarded to the UPHOLD.

In November 2004, UPHOLD held the first Phase II Review which analyzed the applications that received the highest scores in the Regional Office Review Panels. This Review Panel was made up of technical specialist staff at UPHOLD and a representative from USAID. It was determined that although there were many good organizations who applied, none of them could be funded without negotiation and intense feedback sessions on their technical proposals. It was decided that UPHOLD needed to host 4 day intensive workshops to provide clear guidance and support the development of revised submissions by the CSOs identified for the ‘Best and Final’ phase of the Grants Review.

During this period UPHOLD held seven CSO Workshops for 40 organizations that had applied for funding in HIV/AIDS, Integrated Reproductive Health, Education and Child Health. These organizations received specific feedback on their application and suggestions on improvement.

Lessons learnt during CSO Workshops

1. The different levels of reviews helped in identifying proposals that were unlikely to be successful at implementation.
2. The intense working environments at the workshops allowed UPHOLD to assess organizational capacity and begin a very healthy partnership with the NGOs.
3. Preparation work before the workshop was key to clearly informing the organizations on the purpose of the workshop and who should attend.
4. District participation was extremely important, but only for the first 2 days. Once organizations began working individually, the district participation was not as helpful.
5. This type of workshop requires much input from UPHOLD staff across the spectrum; in addition to technical content areas, also included were M&E, finance and administration, and Regional staff.

One major success emerging from this review process was the fact that this was not just a grant awarding process but an empowering process and capacity building for the CSOs. The workshops had an inbuilt mechanism for enhancing the understanding and appreciation of CSO managers/decision makers of the importance of social transformation programmes and the unique role of CSOs in facilitating implementation of programmes that enables improvement of delivery of services at community level and, more especially, mitigation of negative social factors (such as gender-based violence in homes) that hinder easy access and use of services.

Comments from CSO Workshop participants:

“This has been a hard and tough exercise which has shown me the need to know and have skills in proposal writing as well as budgeting and computer literacy” *Baker Samuel, Director of Bandamgwara Theatre Group – Bundibugyo District*

“This spa (CSO workshop) has provided our organization the opportunity to enrich our planning skills and increase our capacity.” *Kalema David, Youth Alive – Kamuli District*

It is with this appreciation that the CSOs were able to reformulate and refocus their objectives and targets. These skills can be used for other donor funding and can be considered the critical first step in a capacity building process for the organization.

Table 1 – Overview of Revised Proposals Received

<i>Technical Area</i>	<i>Revised Proposals Received</i>	<i>MoUs Signed by CSO</i>	<i>Draft MoU Sent</i>	<i>Approved Internally by COP</i>	<i>USAID Approved</i>	<i>Under Review by USAID/ UPHOLD</i>
HIV/AIDS	25	7	2	4	4	8
IRH	5					5
ED	5					5
CH	5					5
Total	40	7	2	4	4	23

By the end of February UPHOLD had received 40 revised proposals. 11 have been approved by UPHOLD, being for grants valued under USD 50,000, and 4 have been approved by USAID. During February, 9 draft Memorandum of Understanding (MoUs) were sent to CSOs for approval, 7 of which have now been signed. (See Appendix C)

Table 2 – Revised CSO Proposals With Signed MoU– as of end February 2005

Organization and Partners (Partners in Italics)	District	Tech. Area	Specific Tech. Area	Amount UGX
German Found. for World Population	Wakiso	HIV/ AIDS	YFS	82,861,800
ACORD <i>- Comm. AIDS resource persons of Pabbo-CARPP</i> <i>- Redeemed bible way church org.</i> <i>- Agonga youth alliance</i>	Gulu	HIV/ AIDS	VCT, OVC, HBC	108,020,000
Students Partnership Worldwide <i>- Obwa Kyabazinga bwa Busoga</i>	Mayuge	HIV/ AIDS	VCT, condoms, life skills	143,868,400
Kyembogo Holy Cross Family <i>- Kyarusozi Twomere Tukole – network of PLWA</i> <i>- Kyamugenyi Peer Educators Association</i>	Kyenjojo	HIV/ AIDS	VCT, HBC	132,905,000
Maturity Audiovisuals Uganda <i>- Greater Mbarara Archdeaconry Church of Uganda</i> <i>- Association of Christian Organizations in Development</i>	Mbarara	HIV/ AIDS	AB, youth VCT	69,344,000
Assoc. Francois-Xavier Bagnound <i>- Integrated Community Efforts Against AIDS</i> <i>- Nakaseke Community Dev. Initiative</i>	Luwero	HIV/ AIDS	VCT, HBC, Condoms	88,017,000
Env. and Comm. Health <i>- Kakira-mazzi HC III</i> <i>- Wabusana HC III</i> <i>- Mazzi HC II</i> <i>- Kamira HC III</i>	Luwero	HIV/ AIDS	VCT, PMTCT, YFS	88,926,000
Total				713,942,200

The CSO Grantees indicators and targets have been established, please see Appendix D. In addition, UPHOLD have drafted a financial manual for CSO and UPHOLD use.

Local Government Grants

By the end of February 2005, 18 out of 20 local government grants signed in 2004 reached their MoU end date. In addition, 15 out of the 18 have received their full grant amounts. Verification of these grants is still underway, however on average 86% of funds have been accounted for.

As at the end of February 2005 two new local government grants for the fiscal year 2004/5 had been signed; Bundigbugyo district (55,852,000 UGX) and Bugiri district (54,128,000 UGX).

However for the fiscal year 2005/06, which begins in July 2005, UPHOLD has put aside 200 million UGX per district, on the premise that the grants are included into the district plans.

Table 3 - Status of Local Government Grants signed 2004

District	Date MoU Signed	MoU End Date	MoU Amount UGX	% Transferred	% Accounted for
<i>North Region</i>					
Arua	20/04/04	31/07/04	103,844,800	100	98
Yumbe	21/04/04	31/07/04	45,109,000	100	100
Gulu	30/03/04	31/03/05	89,640,900	100	69
Kitgum	21/05/04	30/04/05	120,982,800	94	54
<i>North East Region</i>					
Lira	10/01/04	30/09/04	179,906,950	98	56
Katakwi	30/03/04	31/12/04	135,711,000	100	87
Nakapiripirit	29/01/04	30/09/04	182,720,900	96	77
<i>East Region</i>					
Mayuge	30/01/04	30/09/04	142,006,885	100	100
Bugiri	25/03/04	30/09/04	178,500,840	100	94
Pallisa	14/04/04	30/09/04	108,856,000	100	77
Kamuli	13/02/04	30/09/04	152,511,587	100	95
<i>Central Region</i>					
Wakiso	12/02/04	30/09/04	207,297,998	91	90
Luwero	20/04/04	30/11/04	182,144,210	100	90
Mubende	27/02/04	31/10/04	155,453,800	100	94
Rakai	29/03/04	31/12/04	149,345,025	100	92
<i>South West Region</i>					
Mbarara	26/02/04	31/08/04	140,512,950	100	98
Bushenyi	17/02/04	31/08/04	152,488,650	100	100
Rukungiri	13/04/04	31/08/04	96,651,300	100	99
<i>Ruwenzori Region</i>					
Bundibugyo	18/05/04	31/08/04	163,449,125	100	50
Kyenjojo	12/02/04	31/08/04	232,173,700	75	91

Grantee CSO Capacity Strengthening Strategy

UPHOLD has prepared a strategy and work plan for providing their CSO grantees with the support they require in strengthening their capacities to enable the delivery of agreed

results. The main objective of this strategy is to provide appropriate, well-coordinated, timely and effective support to CSO grantees in planning, management, monitoring, and service delivery.

UPHOLD will deliver three types of capacity strengthening:

1. *Core*: For all grantees. This includes finance management and reporting, technical reporting, planning, budgeting, monitoring and evaluation, partnership management, simple documentation and dissemination
2. *Generic Technical*: For almost all grantees. This involves inputs that strengthen some of the central processes and methods through which technical inputs are delivered, including effective training, BCC, effective sensitization/communication, social transformation including community participation, gender issues
3. *Specific Technical*: Directed to technical clusters of grantees. Core technical support includes inputs required to accomplish funded objectives in UPHOLD's core technical areas of HIV/AIDS, integrated reproductive health, child health, and community involvement in education

The guiding principles for this strategy are:

- Linked to producing time-bound results
- A shared responsibility between CSOs, Districts, and UPHOLD is key to effectiveness of the support
- Regional offices will take the lead for UPHOLD

SECTION 2: EFFECTIVE USE OF SOCIAL SERVICES

Improved Quality of Social Services

Key Achievements:

- **7 districts have successfully incorporated costs of renovations of laboratory and VCT counselling rooms into interim grants**
- **Review and distribution of quality standard tools for VCT/PMTCT services in all 12 districts achieved**
- **Successful forum for VCT/PMTCT coordinators; with 53 participants from 9 districts**
- **Development of key tools for delivery of quality home and community based HIV/AIDS care and prevention activities accomplished**
- **Consensus achieved on the way forward for RH services in 2 districts**
- **Orientation of 50 health facility workers in goal-orientated ANC in Kitgum**
- **Contributed to development of National Communication Strategy for FP**
- **Youth Friendly ASRH services strengthened in Wakiso with 2 week trainings for 36 peer educators and service providers**

HIV/AIDS

7 districts (Bundibugyo, Kamuli, Bugiri, Gulu, Wakiso, Luwero and Kyenjojo) have incorporated the costs for minor renovations of laboratory and VCT counselling rooms into their interim grants; as a result of previous UPHOLD assessments. This consultative process between UPHOLD and the districts to move forward the Interim Grant process is ongoing for the remaining 4 districts. In addition, UPHOLD is working closely with the districts and MoH to help secure a CDC award for a broad laboratory renovation program, being implemented by AMREF.

In October 2004, UPHOLD organised and conducted a 2 day meeting targeting 22 District VCT/PMTCT Coordinators from 13 health facilities (most at HC IV level) from all 12 UPHOLD districts. The distribution of quality standard tools to be used in monitoring and reporting on facility based HIV/AIDS services such as VCT, PMTCT etc was achieved.

