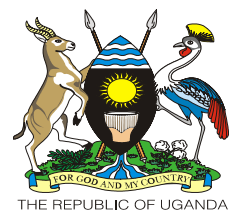




UGANDA PROGRAM FOR HUMAN  
AND HOLISTIC DEVELOPMENT



# Quarterly Report October-December 2006



THE REPUBLIC OF UGANDA

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## ACRONYMS

|           |  |
|-----------|--|
| ACT       | Artemisinin-based Combination Therapy                            |
| AIC       | AIDS Information Centre  |
| AIM       | AIDS Integrated District Model Project                           |
| ANC       | Antenatal care   |
| BASICS II | Basic Support for Institutionalizing Child Survival II Project   |
| BCC       | Behavior change communication                                    |
| CBGP      | Community-based growth promotion                                 |
| CCT       | Coordinating centre tutors                                       |
| CDWs      | Community development workers                                    |
| CIE       | Community involvement in education                               |
| CL        | Cooperative learning   |
| CPTC      | Core Primary Teachers College                                    |
| CRHWs     | Community reproductive health workers                            |
| CSO       | Civil society organization                                       |
| DDHS      | District Director Health Services                                |
| DFID      | The United Kingdom Department for International Development      |
| DOT       | Directly Observed Therapy  |
| DPOs      | Deputy Principals for Outreach                                   |
| DPT       | Diphtheria, pertussis, tetanus                                   |
| DVO       | District Veterinary Officer                                      |
| EFE       | Education Formative Evaluation                                   |
| EMS       | Education management strengthening                               |
| ENA       | Essential Nutrition Action (program)                             |
| EPI       | Expanded Program of Immunization                                 |
| ESA       | Education Standards Agency                                       |
| FAO       | Food and Agricultural Organization                               |
| FLEP      | Family Life Education Program                                    |
| FP        | Family planning  |
| G&C       | Guidance and Counseling  |
| GBV       | Gender-based violence  |
| GoU       | Government of Uganda   |
| GPs       | Growth promoters   |
| HBMF      | Home-based management of fever                                   |
| HCP       | Health Communications Partners                                   |
| HIV/AIDS  | Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome |
| HMIS      | Health management information system                             |
| ICCM      | Inter-Agency Coordination Committee on Malaria                   |
| IDPs      | Internally displaced persons                                     |
| IEC       | Information, education, communication                            |
| IES       | Integrated education strategy                                    |
| IPT       | Intermittent preventive treatment                                |
| IRCU      | Inter-religious Council of Uganda                                |
| IRH       | Integrated reproductive health                                   |
| ITNs      | Insecticide-treated nets   |
| KAARO     | Kaaro Rural Development Organization                             |
| LG        | Local Government   |
| LLINs     | Long-lasting insecticide treated nets                            |
| LQAS      | Lot Quality Assurance Sampling                                   |
| MARPs     | Most-at-risk populations   |
| MDD       | Music, dance and drama   |
| MED       | Monitoring, evaluation and dissemination                         |
| MIP       | Malaria in pregnancy   |

|        |   |
|--------|---|
| MoA    | Ministry of Agriculture   |
| MoES   | Ministry of Education and Sports                                    |
| MoH    | Ministry of Health  |
| MoU    | Memorandum of understanding   |
| NARO   | National Agricultural Research Organization                         |
| NMCP   | National Malaria Control Program                                    |
| NMS    | National Medical Stores   |
| OVC    | Orphans and vulnerable children                                     |
| PAF    | Performing arts festivals   |
| PCVs   | Peace Corps volunteers  |
| PEPFAR | (US) President's Emergency Plan for AIDS Relief                     |
| PIASCY | Presidential Initiative on AIDS Strategy for Communication to Youth |
| PLHA   | People living with HIV/AIDS   |
| PMI    | (United States) President's Malaria Initiative                      |
| PSSG   | Psychosocial support groups   |
| PTC    | Post-test clubs   |
| RAIN   | Rakai AIDS Information Network                                      |
| RCQHC  | Regional Centre of Quality of Health Care                           |
| RH     | Reproductive health   |
| RUGADA | Rukungiri Gender and Development Association                        |
| RUHECO | Rural Health Concern  |
| RWODEC | Rukungiri Women Development Company                                 |
| SBQR   | School Based Quality Reform   |
| SO8    | Strategic Objectives 8  |
| SP     | Sulfadoxine-Pyrimithamine   |
| STF    | Straight Talk Foundation  |
| TASO   | The AIDS Support Organization                                       |
| TB     | Tuberculosis  |
| TDMS   | Teacher Development Management System                               |
| TE     | Teacher effectiveness   |
| TKL    | The Kids League   |
| TOTs   | Training of trainers  |
| TUKO   | Tukolerewamu Club   |
| UNEPI  | Uganda National Expanded Program of Immunization                    |
| UPE    | Universal primary education   |
| UPHOLD | Ugandan Program for Human and Holistic Development                  |
| UPMA   | Uganda Private Midwives' Association                                |
| USAID  | United States Agency for International Development                  |
| USh    | Uganda shilling   |
| VHT    | Village health team   |
| WHO    | World Health Organization   |
| WSA    | Whole site approach   |