In order to provide a forum for HIV/AIDS key district officials to share data, reports and information and design strategic plans to improve performance on UPHOLD funded services and activities, a 3 day VCT/PMTCT coordinator's meeting was held in February 2005. The 53 participants included VCT/PMTCT coordinators, DAC Chairperson, District Planning officer and District Laboratory coordinators from 9 districts. Outcomes included streamlining monitoring and evaluation, including data collection and reporting from the Districts to UPHOLD.

As a way of contributing towards the realisation of increased provision and use of quality HIV/AIDS services to lowest level, that of homes and communities, UPHOLD continued collaborating with PSI and AIM in the development process of key tools to be used in delivery of quality home and community based care and prevention activities. Some of

the key tools include resource materials on infant feeding for mothers and health workers, VCT tool kit and theatre scripts for local drama groups on promoting the utilization of VCT services. These tools have been successfully pre-tested and are being finalized for distribution among the different players, both public and private.

Table 4 - Clients receiving HIV/AIDS services from UPHOLD supported Health Units

<i>District</i>	Apr – Sept 2004			Oct – Dec 2004			Jan – Feb 2005		
	<i>No. Service Outlets</i>	<i>No. CT Clients</i>	<i>No. Service providers trained</i>	<i>No. Service Outlets</i>	<i>No. CT Clients</i>	<i>No. Service providers trained</i>	<i>No. Service Outlets</i>	<i>No. CT Clients</i>	<i>No. Service Providers trained</i>
Mayuge	4	1805	17	3	936	9	1	95	2
Bugiri	3	2017	12	3	573	0	3	707	0
Gulu	N/A	N/A	N/A	1	513	0	1	343	0
Kitgum	1	2799	40	2	336	0	3	343	0
Kyenjojo	4	619	12	2	904	0	2	171	0
Bundibugyo	N/A	N/A	N/A	0	0	0	1	174	0
Wakiso	7	1073	63	8	1144	0	9	652	0
Rakai	25	1532	20	6	372	0	6	365	0
Kamuli	5	7497	0	N/A			N/A		
Total	49	17342	164	25	4778	9	29	3036	2

Source: VCT/PMTCT District Coordinators. Does not include AIC and TASO

The number of clients who received counselling and testing (CT) from UPHOLD supported sites from April 2004 to February 2005 have dropped, factors attributing are:

- Kitgum Hospital and Kamuli district figures ceased to be included in UPHOLD figures from October 2004 as they are now supported by another organization; accounting for over 10,000 clients
- Local Government Grants submitted to UPOLD did not meet the minimum requirements for funding and required additional investment of time for proposal review which resulted in the districts lacking immediate funds for Outreach activities; Kitgum continued its outreach services as they still had sufficient funds available
- Kamuli district ceased to be included in UPHOLD figures in September 2004 as it is an AIC supported district, this accounts for 7,500 clients

Table 5 – Summary of Totals for Table 6

<i>PMTCT Indicators</i>	<i>Total No. April 04 – Feb 05</i>
No. HWs trained	68
No. accessing ANC	6680
No. receiving counselling	4666
No. receiving testing	2107
No receiving results	1873
No. HIV positive	156
No. receiving complete course of antiretroviral	74
No. babies receiving NVP	35

Source: VCT/PMTCT District Coordinators

Tables 5 & 6 shows that out of 8 health facility sites providing PMTCT, 89% of pregnant women who received testing services for HIV returned to receive their results, of these 9% were HIV positive. A total of 74 pregnant women received a complete course of antiretroviral prophylaxis in a PMTCT setting.

Table 6 – Pregnant Women 15-49 yrs receiving minimum package PMTCT services

PMTCT Service Indicators	Bugiri			Wakiso			Kyenjojo			*Luwero
	Apr-Sep 04	Oct-Dec 04	Jan-Feb 05	Apr-Sep 04	Oct-Dec 04	Jan-Feb 05	Apr-Sep 04	Oct-Dec 04	Jan-Feb 05	Jan-Feb 05
No. Sites	1	3	3	2	2	1	2	2	2	1
No. HWs trained	15	0	0	34	0	0	19	0	0	0
No. accessing ANC		1547	1339	756	465	181	989	768	491	144
No. receiving counselling	180	1154	1339	707	318	225	311	213	124	95
No. receiving testing	83	171	160	658	232	222	201	213	124	43
No receiving results	83	171	138	640	230	223	12	209	124	43
No. HIV positive	6	4	8	37	39	29	0	18	14	1
No. receiving complete course of antiretroviral	3	8	1	14	22	16	0	6	3	1
No. babies receiving NVP	1	4	2	2	9	10	0	4	2	1

Source: VCT/PMTCT District Coordinators. * Luwero district started PMTCT activities in Jan 2005

Reproductive Health

UPHOLD brought together Reproductive Health Service (RHS) managers and Community Development (CD) workers from Arua and Yumbe districts in order to discuss and analyse the factors effecting provision and utilisation of RH services, and identify practical ways in which the district and UPHOLD can work together on improvements. The major gap in the provision of the RH Minimum package was identified as capacity to provide FP services, in relation to unavailability of services, personnel, lack of skills, knowledge and equipment. A consensus on plans, resolutions and the way forward was achieved, with UPHOLD confirming support for the following trainings, which are scheduled to take place by August 2005:

- Training staff in Adolescent Sexual and Reproductive Health (ASRH)
- Refresher training of nursing assistance in deliveries
- Training of midwives in post abortion care/Norplant/IUD insertion
- Training midwives in life saving skills (LSS)
- Training CDOs in RH mobilization/sensitization

Orientation of district teams in Goal-orientated ANC was conducted in Kitgum in February, involving 50 health facility workers.

UPHOLD contributed to the development of the National Communication Strategy for Family Planning, a strategy that will help raise attention to the need for FP and when implemented will make it easier for UPHOLD to move forward activities related to increasing the number of couples protected from pregnancy.

A two week training courses were conducted for 27 peer educators and 9 service providers from 3 health centres in Wakiso district, to increase access to quality youth friendly (YF) ASRH services and information.

Increased Availability and Access to Social Services

Key Achievements:

- **De-worming of over 3.4 million children in 20 districts successfully achieved**
- **Vitamin A supplement given to over 1.2 million children under 5 years in 20 districts**
- **Strengthening collaboration between district health teams and education officers accomplished in 20 districts**
- **1st round of Polio immunization conducted in the 7 threatened UPHOLD supported districts**
- **Successful follow up of Yellow Star Program training activities; National evaluation tools and manual refined**
- **Consolidated HBMF activities in 6 districts; orientation of 100 health workers in Luwero district**
- **Completed orientation of 42 district leaders and 49 health workers in Bugiri district on CB-TB DOTS**
- **TE Module 1 ‘CL in the Classroom’ successfully revised and reformatted**
- **TE Module 2 development completed, with 40 sample lesson plans in all Primary school subjects**
- **Successful roll out trainings in TE and EMS 6 districts with 556 participants**
- **Development of CL exercises as part of SHN activities completed**

November Child Days

UPHOLD contributed to Child Days activities in November 2004, in all 20 UPHOLD supported districts, as a strategic activity to meet school-age children’s integrated education and health needs. As the primary carriers of worms, de-worming school-age children is critical to reducing the worm burden. It also improves children’s ability to concentrate and perform in school by reducing anemia and malnutrition.

Enough Albendazole (de-wormer) to treat 3 million children was provided to 13 districts, through UPHOLD-SCI/VCD collaboration, the remaining districts were provided for by UNICEF. In conjunction with this exercise Vitamin A supplements were given to

children aged 6 to 59 months. In the UPHOLD districts over 3.4 million children were de-wormed and over 1.2 million under fives received Vitamin A supplement.

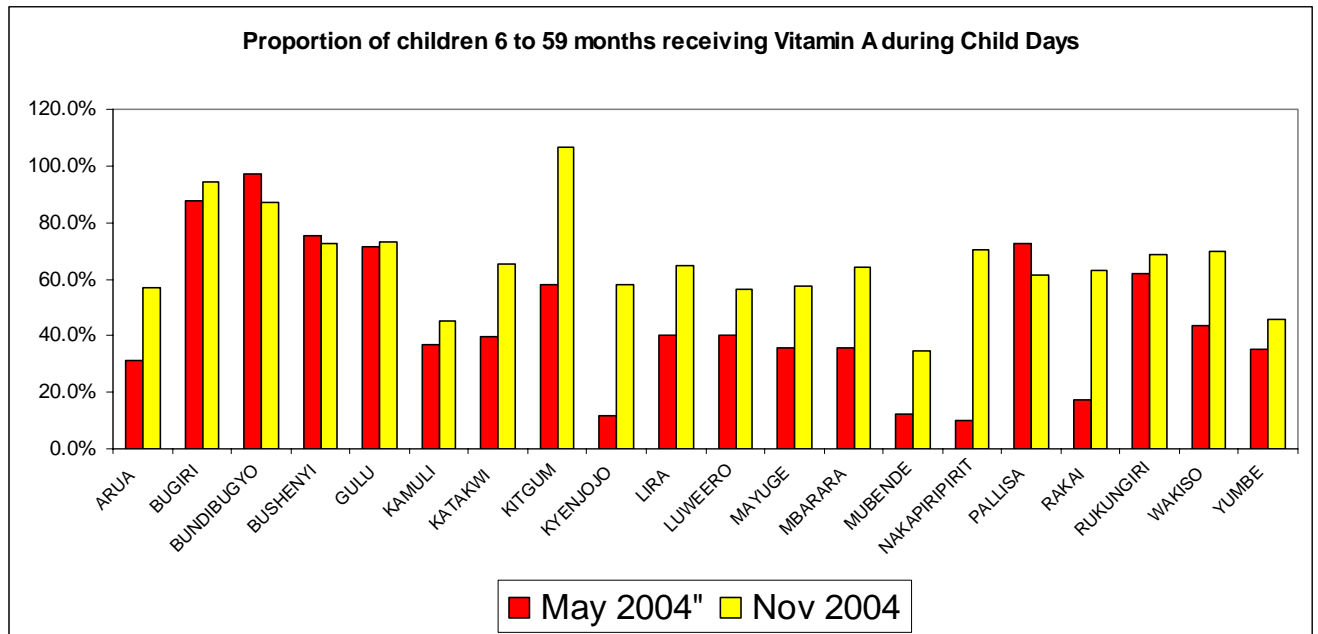
The target coverage for the de-worming exercise, for full impact, was 75% which was only achieved in 6 districts; this will result in a higher frequency re-infection rate. However preliminary figures indicate that, for school children, the 75% target and above was achieved by half of the districts, with an average of 72%. Most districts encountered problems with mobilization due to funding constraints and the delayed release of funds from the Public Health Center Health Budget and UNICEF. Planning constraints were also encountered as rural districts have a scattered population, poor communication and fewer health workers; in the UPHOLD districts the average distance traveled to a Health Facility is 6 km, the national average is only 3 km. However, UPHOLD districts achieved targets 2% higher than the national average, this correlates to over 100,000 children. (See Appendix E for a more detailed breakdown of results)

Table 7 – Overall Results of De-worming Campaign in UPHOLD supported districts

District	Vitamin A % Target Children 6- 59 Mths	De-worming % Target Children 1-14 yrs	De-worming % Target School Children 6 – 14 yrs
Arua	57%	54%	57%
Bugiri	94%	91%	Not available
Bundibugyo	87%	98%	57%
Bushenyi	73%	76%	87%
Gulu	73%	45%	25%
Kamuli	45%	67%	71%
Katakwi	65%	58%	58%
Kitgum	107%	83%	79%
Kyenjojo	58%	64%	75%
Lira	65%	69%	72%
Luwero	56%	70%	77%
Mayuge	57%	70%	80%
Mbarara	64%	71%	80%
Mubende	35%	30%	41%
Nakapiripirit	70%	68%	93%
Pallisa	61%	62%	58%
Rakai	63%	78%	90%
Rukungiri	69%	91%	111%
Wakiso	70%	71%	79%
Yumbe	46%	53%	62%
Average	64% (National 68%)	67% (National 65%)	72%

Source: UNICEF

Figure 1 – Vitamin A Distribution Comparison for May 04 and November 04



Source: UNICEF

As can be seen from the Figure 1, in 15 districts a higher proportion of children received vitamin A during the November 04 Child Days than during the previous May 04 Child Days. During the May 04 Child Days a de-worming exercise was carried out, however UPHOLD districts were not specifically targeted and so comparison figures are not available.

All 20 UPHOLD supported districts were provided with technical support supervision during the implementation of child days, strengthening the collaboration between district health teams and education officers:

- Bringing together district health and education teams to plan school-based delivery of services;
- Produced and aired radio spots on 10 stations covering the 20 UPHOLD supported districts; reaching approx. 7.5 million listeners
- Funded newspaper adverts in 2 English language and 4 local language newspapers;
- Supported District staff to distribute posters, flyers and materials for school teachers;
- Printed health education materials on worms and de-worming;
- Documented the process with multi-sectoral teams.

This exercise was well received by district leaders and the communities. Mbarara and Arua districts complemented service delivery with school-based drama and poem competitions to increase coverage and educate people about preventing re-infection.

Child Days – Pupils and Parents Comments

Exit polls from activities showed that people learnt about Child Days through the radio spots and their local leaders, a few saw posters and heard about Child Days from friends and neighbors. Pupils said that they heard about the Child Days from teachers, parents, friends and radio spots.

Pupils said that they had learned that de-worming kills intestinal worms and they appreciated the free service they received at school. There were mixed reactions to the tablets, some saying it was sweet while others insisted it was sour.

“I liked everything about the exercise because the medicine takes out worms. My friends said that they wanted to take the whole tin because of its sweetness.” Female Pupil in Bundibugyo District

All of the pupils interviewed said that they had taken the tablets ‘readily’, some even brought non-enrolled friends and siblings because “I wanted them to get rid of worms”. They requested that they continue to receive services at their school.

Many caretakers felt the children should have received injections as well, probably because immunization is normally associated with a needle; however they were delighted the treatment was free.

Both parents and children left with the assurance that the children’s health would be better as a result of the treatment.

Sub National Immunization Days

With the threat of Polio being migrated to Uganda from Southern Sudan, the Ugandan Government organized two rounds of Sub National Immunization Days, covering 15 threatened districts, of which 7 are UPHOLD supported (Gulu, Kitgum, Katakwi, Nakapiripirit, Arua, Yumbe and Lira). Measles and Tetanus vaccinations were also administered during this activity, although the emphasis was on Polio. USAID joined other development partners to pledge financial support amounting to USD 233,000, to be administered by UPHOLD. The first round was held on 26th and 28th February, UPHOLD worked as part of the national coordinating council and covered most of the social mobilization/BCC activities and provided operational costs for Nakapiripirit district:

- Printing of 8,000 ‘Support Sub National Immunization Days’ booklets for both Polio and Measles awareness, for distribution by health workers and local council leaders
- Radio slot in 10 different local languages on 16 separate radio stations in the Northern districts; reaching approx. 2.5 million listeners
- Newspapers – both National and Local
- Banners
- District facilitation was provided in the Southern districts

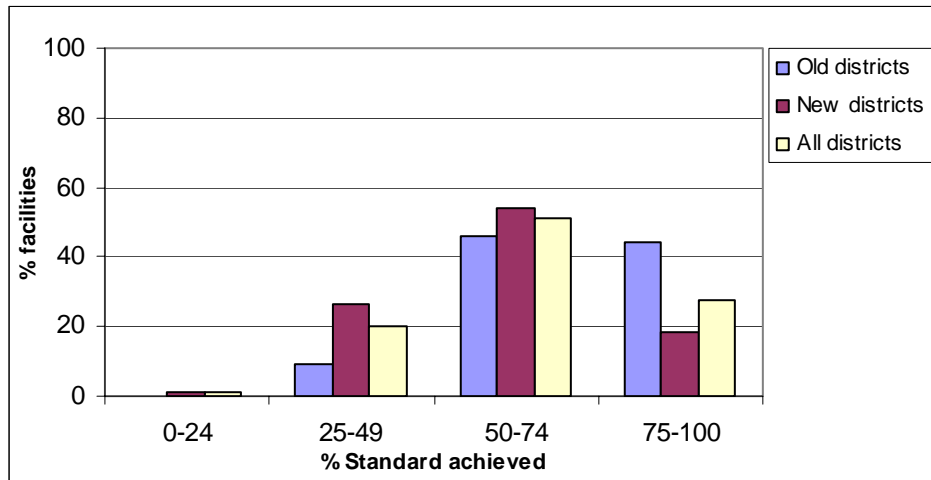
This support will continue for implementation of the second phase in May 2005. Details of these activities will be available in the next Quarterly Report.

Yellow Star Program (YSP)

The introduction of the Yellow Star Program in seven districts during the last financial year culminated in an assessment of all facilities in four of the seven districts using Local

Government grants (Pallisa, Mayuge, Wakiso, Mubende). In addition two of the former DISH II Project districts were able to conduct the quality assessments (Kamuli, Luwero). The figure below shows how the facilities fared in achievement of the Ministry of Health's 35 minimum health standards.

Figure 2 - Proportion of Facilities by Achievement of Minimum Health Standards in 326 Facilities



Source: DDHS Offices

Twenty eight percent of the 326 facilities in the six districts were able to achieve at least 75% of the standards. The next quarter will focus on performance reviews at HSD and district level as well as whole site supervision of targeted facilities to improve performance.

A review was undertaken for the training activities for YSP in first phase districts. This process tested training evaluation tools and led to a refined National training manual.

Communicable Diseases

UPHOLD have consolidated Home Based Management of Fever (HBMF) activities in five districts (Kitgum, Gulu, Bundibugyo, Pallisa and Mayuge) and established activities in Luwero, orientating 100 health workers in 10 sub counties (SC). HBMF activities are very well appreciated in the districts, demand for services are high, Homapak supplies for were reportedly almost depleted within three months of implementation.

As can be seen from Table 8, the majority of districts have a recovery rate for under fives being treated by DDs with Homapak of over 90%, with an average death rate of just 1%. On average only 7% of children are sent for referral which reduces the burden on the local health facility.

Table 8 – Children under five years receiving treatment from Drug Distributors with Homapak between October 2004 and January 2005

District	No. of Drug Distributors	No. of Children Treated	No. Children Recovered	No. of Children Referred	No. of Children Died	% Recovery Rate
Luwero	966	20986	19286	1638	52	92%
Rakai	374	12303	11099	902	37	91%
Lira	794	32626	26475	1123	84	82%
Wakiso	1408	12397	11221	1166	16	91%
Arua	764	17015	15929	1123	12	94%
Total	4306	95327	84010	5952	201	89%

Source: District Malaria Focal Persons. NB. Gulu, Pallisa and Kitgum figures unavailable at present

Case detection and treatment success rates for tuberculosis (TB) in UPHOLD supported districts are below the national target of 85%, except for Rakai district at 87%.

Establishing and strengthening activities on Community Based Directly Observed Treatment, Short-course for TB (CB-TB DOTS) is continuing. In Bugiri district UPHOLD achieved orientation of 19 District Health Workers, 30 Sub County Health Workers and 42 District Leaders. Support supervision was provided in Rakai, Mbarara, Kyenjojo and Bugiri districts.

Collecting Water after HOMAPAK

Through successful Home Based Management of Fever

“I am very happy, Maureen is already going to fetch water” laughs Grandma Lukiya as she points to the small three year old, who is smiling while trotting along pulling a plastic water container half her size. Maureen went to live with her grandmother, Lukiya, when she was nine months old.