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# Executive Summary



This report covers the period of October to December 2006 for interventions supported by the Uganda Program for Human and Holistic Development (UPHOLD). UPHOLD supports 34 districts in Uganda to increase human capacity through improving the quality, access and utilization of health, education and HIV/AIDS services.

During the quarter, the program continued to work through partnerships with local governments (LGs) and civil society organizations (CSOs). A total of US\$372,031,323 was approved for disbursement through 29 Local Government grants and US\$522,950,058 approved for disbursement through the family and community action grants to CSOs. In addition US\$94,164,300 was spent through Core Primary Teachers' colleges to implement integrated education system activities and US\$359,162,666 was spent on the Uganda President's Initiative on AIDS Strategy for Communication to Youth (PIASCY) activities. By the end of the quarter, an overall average of 66% of obligated funds to LGs, CSOs (excluding AIC and TASO) and Core Primary Teacher Colleges had been released.

UPHOLD interventions through its partners through six Regional Offices. During the quarter the Northern Uganda Malaria Aids and Tuberculosis (NUMAT) Project commenced its operations in the North and North East regions of the country covering six UPHOLD-supported districts (Gulu, Amuru, Kitgum, Lira, Dokolo and Amolatar). The UPHOLD Regional Office in Gulu gave the necessary support to assist the new project take off including logistical arrangements, introducing NUMAT to the partners in the north and contributing to the work planning process. UPHOLD is preparing for a smooth transition to NUMAT as it winds up its operations in the North.

In the health sector, UPHOLD continued supporting the Home-based Management of Fever strategy of the Ministry of Health (MoH). A total of 205,133 episodes of fever in children below five years of age were treated by community medicine distributors in 11 districts and 85% of them recovered on Homapak alone. Under the (United States) President's Malaria Initiative, the program supported intensive support supervision on case management of malaria using Artemisinin-based Combination Therapy (ACT) to 4,174 health workers in 1,117 health units across 32 districts. The supervision reports indicate that 56% health workers have above average skills in ACT use. In addition, focused support supervision for malaria in pregnancy was carried out in 76 health facilities in 18 districts reaching 219 health workers and 15,000 long lasting insecticide treated bednets were distributed in Gulu Municipality. To support tuberculosis (TB) control activities, UPHOLD trained 566 health workers in TB management.

As in the previous years, UPHOLD supported the mass measles and polio immunization campaigns as well as the Child Days Plus interventions held in November. A total of 2,364,772 (100.1%) of children 0-59 months were immunized against polio in UPHOLD-supported districts. The program also expanded community growth promotion activities into 160 more villages in Arua, Luwero, Bugiri, bringing to a total 463 villages carrying out monthly growth promotion sessions as an entry point to integrated child health.

Community mobilization for integrated reproductive health continued through activities implemented by six CSOs including peer education, community dialogue sessions and outreach services. A total of 112 (67 male, 45 female) peer educators were trained to pass on RH messages to their peers by Rakai AIDS Network, 118 couples were counselled on gender based violence in Lira District, while UPMA sites reached 10,078 adolescents with RH messages and provided HCT services to 727 clients.

In the HIV/AIDS sector, UPHOLD continued to implement activities under the (United States) President's Emergency Plan for AIDS Relief (PEPFAR). The PIASCY program highlights for the quarter promoting abstinence among children include the performing arts festivals which were held at the coordinating centre level for 19 Core Primary teacher Colleges (CPTCs). These music, dance and drama shows were used as channels for children to disseminate HIV/AIDS prevention messages to their peers, parents and community members. Monitoring and supervision visits by the Ministry of Education and Sports PIASCY Working Group and UPHOLD found that during the school term, the 1,078 model schools had conducted school club activities and held action-oriented meetings with parents and communities to address risky situations faced by their children. There were also several innovations towards developing talking compounds and involving the pupils in communicating PIASCY messages.



“Be faithful” messages were disseminated through training and mentoring activities of Tukelerewamu Club, a CSO which promotes couple counselling at household and community level, as well as other CSOs which held MDD and community dialogue activities in the community. ‘Be faithful’ interventions were also carried out by CSOs implementing adolescent reproductive health interventions for out of school youth. A total of 23,998 individuals out of school were reached with Abstinence and ‘be faithful’ messages. Other prevention interventions for most-at-risk populations (MARPs) reached 4,455 individuals.

Available data shows that a total of 22,881 (9,450 male, 22,881 female) individuals were counseled, tested for HIV and received results at 132 UPHOLD-supported sites (including outreaches). Additionally, 8,119 mothers were counseled, tested and received their HIV test results under prevention of mother-to child transmission of HIV (PMTCT) interventions in the 45 UPHOLD-supported sites.

Palliative care services were offered to 1,523 people living with HIV/AIDS including TB treatment to 272 individuals and 498 orphans were provided with care and support services.

Organizational support to CSOs was provided through several means. UPHOLD funded a review of the AIDS Information Centre Strategic Plan 2003-2007 which showed overall achievement of targets but highlighted the need to strengthen management systems in the organization. UPHOLD is supporting the organization strengthen management systems as well as search for a substantive Executive Director. In the interim period, UPHOLD’s Deputy Chief of Party/Technical was seconded to the organization as Interim Executive Director for six months. UPHOLD secured an additional \$800,000 funding from USAID for The AIDS Support Organization (TASO) activities covering the period of January – March 2007. TASO conducted a financial review during the quarter and recommendations from the review will be followed up in the next quarter. Other CSOs were provided with technical support in data quality improvement through a data quality assessment exercise conducted by the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) Project with UPHOLD staff.

In the education sector, 4,108 head teachers and deputies were trained Education Management Strengthening Module 3 – *Managing School Finances* and the roll out of EMS Module 4 – *Managing the School Curriculum* began with the training of 57 national trainers and 1,231 district trainers for all 80 districts in the country. The training cascade for teacher effectiveness using cooperative learning (CL) was continued with 2,133 head teachers across the five districts of Bushenyi, Kaliro, Kamuli, Kyenjojo and Nakaseke trained in CL Module 2. Community involvement in education was promoted through school-community action-oriented meetings which were held in 190 schools to mobilize parents and community members to participate in activities that promote quality education and safer environments for their children. During follow up monitoring visits to the districts, several districts were observed to have initiated feeding and hygiene programs.

The annual Lot Quality Assurance Sampling (LQAS) survey for 2006 was the key highlight of the monitoring, evaluation and dissemination department. The survey was carried out in November and was cost-shared with NUMAT, covering 37 districts, 34 of which are UPHOLD-supported (including six shared with the NUMAT project) and three of which are NUMAT-supported. Several opportunities were also used to disseminate the program’s achievements; six abstracts were accepted for presentations at the Global Health Conference, 51<sup>st</sup> Comparative and International Education Society, 5<sup>th</sup> African Conference on Child Abuse and Neglect and the TB/HIV Modelling Conference held in South Africa.