We are in Bundibugyo District visiting 45 year old Schola Besemelya, a functional adult literacy instructor, who has recently undertaken voluntary training as a Drug Distributor (DD) through UPHOLD’s Home Based Management of Fever (HMBF) strategy. DDs are trained to dispense HOMAPAK, a pre-packaged unit dose combination antimalarial used for presumptive treatment of malaria in under fives. Malaria is the



Maureen with her Grandmother

number one killer of under fives in Uganda, Schola asserts that in her village alone they bury on average two children per month. The DDs are positioned to allow prompt access for mothers and caretakers.

“Maureen was very sick yesterday and when the grandmother brought her to me she had a high temperature and I wondered whether the HOMAPAK would work” Schola recalls with a smile.

“This child is an orphan, the mother passed away to HIV/AIDS and she is usually sick”. Maureen’s problem was fever attributed to malaria, which was successfully treated with HOMAPAK, allowing her to commence with the water collection the following day.

As of February 2005, UPHOLD had trained over 17,000 drug distributors in the 14 UPHOLD supported districts

implementing HBMF. Reports indicate that many under fives with fever are now being treated early, receiving HOMAPAK from the DD within 24 hours of onset of fever. 97% of children under five years treated at home with HOMAPAK recover and only 3% are referred to health units. User friendly decentralized management of fever to the villages has increased timely access of under fives to antimalarial treatment at the community level. The distributors easily reach the patients in their homes and vice versa.

Source: Alice Mundaka, UPHOLD Regional Office West

An assessment of the status of UPHOLD support to communicable disease activities in the North East has resulted in the decision to focus on malaria prevention and treatment as an intervention and strategy to strengthen the local government plans in this area for 2005-6.

Education

In Teacher Effectiveness (TE) module 1 ‘Towards Improved Classroom Instruction; Cooperative Learning (CL) in the Classroom’ has been revised and re-formatted in response to the feedback provided by the MoE’s teacher effectiveness working group, district and school level trainers and Core PTC staff were involved in the roll out of the trainings.

TE Module 2 development was completed. This module has focused on introducing several new CL techniques, using sample lesson plans, ‘samplers’, of classroom ready CL lessons that cut across grade levels and content areas of the Ugandan Primary School Curriculum. Including tips for teachers in using the sampler materials, supporting the use of CL strategies of their colleagues and for engaging parents in the support of CL. A total of 40 samplers in all primary school subjects have been prepared. A pre-test exercise on Module 2 was also conducted, giving valuable insight into how the module can be updated and finalized. (See Appendix F for an example of a sample lesson plan.)

Table 9 – Participants Trained in Teacher Effectiveness Learning Module 1

	Jan – Sept 2004						Oct- Dec 05		Jan-Feb 05		Schools Trained	* No. of pupils benefiting
	Master Trainer		District Trainer		School Representative		School Rep.		School Rep.			
<i>District</i>	<i>Male</i>	<i>Female</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
Arua	1	2	11	3	24	9	0	0	0	0	41	37,662
Bundibugyo	3	1	13	1	44	5	0	0	67	14	60	42,291
Bushenyi	3	1	30	3	71	9	0	0	60	24	80	45,186
Lira	3	1	16	1	50	10	0	0	0	0	30	20,001
Luwero	2	1	17	6	50	33	0	0	50	23	73	54,830
Mayuge	3	1	0	0	37	9	0	0	0	0	24	21,167
Yumbe	1	0	7	0	0	0	0	0	71	10	61	59,497
Total	16	7	94	14	276	75	0	0	248	71	369	280,633

Source: * GoU Ministry of Education school enrollment statistics, 2003

The roll out of TE and EMS module 1 trainings continued this period, the target number of schools for each of the 7 districts is 80. Tables 9 & 10 illustrate that 66% of target schools have been reached, which now benefits over 280,000 pupils. A total of 661 school representatives have been trained in TE and 820 school representatives trained in EMS, out of 369 schools.

Table 10 – Participants Trained in Education Management System Module 1

	Jan – Sept 2004						Oct-Dec 05		Jan-Feb 05		Schools Trained	* No. of pupils benefiting
	Master Trainer		District Trainer		School Representative		School Rep.		School Rep.			
<i>District</i>	<i>Male</i>	<i>Female</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
Arua	2	2	15	6	64	20	28	1	0	0	41	37,662
Bundibugyo	4	0	18	0	0	0	36	4	67	14	60	42,291
Bushenyi	4	1	32	4	59	17	0	0	60	24	80	45,186
Lira	2	1	15	1	50	10	43	17	0	0	30	20,001
Luwero	3	0	14	3	0	0	45	23	50	23	73	54,830
Mayuge	2	2	2	1	32	12	0	0	0	0	24	21,167
Yumbe	1	0	9	0	0	0	36	4	71	10	61	59,497
Total	18	6	105	15	205	59	188	49	248	71	369	280,633

Source: * GoU Ministry of Education school enrollment statistics, 2003

As an innovative integrated activity UPHOLD has developed Cooperative Learning exercises as part of the School Health and Nutrition (SHN) package of activities. The SHN Cooperative Learning lessons promote key practices such as hygiene, de-worming, prevention and treatment of malaria, growing up/puberty and HIV/AIDS prevention. Lessons that require technical health information, not provided in the school textbooks, have accompanying fact sheets for teachers and pupils to provide correct information upon which to base lessons.

Cooperative Learning lessons are ideal channels to promote child-to-child support for healthy attitudes and practices, which are important for behavior change related to many positive components of SHN. The group discussions facilitate formation of positive social norms, correct perception of other children's attitudes and peer support for positive practices at school and home. In addition, family and community health lessons include activities to promote child health through primary school pupils, who are often caregivers of young children.

UPHOLD funded the development, printing and distributed of 'Teacher Talk', a four page newsletter for teachers that complements EMS activities. A total of 200,000 were distributed through Straight Talk to the District Education Officers in all 20 UPHOLD supported districts.

UPHOLD held a writer's workshop for training material developers, aimed at building the capacity of the local material developers in developing user-friendly and participatory materials. Participants included 7 local Ugandan material developers drawn from UNEB, Kyambogo University, EUPEK, Bushenyi CPTC and one Private school.

Improved Positive Behavior Changes Adopted

Key Achievements:

- **Effective planning and execution of HIV/AIDS sensitization workshop in collaboration with Gulu District, for 50 vulnerable youth**
- **Scope of work successfully developed for CIE**

HIV/AIDS

In February 2005 UPHOLD supported an effective HIV/AIDS sensitization workshop in Gulu district for 50 Boda Boda (bicycle taxi) riders. As a case study in making sensitization workshops effective, UPHOLD invited the District to jointly facilitate. Boda Boda riders are a high risk, mobile out of school youth group, with great potential to reduce the spread of HIV through personal action and promoting positive behavior among their peers and customers. Community Development Officers (CDO) were used to gather input from a small sample (14) to assess existing knowledge about HIV/AIDS, lifestyles, hopes and aspirations and recommendations for designing appropriate HIV/AIDS activities. Demand for the workshop, which was promoted via radio, exceeded capacity. This activity is expected to be just the first of others planned through the district and civil society organizations, in partnership with the Community Development Office.

Community Involvement in Education (CIE)

CIE-BCC activities were prioritized for the FY2004/5 Work plan and budget, in order to operationalize these, Scopes of Work were prepared for:

- Multi-Media Partnership Campaigns targeting parents/communities to play their roles in promoting pupils' learning, e.g. provision of lunch, scholastic materials, provision of support and conducive environment to remain in school, complete home work, etc;
- Development of materials for Religious leaders to advocate for parental community support to children's learning;
- Parent talk weekly radio programs in local languages to encourage parents to meet with SMCs/PTAs and teachers to discuss pupil's performance, provide lunch and materials for pupils' in school, etc.

SECTION 3: INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

Improved Decentralized Planning, Management and Monitoring Systems

Key Achievements:

- **Successful collaboration with MoLG and SDUII: ensuring each districts funding is targeted to priority areas and strengthen the reporting process**
- **Follow-up on implementation of school based training illustrates success**
- **Supported development of District Local Government Interim Grants planning process for six districts**

Fiscal Decentralization Strategy

The Ministry of Local Government (MoLG) has been refining and is now implementing its Fiscal Decentralization Strategy (FDS). This strategy is a practical demonstration of the Decentralization policy of the GoU by recording the district level input to the Development and Recurrent budget formulation. As part of this, a planning and budgeting software tool has been developed in consultation with the USAID funded Support to Decentralization in Uganda project phase II (SDU II). This tool is rolled out through training seminars and follow-up coaching, using the normal planning meetings and cycle set by MoLG. For UPHOLD, this same process is used by districts to identify priorities in education, health and HIV/AIDS sectors and in turn agree UPHOLD support for relevant activities.

UPHOLD collaborated with SDU II at a number of levels:

- Gaining access to Budget Framework Papers, enabling technical teams and Regional Offices to identify priority areas in UPHOLD districts
- Negotiated agreement with the Dutch development aid agency SNV, to support SDU training materials in 4 UPHOLD districts (Arua, Yumbe, Kyenjojo and Bundibugyo) where SDU does not operate
- Influencing the software content so as all districts using the Annual Work Plan templates will be prompted to consider their funding of activities directly related to UPHOLD's objectives
- Adapting the MoLG standard formats for activity planning, supervisory reviews and indicator achievement monitoring to UPHOLD needs, thereby minimizing the additional work or variety of documents district staff and CSO grantees are required to complete and to strengthen the reporting process.

UPHOLD is working closely with the Districts during their planning focal period for 2005/06 to ensure district priorities are served. UPHOLD is also acting as an SDU II champion, encouraging the use of the software and inclusion of Central Program and both grant channels in the AWP. This helps UPHOLD and USAID to be confident that funding is targeted to each district's greatest needs within the scope of work in health and education, both in skills development and behavioral change.

The monitoring and gathering of data will be eased through the MoLG's FDS Financial Reporting Application and FDS Indicator Reporting Application, which UPHOLD has

previewed in collaboration with SDU II. These tools prompt districts to record financial inputs against budgets and to link specific and increasingly SMART indicators to those financial budgets. UPHOLD has been given the opportunity to propose other indicators for inclusion in these software tools, not as mandatory measures, but capturing behavioral change where GoU indicators would normally address those topics. These two reporting applications are due to begin in July 2005, during the coming quarter UPHOLD will collaborate with SDU II in finalizing the indicator options and prepare the districts for this form of monitoring and reporting. This reinforces UPHOLD's image as a friend to the district staff, working within their normal planning and management processes, yet encouraging their attention towards priority areas within UPHOLD's work plan.

Education

Follow-up on implementation of school-based training was conducted in two schools in the districts of Luwero and Arua. In these schools there was evidence of head teachers and their deputies conducting school-based trainings in Cooperative Learning (CL) for the improvement of the quality of teaching in the classroom. The use of CL has been rolled into the classroom by the teachers trained at school level. This activity has illustrated the existing opportunity for having school-based continuous professional development conducted by head teachers and deputies.

Community Involvement in Education

The Review of the existing MoES SMC Training Manual (1999) has been successfully completed and a draft report identifying the strengths and weaknesses with recommendations was produced.

UPHOLD is supporting the development of District Local Government Interim Grants Planning Process, these plans for 2004/5 activities for six districts (Arua, Yumbe, Bundibugyo, Kitgum, Mayuge and Bugiri) were reviewed and updated.

The development of draft tools for tracking impact of parental/community activities in schools are underway. These tools will be used to track interventions that target parents and community participation in Education, implemented through UPHOLD central programs, Local Government and CSOs grants.

Increased Private Sector Role in Service Delivery

Key Achievements:

- **19 private health care providers trained**
- **Continued support to existing CSO grantees**
- **Implementation of Technical Assistance to AIC, resulting in suggested intervention**
- **Successful continuation of organizational support to TASO**

UPHOLD has supported the training of 19 private health care providers in Bushenyi district in improved child health practices. Each of these health providers see, on average, 5 children per day, it is expected that within the next three months over 17,000 children

will be provided with quality health care of common illnesses, including preventative services such as immunization, growth promotion and vitamin A supplement.

UPHOLD provided both financial and technical support to a number of existing CSO grantees in planning, proposal writing, and developing scopes of work for technical assistance activities.

Uganda Private Midwives Association (UPMA): UPHOLD continued its technical and financial support to UPMA, a key partner in improving RH, who had been going through some management problems and conflicts. UPHOLD provided guidance to management in planning for the mitigation of the effect of this conflict and supported an OD workshop to enable members to reflect and appreciate the context of these problems. Support was also provided by UPHOLD in generating three key outputs:

- Creation of their Three Year Strategic Plan, 2005 – 2008, was achieved; UPMA facilitated themselves with involvement from their members and key stakeholders
- Development of internal capacity in training and supervision through training their own ‘Trainers of Trainers’. With this capacity now in-house, the organization is able to handle its own training requirements as well as provide these services to other clients. This has potential to generate income for the organization
- Targeted training carried out for members to improve access and utilization of quality reproductive and child health services:
 - Adolescent Reproductive Health – 20 trainees
 - Malaria – 40 trainees
 - Immunization – 20 trainees

THETA/NCRL: The final proposal for the joint grant between Traditional Healers and Modern Health Practitioner together against AIDS (THETA) and National Chemotherapeutics Research Laboratory (NCRL) was reviewed and submitted to USAID.

Madrassa Resource Centre (MRC): Through the UPHOLD grant, two staff development workshops were held in the course of the quarter. In October 2004, 18 members of staff (6 males and 12 females) were trained in handling first aid related to common accidents that occur to young children. In November 2004, 16 staff (6 male & 10 female) were given the opportunity to practice and reflect on the use of EPI Info system of documentation, a software package for data and analysis.

National Strategy for the Advancement of Rural Women in Uganda (NSWARU): Technical support was provided on child health and nutrition activities in Lyantonde rural and Nyakashashara sub counties of Rakai and Mbarara districts. UPHOLD continues to provide support in the implementation of NSWARU’s activities.

Two new proposals have been submitted to USAID for approval; *AMREF* and *Save the Children US*. These are expected to enhance work on adolescent health and take health services close to school children in Luwero, Rukungiri and Pallisa districts.

AIDS Information Centre (AIC)

Implementation of the Technical Assistance (TA) plan for AIC commenced in November 2004, the purpose of this participatory process was to ensure that AIC were not just a recipient of TA, but that they understand and drive the process throughout the implementation. The process has four different focal points:

- A strategic change process for the Board: strengthening both Board and senior management to align their competencies and skills within the context of a growing AIC. Orient the Board into new thinking, adoption of alternative practices for more strategic and effective corporate governance to ensure AIC's sustained ability to deliver services.
- An intervention that addresses performance and strategic management among top and middle managers: the needs assessment process has been clearly defined.
- Job analysis and evaluation: establish a set of clearly defined jobs and reporting systems that are relevant, efficient and known to the staff.
- Assessment of M&E needs: a plan has been reviewed and approved by UPHOLD and will be implemented in the next quarter.

AIC ably managed the consulting process on the job evaluation with UPHOLD providing funds and oversight guidance. Some key preliminary findings have shown that there is a need to re-align some job titles and make a clear definition of functional, supervisory/ administrative relationships.

The findings from Management Needs Assessment study showed that there is a complex web of issues at different levels of management that require a change process. The concerns and gap areas at AIC require more than just increasing the skills of managers. It is therefore being recommended that before any further training and systems review exercises be implemented. AIC shall need to embark on an Organization Development (OD) process to:

- strengthen shared understanding and approaches to working with AIC's vision and mission and create opportunity for AIC staff and other stakeholders to review the organization's guiding principles strategy and practices at deeper levels.
- generate and facilitate ownership of the current practice related issues at AIC to strengthen strategic management.
- enable a diagnosis of the culture of the organization. Awareness in this area would support change and management of new systems in ways that support teamwork, new leadership styles and shared decision making.
- Identify action areas to enable AIC to work with the vision and mission as essential tools for practice and strategy development.

AIDS Support Organization (TASO)

Organizational support to TASO has continued with feedback and guidance on planning, reporting and management issues. With support from UPHOLD, TASO conducted a midterm review exercise of which one of the key outcomes was the commissioning of a task force to identify organizational development (OD) specific needs.

Overall, one key emergent issue of note is that despite TASO's continued ability to expand and excel in provision of care and support for HIV/AIDS clients, the requisite organizational capacity may not have kept pace with this level of growth.

As applicable, UPHOLD will continue to support TASO's general and OD activities while providing the necessary space for TASO to initiate and drive the processes to deepen and expand its capacity to sustain growth and expansion.

SECTION 4: STRENGTHENED ENABLING ENVIRONMENT

Increased Community Participation and Advocacy

Key Achievements:

- **Agreement by Yumbe district leaders on promoting health status attained**
- **Successful meeting with 18 media partners in health promotion**
- **Behavior centered communication tools drafted targeting PTA/SMCs**
- **Trials of Improved Practices accomplished in 3 districts, resulting in provisions for lunch for pupils**

USAID/UPHOLD SUCCESS STORY

Girls' Education & Protection - Bundibugyo Charity Walk

Pupils, parents, teachers and community leaders joined together to advocate for action in Bundibugyo district. Few girls in the district finish primary school; defilement is rampant, girls are vulnerable to unwanted pregnancy, early marriage, violence, leaving school early, and HIV infection (Source: Action Aid's Defilement Assessment in Uganda, 2004). To catalyze local action to protect girls and keep them in school, UPHOLD mobilized partners to organize a Charity Walk for Girls to coincide with World AIDS Day 2004. The theme 'Women and Girls: Have you Heard Me Today?' spoke directly to district needs.

Prior to the walk, a contest between primary school children to write stories and songs about brave girls who stay in school despite many obstacles and supported girls to talk about their experiences on local radio stations was initiated.

Eva Mbambu is 14 years old with a one year old son, Gabriel. She was happy to have the chance to share her experiences through radio, "I tell girls to stop involving themselves in sex at a young age. I myself went through the same experience, but I was lucky because my mother was very supportive. Most parents are not as supportive." She believes parents must start taking responsibility for their children, protect them and keep them in school. "I am happy that I will have an opportunity to have an audience to listen to me and that members of my community will be walking with me to show their support."



'Protect the Girl Child' drama by pupils

Local drama troupes also mobilized participation in the Walk on the eve of the event with songs and plays about HIV/AIDS, girl child education and the development of Bundibugyo District. Groups of partners walked five kilometers with banners and t-shirts to excite people about the issue. When the groups converged at the center of town, leaders called on communities and individuals to protect girls.

The winners of the story and song contests were recognized and contest was announced for communities and schools to develop and implement action plans to protect girls and keep them in school.

Margaret Mbabazi, Head Teacher explains "We have come to sensitize other pupils not to engage in sexual activities when they are still young. It's important to sensitize other communities, parents and other concerned people to protect the children from sexual harassment by giving them educational opportunities. We are better able to help Bundibugyo district better because we are united"

Source: Kathy Relleen / Lisa Schurburne - UPHOLD

Health

In collaboration with POLICY project, UPHOLD held a one-day advocacy meeting in Yumbe with the district civic, political and religious leaders. The objectives were to review and discuss the health status of women and children and discuss the factors leading to poor health status in the district. The leaders developed a common understanding and agreement on the roles they can play in promoting health status and agreed on actions they will undertake at Family, Community, District and Health Facility level.

In February 2005 the Ministry of Health and USAID, in collaboration with UPHOLD, convened a health promotion meeting with 18 media partners to update them on activities in the health sector, including achievements and challenges, and to clarify their roles and responsibilities in health promotion. Activities for future collaboration were agreed upon:

- In order to strengthen partnership with the media, USAID will host quarterly workshops with media presenters on key health topics
- MOH and USAID, through UPHOLD, will contact radio stations to discuss and plan upcoming radio listening club programs for the next 2 years
- Journalists from all media groups are welcome to use the Resource Centre at UPHOLD
- Media should contact the Ministry of Health without hesitation for assistance

Education

Behavior-centered communication tools were drafted for members of Parent Teacher Associations (PTA) and School Management Committees (SMC) to address common issues throughout schools including school lunches, retention of pupils, especially girls, defilement and hygiene and sanitation. Tools include pictorial monitoring forms, tips to communicate effectively with parents and simple guides to generate community solutions to issues that impact quality of learning. These materials target SMCs/PTAs as the main audience but can be used by all stakeholders, including communities and illiterate parents. The overall objective is to improve the quality of pupils' learning through increased parental/community participation. These materials have been handed over to MoES as a contribution to the SMC Handbook development by Basic Education Policy Support (BEPS).