# 1.0 Health Services



During October to December 2006, UPHOLD continued to consolidate gains made in the fourth year of implementation through its interventions focusing on malaria, child and reproductive health, tuberculosis control, and epidemic preparedness against avian influenza. The work of CSOs implementing child and reproductive health activities was evaluated through mid-term reviews so as to inform implementation for the rest of the project period. Technical support to improve performance of health workers and the quality of services was intensified through on-site support supervision visits conducted in conjunction with the Ministry of Health.

## 1.1 Malaria Prevention and Control

### ACHIEVEMENTS

- 150,388 children under five years in 14 districts were treated within 24 hours of fever onset
- 4,174 health workers in 1,117 health units in 32 districts were supported and supervised for implementation of the new malaria treatment policy using Artemisinin-based Combination Therapy

This quarter UPHOLD continued to work closely with the Ministry of Health and other partners to implement the (US) President's Malaria Initiative (PMI), focusing on scale-up of Artemisinin-based combination therapy (ACT); intermittent preventive treatment (IPT) for malaria in pregnancy; and insecticide-treated mosquito nets (ITNs).

### CASE MANAGEMENT OF MALARIA

#### Home-Based Management of Fever (HBMF)

Through quarterly supervision visits, UPHOLD has continued to support Community Medicine Distributors (CMDs) to deliver home-based management of fever services to the communities. Available records from 11 UPHOLD-supported districts indicate that over 205,133 episodes of fever in children below five years were treated and 127,270 of the children below 5 years who presented with fever were treated within 24 hours. Of these, 85% recovered on Homapak treatment alone without needing referral (see Table 1). Seventy three percent (73%) of the CMDs from the 11 districts reported in this quarter.

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

|   | <i>Oct-Dec 05</i> | <i>Jan-Mar 06</i> | <i>Apr-Jun 06</i> | <i>Jul-Sep 06</i> | <i>Oct-Dec 06</i> |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| <i>Number of Children treated by CMDs</i>                   | 700,063           | 717,578           | 679,078           | 631,453           | 205,133           |
| <i>Number of children receiving Homapak within 24 hours</i> | 451,973<br>(65%)  | 495,667<br>(69%)  | 459,376<br>(68%)  | 379,178<br>(60%)  | 127,270<br>(62%)  |
| <i>Number of children who recovered (%)</i>                 | 607,182<br>(87%)  | 673,639<br>(94%)  | 642,051<br>(95%)  | 576,808<br>(91%)  | 175,018<br>(85%)  |

Source: Program Records, UPHOLD 2006

During the next quarter, UPHOLD will continue to refresh CMDs skills for treatment of fever in children and record keeping, through quarterly review meetings. These meetings also provide an opportunity for retrieving data from CMD registers.





### **Ensuring Smooth Transitioning to the New Malaria Drug Policy**

Working closely with the National Malaria Control Program (NMCP), UPHOLD effected on-site support supervision of health workers for improved malaria case management through the existing Ministry of Health supervision system of Malaria Zonal Coordinators. Using supervision tools developed in the previous quarter, a total of 32 districts were visited this quarter, covering 1,117 health facilities and 4,174 health workers. The supervision focused on the availability of Coartem in the district and facility stores, the quality of malaria case management services and the extent of prescription of Coartem for uncomplicated malaria. Supervision reports indicate that districts visited have had most of their health workers trained in the new malaria treatment policy, an average of 76% of health workers (range 64% – 91%) prescribe Coartem for uncomplicated malaria and 50% (ranging from 29% in Lira to 80% in Isingiro) of fever episodes are treated with Coartem. On average 23% of health facilities had already experienced Coartem stock outs in the quarter. Annex I details the supervision visits by districts and health workers supported.

#### **Highlights from ACT support supervision during this quarter**

- 50% of malaria cases get ACT prescription (range 29% -80%)
- 56% health workers were rated as having above average skills in malaria case management using ACT (range 34%-86%)
- 23% of facilities had already experienced stock outs of ACT

*Source: UPHOLD Program Records, 2006*

### **CHALLENGES AND RECOMMENDATIONS**

Keeping the CMDs motivated remains a challenge throughout the districts. UPHOLD is planning to conduct an action research aimed at exploring motivation of CMDs and the HBMF system to generate recommendations for to the project as well as the MoH and USAID on how to keep CMDs motivated in the face of existing challenges.