Trials of Improved Practices

Trials of Improved Practices (TIPs) were undertaken in seven schools in Arua, Luwero and Mbarara districts resulting in some schools and communities successfully negotiating the provision of lunch for pupils.

Bringing us Closer - Quality Learning through Community Involvement

The majority of pupils do not eat during school; as a result, hunger limits their ability to concentrate and participate in class. Parents acknowledged the problem, but most are unwilling or unable to send children with packed lunches or money to purchase lunch at school. Children who do take lunch bring food packed the day before, after the late afternoon meal. Although schools allow pupils to go home for lunch, they are unable to return in time for afternoon classes. To compound the issue, older pupils are unwilling to bring a packed lunch; they would rather 'withstand the hunger' than feel embarrassed in front of classmates. Some pupils who do bring food leave it in a tree or bush away from the school so other pupils will not see.



Pupil carries lunch to school

UPHOLD, in partnership with schools, parents and pupils, have explored realistic ways to reduce pupils hunger through an innovative action research technique; Trials of Improved Practices (TIPs). Moderated discussions between schools, School Management Committees (SMC) and Parent Teacher Association (PTA) members, other parents and pupils, explored various options to tackle the problem. Together schools and community members talked through possibilities including jointly preparing food at school, reducing charges for lunch at school if already available, encouraging parents to give children small amounts of money to buy snacks at school, and encouraging parents to pack snacks to bring to school that would be cheap and not spoil, such as groundnuts, roasted cassava and fruits.

This has resulted in several schools, including Kaiho Primary School in Mbarara District, encouraging parents to send children with snacks. After several weeks, more pupils also reported bringing snacks. Other schools decided to prepare lunches at school. Most pupils at Bongova

Primary School in Arua District went all day without eating. After lively negotiations between school management, PTA/SMC, and pupils, PTA members agreed to talk to parents about the importance of providing lunch and to request 1,000 shillings, or the equivalent of dried maize, for porridge to be prepared at school. When schools and communities negotiated reduced costs of lunches, parents are more willing to contribute.

“Before some of us were not carrying food. So now that we carry food, we get into class in time after lunch. Because if we go home for lunch we would not find food ready” Pupil, Biharwe Primary School, Arua

Source: Lisa Schurburne - UPHOLD

Continuing Progress In Conflict Areas

Key Achievements:

- **Review of status of delivery care in IDP camps completed; procurement for 16,000 Clean Delivery Kits commenced**
- **Gulu Youth Centre fully functional and proving successful**

Reproductive Health

As part of its efforts to promote clean and safe delivery in the Internally Displaced Persons (IDPs) camps in Northern Uganda, UPHOLD plans to procure and distribute 16,000 Clean Delivery Kits.

UPHOLD held a stakeholders meeting involving representatives from the Districts and MoH to provide a forum for discussion and agreement on a program for improving

delivery care for IDPs. A review of the status of delivery care was carried out, followed by discussions of Clean Delivery Kits. A detailed action plan to improve delivery care in the camps was also achieved. The need to provide refresher training and continued support to the Traditional Birth Attendants (TBAs), who undertake most of the camps deliveries was agreed upon.

Procurement has commenced for the Clean Delivery Kits and delivery is expected in the second quarter.

Composition of the Clean Delivery Kit:

1. 2x plastic sheets, Clear/white, one 1.5m length for the mother and the other 0.5m length for the baby
2. 3x pairs of medium size rubber gloves: 1 sterile pair and 2 clean pairs
3. 1x piece of soap – cut from bar/washing soap (this was felt to be more practical as would help the mother afterwards with washing – unlike the current maama kit that has a small piece of toilet soap)
4. Few 5/6x small pieces of cotton swab
5. 2x brand new razor blades
6. 2x pieces of cord tie made from white/cream or grey thick cotton thread (should be thicker than the one in the maama kit)
7. small tube of tetracycline eye ointment
8. 4/5x sanitary pads made from cotton wool wrapped in gauze
9. 1x Post-natal card

Straight Talk Foundation (STF) – Gulu Youth Centre

Dissemination of the baseline survey findings to district and community leaders was achieved in November, providing an opportunity to explain to the stakeholders the purpose of the Gulu Youth Centre (GYC) and solicit their support.

The renovation and procurement for the Youth Centre is complete and is now fully functional, including the laboratory and pharmacy, with the official launch held on 6th November 2004. The Information Education and Communication (IEC) materials are proving successful, with approximately 39,000 publications being distributed during the period. In addition to educational films and radio slots, a GYC drama group has been formed. During the period the Centre received support from DDHS and MoH in the form of contraceptives and VCT test kits. A partnership is currently being developed with TASO.

VCT services have been offered at the Centre since September 2004 and are currently available twice a week. Between September and December 2004 a total of 521 young people between the ages of 13-24 have accessed the facility. Of these 270 were male and 251 female, 7.5% of all those tested were HIV positive. During the months of January and February 2005 a further 343 young people underwent VCT. During this period tests for syphilis, typhoid, malaria and pregnancy were made available. General counseling on issues such as STIs, rape, unwanted pregnancies, peer and parental relationships, sexual and menstrual problems and careers were also provided.

16 peer educators were trained in January 2005, instead of the planned 10, due to the high number of youths attending the centre and to cover for drop outs. 10 of the peer educators are actively working while 6 are in reserve.

Table 11 – Overview of Activities at Gulu Youth Centre

<i>Activity</i>	<i>Oct 04 – Dec 04</i>			<i>Jan 05 – Feb 05</i>		
No. Peer Educators Trained	0			16		
Number of Publications distributed	23,420			15,600		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
No. people receiving VCT Services	270	243	513			343
No. HIV Positive	24	15	39	6	2	8

SECTION 5: MONITORING AND EVALUATION

In collaboration with the Ministry of Health and AIM, UPHOLD participated in a review of Health Management Information Systems (HMIS) and the monitoring tools developed by AIM to include and streamline HIV/AIDS indicators.

UPHOLD have drafted two reporting formats, the grantee activity reporting form and the grantee quarterly reporting form, both have been distributed and are awaiting feedback.

Three HIV/AIDS tools have been developed and are currently in use:

- to extract data from health facilities
- quarterly reporting tool for HIV sector
- HIV reporting tool

UPHOLD has drafted 'Minimum Non-Infrastructure Standards for Primary Education Services' and accompanying tools, which have been agreed by the Education Standards Agency (ESA). Implementation of these tools at the national level has commenced.

These will monitor the standards and define targets for:

- Planning for the school
- Head teacher, administration and management
- School leadership
- School community partnership
- HIV/AIDS prevention and management

SECTION 6: CHALLENGES AND CONSTRAINTS

During the quarter, the four challenges and constraints of consequence pertain to maintaining adequate supply of HIV test kits, maintaining adequate supply of condoms, and intensifying the focus of UPHOLD support to Local.

Maintaining the Availability of VCT Test Kits

During the period under review, UPHOLD at the request of USAID provided emergency support to the Ministry of Health to procure HIV test kits for use in the country. Whilst this request was successfully and expeditiously executed, UPHOLD remains committed with DELIVER to promote the capabilities at district level better forecasting commodity requirements. UPHOLD plans to support the training of officers who have responsibilities associated with commodity forecasting.

Addressing Condom Availability

In the aftermath of the decision by the Ministry of Health to temporarily withdraw its Engabu® condom brand from the market, UPHOLD has received requests from participating district local government councils to procure condoms to address this shortfall. The recent efforts by the MOH will go along way to stem a shortage in the condoms. It is possible that the number of condoms distributed through UPHOLD supported activities may decline in the medium term.

Need for UPHOLD to Focus on Fewer Program Interventions at District Level

Given the experience of the past two years working with Local Governments, a chief lesson learned by UPHOLD is that the efficacy of program efforts are best realized with a focus on even fewer and not more intervention areas. Interim discussions at UPHOLD indicate that by focusing on a few intervention areas, more resources will become available to producing more results at a greater level of scale. Discussions are planned with USAID to achieve even more focus and greater level of scale in a select number of intervention areas. Expressed district priorities arising from the district planning process will form a chief basis for this analysis.

SECTION 7: APPENDICES

- A. Acronyms
- B. UPHOLD at a Glance
- C. Summary of Re-submitted CSO Proposals (without MoU signed)
- D. CSO Indicators and Targets
- E. Detailed Breakdown of November Child Days Vitamin A and De-worming activities
- F. Cooperative Learning in the Classroom Sample Lesson Plan
- G. Summary of HIV/AIDS activities from October 2004 to February 2005

Appendix A

Acronyms

AIC	AIDS Information Centre	MOU	Memorandum of Understanding
AIDS	Acquired Immunodeficiency Syndrome	MRC	Madrassa Resource Centre
AIM	AIDS/HIV Integrated Model District Program	NCRL	National Chemotherapeutics Research Laboratory
ANC	Antenatal Care	NGO	Non Governmental Organization
ASRH	Adolescent Sexual and Reproductive Health	NSARWU	National Strategy for the Advancement of Rural Women in Uganda
AWP	Annual Work Plan	OD	Organizational Development
BCC	Behavior Change Communication	PLWHA	People Living with AIDS
BFP	Budget Framework Papers	PMTCT	Prevention of Mother to Child Transmission
CDC	Centre for Disease Control	PTA	Parent Teacher Association
CDO	Community Development Officer	RFA	Request for Application
CIE	Community Involvement in Education	RHS	Reproductive Health Services
CL	Cooperative Learning	SC	Sub Counties
CSO	Civil Society Organization	SHN	School Health and Nutrition
DDHS	District Directorate of Health Services	SMART	Specific, measurable, achievable, realistic and time-bound
EMIS	Education Management Information Systems	STF	Straight Talk Foundation
EMS	Education Management Strengthening	STI	Sexually Transmitted Infections
FDS	Fiscal Decentralization Strategy	TA	Technical Assistance
FP	Family Planning	TASO	The AIDS Support Organization
GOU	Government of Uganda	TB	Tuberculosis
GYC	Gulu Youth Centre	TBA	Traditional Birth Attendant
HBMF	Home Based Management of Fever	TE	Teacher Effectiveness
HIV	Human Immunodeficiency Virus	THETA	Traditional Healers and Modern Health Practitioners together against AIDS
HC	Health Centre	TIPS	Trials of Improved Practices
HMIS	Health Management Information System	UNICEF	United Nations Children's Education Fund
HW	Health Worker	UPHOLD	Uganda Program for Human and Holistic Development
IDP	Internally Displaced Persons	UPMA	Uganda Private Midwives Association
IEC	Information Education and Communication	USAID	United States Agency for International Development
IUD	Inter Uterine Device	VCT	Voluntary Counseling and Testing
LSS	Life Saving Skills	YSP	Yellow Star Program
MOES	Ministry of Education and Sports		
MOH	Ministry of Health		
MOLG	Ministry of Local Government		

UPHOLD at a Glance
October 2004 to February 2005

GRANT HIGHLIGHTS

- Family Communication Action Grants RFA Phase I accomplished with 112 applications forwarded to Phase II
- Phase II Review undertaken; need for intensive follow up CSO workshops agreed upon and actioned
- 7 CSO workshops held covering HIV/AIDS, Integrated RH, Education and Child Health for 40 CSOs
- Internally approved 9 CSO applications; 10 sent to USAID for approval
- 7 Memorandum of Understanding signed
- Local government grants signed for Bundibugyo and Bugiri districts
- Developed CSO Grantee Capacity Strengthening Strategy

IR 8.1 IMPROVED EFFECTIVE USE OF SOCIAL SERVICES

Improved Quality of Social Services

- 7 districts have incorporated the costs of renovation of laboratory and VCT counseling rooms into their interim grants
- Review and distribution of quality standard monitoring tools for VCT/PMTCT services in all 12 districts achieved
- Successful forum for VCT/PMTCT coordinators with 53 participants from 9 districts
- Development of key tools for delivery of quality home and community based HIV/AIDS care and prevention activities accomplished
- Consensus achieved on the way forward for RH services in 2 districts
- Orientation of 50 health facility workers in goal-orientated ANC in Kitgum
- Contributed to development of National Communication Strategy for FP
- Youth Friendly ASRH services strengthened in Wakiso with 2 week training for 36 peer educators and service providers

Increased Availability and Access to Social Services

- Over 3.4 million children de-wormed in 20 districts during November Child Days
- Over 1.2 million children under 5 years given vitamin A supplement in 20 districts
- Strengthened collaboration between district health teams and education officers in 20 districts
- Polio immunization carried out in 7 threatened districts
- Successful follow up of Yellow Star Program training activities; National evaluation tools and manual refined
- Consolidated HBMF activities in 5 districts; orientation for 100 health workers in 10 sub counties in Luwero district
- Established and strengthened CB-TB DOTS in Bugiri district, orientating all HWs, training 15 SCHW and 6 laboratory personnel; with support supervision provided to a further 4 districts
- TE Module one: 'Towards Improved Classroom Instruction; Cooperative Learning' successfully revised and reformatted
- TE Module two development completed; 40 sample lesson plans in all primary school subjects
- Roll out of TE and EMS in 6 districts with 556 representatives trained
- Development of CL exercises as part of SHN activities completed
- Held writers workshop for training material developers

Improved Positive Behavior Changes Adopted

- Effective planning and execution of HIV/AIDS workshop in collaboration with Gulu District, for 50 vulnerable out of school youth
- Scope of Work developed for CIE/BCC activities

IR 8.2 INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

Improved Decentralized Planning, Management and Monitoring Systems

- Successful collaboration with MoLG and SDU II: ensuring each districts funding is targeted to priority areas and improve monitoring and reporting
- Follow up of implementation of school based training in Arua and Luwero districts illustrates success
- Review of MoES SMC Training Manual completed
- Local Government Interim Grants Planning Process reviewed and updated for 6 districts
- Development of draft tools for tracking parental/community activities underway

Increased Private Sector Role in Service Delivery

- 19 health care providers trained, resulting in 17,000 children receiving improved treatment
- Financial and Technical support to existing CSO grantee: UPMA; THETA/NCRL; MRC; AMREF
- Implementation of Technical Assistance to AIC resulting in suggested intervention
- Successful continuation of organizational support to TASO

IR 8.3 STRENGTHENED ENABLING ENVIRONMENT

Increased Community Participation and Advocacy

- Agreement by Yumbe district leaders on promoting health status attained
- Activities for future collaboration with 18 Media Partners agreed upon
- BCC tools drafted for PTA/SMCs addressing common issues throughout schools and handed over to MoES for contribution to the SMC Handbook
- Trial of Improved Practices undertaken in 3 districts resulting in communities successfully negotiating provision of lunch for pupils

Continuing Progress in Conflict Areas

- Review of status of delivery care in IDP camps completed; procurement for Clean Delivery Kits commenced
- In partnership with STF, Gulu Youth Centre fully functional and Youth Friendly services commenced

MONITORING AND EVALUATION

- In collaboration with MoH and AIM, reviewed HMIS and monitoring tools developed by AIM to include and streamline HIV/AIDS indicators
- Drafted and distributed two reporting formats: the grantee activity reporting form and the grantee quarterly reporting form
- Three HIV/AIDS tools have been developed and are currently in use:
- In collaboration with ESA, drafted and implemented 'Minimum Non-Infrastructure Standards for Primary Education Services' and accompanying tools

**Summary of Revised CSO Proposals (without signed MoUs)
as at end February 2005**

Organization and Partners	District	Tech. Area (Specific)	Amount UGX	Status
World Vision - Gulu	Gulu	HIV/AIDS (VCT,PMTCT)	119,931,000	USAID Approved
World Vision - Uganda	Kitgum	HIV/AIDS (HBC, PMTCT, OVC)	180,000,000	USAID Approved
St Josephs Hospital	Kitgum	HIV/AIDS (VCT, PMTCT, HBC)	108,439,000	Review
Bandimagwara Cultural Group - <i>Bubandi Youth Drama Org.</i> - <i>Green Dove Pupeteers</i>	Bundibugyo	HIV/AIDS (MDD)	65,306,000	Review
World Vision – Bund. - <i>Semliki Rural Dev. Fund</i> - <i>Karugutu women with AIDS</i> - <i>Karugutu church leaders forum</i>	Bundibugyo	HIV/AIDS (HBC, OVC)	135,000,000	USAID Approved
Rural Welfare Improvement for Development - <i>Maama Int. Mission</i> - <i>Bukanya Think Tank</i> - <i>Rural Reconstruction Movement</i>	Kyenjojo	HIV/AIDS (VCT, PMTCT, Condoms)	86,737,460	Internally Approved
Ft Portal Diocese Focal Point - <i>Muka Charitable Fund</i> - <i>Innovative Vision Uganda</i>	Kyenjojo	HIV/AIDS (VCT, HBC)	86,200,700	USAID approval
World Vision - Kooki	Rakai	HIV/AIDS (OVC, HBC)	63,000,000	Internally Approved
Rakai Health Services Project - <i>Office of Comm. Services</i>	Rakai	HIV/AIDS (VCT, ABC)	66,074,000	Draft MoU
Ibanda Child Dev. Centre - <i>Ruhoko HC III</i> - <i>Ibanda Mission HC II</i> - <i>CofU, Ibanda Parish</i>	Mbarara	HIV/AIDS (AB, VCT)	71,348,000	Internally Approved
Mayanja Memorial Hosp. Foundation	Mbarara	HIV/AIDS (VCT, A)	64,083,050	Draft MoU
World Vision – Kapeeka - <i>Kapeeka HC</i> - <i>Kapeeka SCLG</i>	Luwero	HIV/AIDS (VCT, PMTCT, Life Skills)	81,369,750	Internally Approved
Student Partnership worldwide - <i>Obwa Kyabazinga bwa Busoga</i> - <i>FLEP</i> - <i>CIDAPA</i> - <i>CCF</i>	Kamuli	HIV/AIDS (VCT, Condoms, Life Skills)	153,000,000	Review
Kamuli Mission Hosp.	Kamuli	HIV/AIDS	83,730,000	Review
Youth Alive	Kamuli	HIV/AIDS	94,395,000	Review
Uganda Reproductive Health Bureau	Bugiri	HIV/AIDS	87,461,800	Review

Uganda Com. Based Assoc. for Child Welfare	Bugiri	HIV/AIDS	81,836,000	Review
ACCORD - <i>War against poverty and illiteracy in Karamoja</i> - <i>Pian action for rural dev.</i> - <i>Anunam/Nawoda</i>	Nakapiripirit	HIV/AIDS	111,000,000	Review
Rukungiri Women Dev. Company <i>Buyanja Intergrated Com. Dev. Ass.</i> - <i>Nyakibale Dev. Support Ass.</i>	Rukungiri	IRH	180,000,000	Review
Toro Kingdom - <i>FPAU</i>	Kyenjojo	IRH	180,000,000	Review
Bushenyi Medical Centre - <i>West Ankole Diocese</i> - <i>Bwera Womens Music & Drama Group</i> - <i>Com. Health Empowerment</i>	Bushenyi	IRH	135,000,000	Review
Rural Health Concern (RUHECO) - <i>Amwoyonya Drama Actors</i> - <i>Limaro Health Care</i>	Lira	IRH	175,963,000	Review
Rakai AIDS Info. Network (RAIN)	Rakai	IRH	152,999,000	Review
The Kids League - <i>Arua Kids League</i> - <i>Straight Talk Foundation</i>	Arua	ED	179,826,294	Review
Literacy and Adult Basic Education (FABE)	Burgiri	ED	180,000,000	Review
Literacy and Adult Basic Education	Yumbe	ED	90,000,000	Review
Rukungiri Gender and Dev. Assoc. - <i>Bugyera Bakyara Rukore</i> - <i>Nyakagyeme Dev. Assoc.</i> - <i>Marumba Womens Group</i> - <i>Bwanda Womens Project</i> - <i>Rukungiri Multi-sector Dev. Assoc.</i> - <i>Nyakishenyi Gender and Dev. Assoc.</i> - <i>Burombe Com. Dev. Prog.</i>	Rukungiri	ED	180,000,000	Review
Education Secretariat Ft Portal Diocese	Kyenjojo	ED	180,000,000	Review
Acowa Family Helper Project - <i>CCF</i> - <i>Katine Child and Family program</i> - <i>DDHS Katakwi</i>	Katakwi	CH	90,000,000	Review
Teso Islamic Dev. Org. - <i>Health Need Uganda</i> - <i>Soroti Rural Dev. Org</i>	Katakwi	CH	90,000,000	Review

Dokolo Project – CCF - <i>Apyen-nyang Child & Family Project</i> - <i>Adita Child & Family Prog.</i>	Lira	CH	90,000,000	Review
Idudi Dev. Assoc. - <i>Busik Multipurpose Rural Dev. Prog.</i> - <i>Foundation for Com. Empowerment</i> - <i>Integrated Network for Farmers and Buss. Dev.</i>	Mayuge	CH	179,000,000	Review
Huys Link Com. Initiative - <i>DDHS Wakiso</i>	Wakiso	CH	89,999,980	Review
			718,999,980	

CSO Indicators	Target Numbers
Number of Primary school children/youth involved in life skills activities (including comprehensive youth friendly services)	86617
Number of VCT Clients who report satisfaction with VCT services during exit interviews	29106
Number of children under 2yrs gaining adequate weight	12980
Number of children under 5 years receiving appropriate and timely malaria treatment within 24 hours of fever onset	151537
Number of children under 1year who have received DPT3 immunization	60745
Number of children 6 - 59 months receiving Vitamin A supplementation	254887
Number of children 6 months -14 years who were dewormed	96498
Number of children under 2 years whose weight has been monitored	1550
Number of adults 15-49 years who used a condom the last time they had sex with non marital or cohabiting partner	26632
Number of adults 15-49 years who individually received HIV/AIDS counseling, testing and results	165525
Number of adults 15-49 years who received HIV/AIDS counseling, testing and results as couples	1000
Number of OVCs receiving care and support	2850
Number of women 15-49 years accessing the minimum package of PMTCT	7310
Number of youth 15-24 years reached with abstinence only messages	19800
Number of primary school children reached with abstinence only messages	4500
Number of family-parent/child dialogues held about sexuality and HIV/AIDS prevention	50
Number of young men and women of age 15-19 reporting having abstained from sex with non- marital non- cohabiting partners	14000
Number of individuals including couples aged 15-49 reporting having "abstained" or "been faithful" to their sexual partners.	65500
Number of PLHAs reached with HBC services	3850
Number of children under 5 years sleeping under ITN	89008
Number of primary school children who attended school the previous day	152660
Number of Joint School community development plans developed	305
Number of parents actively supporting child learning process	10861
Number of households where parents/guardians visited school to either observe teachers teaching classes or review children performance with the teacher	55854
Number of enrolled Grade1 pupils who eventually progress to Grade 4	17900

Provisional Results of November 2004 Child-Days Campaign (Source: UNICEF)

DISTRICTS	Vit A Target Popn.	NO. OF CHILDREN GIVEN VIT A			% Coverage	De-worming Target	CHILDREN RECEIVED DEWORMING			
	6-59 months	6-11 months	12-59 months	Total		1-14 years.	1-5 years	6-14 years	Total years	% Coverage
Arua	166373	15678	79153	94831	57%	425175	85357	146145	231502	54%
Bugiri	90171	-	-	85091	94%	210729	-	-	192515	91%
Bundibugyo	42376	8190	28632	36822	87%	108293	42137	63588	105725	98%
Bushenyi	135239	28197	70098	98295	73%	345610	83386	179626	263012	76%
Gulu	89084	7112	58164	65276	73%	227658	69820	33347	103167	45%
Kamuli	136747	13290	48516	61806	45%	349464	85959	147522	233481	67%
Katakwi	62625	-	-	41002	65%	160041	37696	55309	93005	58%
Kitgum	55908	12738	46917	59655	107%	142877	51958	66807	118765	83%
Kyenjojo	73696	8089	34739	42828	58%	188335	36653	83985	120638	64%
Lira	146253	22889	71498	94387	65%	373759	99850	159633	259483	69%
Luwero	89486	10130	40236	50366	56%	229964	55075	105314	160389	70%
Mayuge	62981	9588	26624	36212	57%	160951	36804	76642	113446	70%
Mbarara	207281	24279	108416	132695	64%	529719	122461	254730	377191	71%
Mubende	134711	15248	31548	46796	35%	344261	20348	83214	103562	30%
Nakapiripirit	31042	2950	18880	21830	70%	79330	10010	44132	54142	68%
Pallisa	100196	10766	50712	61478	61%	256056	70192	88223	158415	62%
Rakai	87975	11648	43760	55408	63%	224826	50162	124475	174587	78%
Rukungiri	58401	8743	31352	40095	69%	149247	38081	98368	136449	91%
Wakiso	188347	26893	105004	131897	70%	481332	115954	227524	343478	71%
Yumbe	53166	3600	20628	24228	46%	132916	20808	49847	70655	53%
TOTAL	2012058	240028	914877	1280998	64%	5120543	1132711	2088431	3413607	67%

Appendix F

Teach Effectiveness Module 2: Cooperative Learning in the Classroom -- Draft Version 1

Cooperative Learning Sample Lesson Plan

CLASS	:	P.5		SUBJECT	:	SCIENCE
DATE	:			TOPIC	:	The community: health and social problems among young people
				SUB-TOPIC	:	Hygiene
				DURATION	:	40 minutes

Academic Objectives:

By the end of the lesson, the pupils should be able to:

- Explain how proper disposal of feces reduces the transmission of diarrhea diseases
- Name three solutions to improving toilet/latrine use at school

Social Objectives:

Pupils should be able to:

- Work with others to perform a task
- Take up roles and responsibilities in groups

Instructional Materials:

- None

References:

- Uganda Primary School Curriculum page 182 - 183

PROCEDURE / LESSON DEVELOPMENT

STEP	EST. TIME	CONTENT / ACTIVITY
Presentation	10 min.	<ul style="list-style-type: none"> • Ask pupils to describe ways to keep safe from disease. Answers may include: drinking safe water, washing hands before eating etc. • Ask pupils to list diseases they might contract if they eat unclean food. Answers will vary but might include: stomach ache, vomiting, diarrhea. • Ask pupils how diarrhea is spread. Answers will vary but should include germs in feces getting into water we drink or food we eat. • Explain that an important way to reduce the spread of diarrhea is to dispose of feces properly. The best place to get rid of feces in a toilet/latrine. For everyone over 3 years, this means using a toilet each and every time they defecate. • Ask the pupils if everyone at school uses the toilet every time they defecate. At most schools the answer is that not everyone does. • Tell the pupils that this lesson deals with why some people fail to always use the toilet/latrine and what can be done to change that habit. Explain that they will work in groups to answer these questions. • Divide the pupils into 4 groups and have each group select a leader, a time keeper, and recorder.
Practice	15 Min.	<ul style="list-style-type: none"> • Tell the groups that they are to identify two things that cause people to not always use the toilet and 2 or 3 things that could be done to increase use. Explain the procedure that each group should follow: <ol style="list-style-type: none"> 1. Divide into pairs. Each pair identifies 2 reasons for the problem and 2-3 possible solutions. 2. The pair shares their conclusions with the group. 3. The group agrees on the most important reasons and the strongest solutions. The group recorder writes these down • Tell the groups that they have 15 minutes to complete their work. • Go round listening in and monitoring participation. Intervene where necessary. • When time is up call the class to attention. Ask the recorders to report the problems and solutions identified by their groups. Ensure that there is no repetition • Validate and consolidate pupil's answers. Summarize the lesson emphasizing the importance of proper disposal of feces.
Performance / evaluation	5 min.	<ul style="list-style-type: none"> • Mention areas of weakness observed during group activity and point out corrective measures for errant behavior. • Have pupils answer these questions in their exercise books <ol style="list-style-type: none"> 1. Write down three causes of diarrhea 2. Why should people use toilets / latrines?

REMARKS / COMMENTS / SELF EVALUATION

STRENGTHS

WEAKNESS

STRATEGY

Summary of HIV/AIDS Activities in 12 Districts for period October 2005 to February 2005

District	No. of Revised CSO Proposals Received	Incorporated costs of renovations of laboratory and counseling rooms into Interim Grants	Distribution of quality standard tools for VCT	Distribution of quality standard tools for PMTCT	Streamlining Monitoring and Evaluation	Sensitization Workshop
Bugiri	1	Yes	Yes	Yes	Yes	X
Bundibugyo	2	Yes	Yes	Yes	Yes	X
Gulu	2	Yes	Yes	Yes	Yes	Yes
Kamuli	3	Yes	Yes	Yes	X	X
Kitgum	2	X	Yes	Yes	Yes	X
Kyenjojo	3	Yes	Yes	Yes	Yes	X
Luwero	3	Yes	Yes	Yes	Yes	X
Mayuge	1	X	Yes	Yes	Yes	X
Mbarara	3	X	Yes	Yes	X	X
Nakapiripirit	1	X	Yes	Yes	X	X
Rakai	2	X	Yes	Yes	Yes	X
Wakiso	1	Yes	Yes	Yes	Yes	X
Total	24	7	12	12	9	1