Homapak, the anti-malaria drug used by CMDs to treat children under five who present with fever, is the backbone of the HBMF strategy. Districts are dependant on the MoH national distribution system through the National Medical Stores (NMS) to secure and avail Homapak to the CMDs. Despite reports of large stocks of Homapak in the NMS, its distribution to the districts has remained irregular and a number of districts, including Gulu, Kitgum, Nakapiripirit, Kyenjojo and Rakai, have experienced extended periods of stock out despite continued follow up by UPHOLD. This has been compounded by the ever increasing stocks of expired Homapak in the districts and health facility stores. Some of the reasons given to UPHOLD teams visiting districts to explain this situation include lack of transportation or failure to order supplies in a timely manner. Lack of availability of Homapak has negatively affected the HBMF strategy and has contributed to a reduced volume of work done by the CMDs. In Gulu and Kitgum Districts specifically, Homapak supplies were reported to have become erratic from February 2006. These two districts are also among the chosen four districts that the MoH approved for pilot testing the use of Coartem at community level, which is being implemented by WHO/DFID/PMI. During this reporting period, UPHOLD systematically documented the Homapak gaps through its integrated support supervision efforts at facilities and in communities. UPHOLD will continue to report and discuss these inadequacies with the MoH and will support a meeting of the Case Management Technical Working Group next quarter to further discuss these issues and formulate solutions.



## MALARIA IN PREGNANCY

### ACHIEVEMENTS

- Provided support supervision to 219 health workers in 76 health facilities in 18 districts
- Developed and piloted tools for rapid assessment of IPT implementation for malaria in pregnancy

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

In the previous years, UPHOLD has consistently promoted integrated ANC services delivery through the training of health workers in goal-oriented ANC which focuses on integrating several services including prevention of mother-to-child transmission of HIV (PMTCT), family planning and IPT uptake. In this quarter, UPHOLD intensified its efforts to strengthen the supervision skills and technical roles of district staff in order to improve the quality and use of ANC services. Using the support supervision tools which were developed with the MoH in the previous quarters, 18 districts and 76 health facilities were visited. In these districts, 219 health workers (78 males and 141 females) were provided with support supervision and on-job-training on management of MIP, including how to address factors that influence administration of Directly Observed Therapy (DOT) for IPT. Annex II details the health workers supported at each district.

To address the communication gaps among both health workers and community members about MIP, UPHOLD worked closely with the USAID-funded Health Communications Partners (HCP) and agreed on a behavior change communication (BCC) strategy, including print and radio materials as well as job-aides that would be used to support increased IPT2 uptake in the target districts.

### CHALLENGES AND WAY FORWARD

Facility level findings from the supervision visits indicate that factors that may be contributing to low IPT uptake include inadequate and irregular supplies of drugs for IPT and shortage of skilled staff. In some facilities, there is also inadequate recording of IPT doses offered to pregnant women by the facility. In the next quarter, UPHOLD will continue to provide focused support supervision to health workers in the rest of the districts to improve quality of care.

### INSECTICIDE TREATED NETS (ITNS)

Within this reporting period a total of 15,000 long-lasting insecticide-treated nets (LLINs) were distributed in Gulu Municipality which has an estimated population of 26,000 children below five years. To effect the exercise, a total of 128 CMDs were trained and supervised to register the beneficiary under-fives and subsequently distribute the LLINs. A report of a study focusing on process evaluation of the distribution exercise was also finalized, while the program submitted a proposal of another round of net re-treatment to USAID for approval.



## 1.2 Tuberculosis Control

### ACHIEVEMENTS

- Assessed TB interventions and needs in all UPHOLD-supported districts
- 566 health workers oriented on CB-TB DOTS
- TB review meetings held in six districts

During this reporting period UPHOLD rolled out tuberculosis (TB) control interventions to the 34 UPHOLD-supported districts. The districts received technical support to conduct supervision of TB activities from district level to community level in order to assess quality of services and thereafter to use the information for planning activities to improve the indicators. By the end of the first quarter, 566 (353 males, 213 females) district health workers had been oriented in the Community-based TB Directly-Observed Therapy-Short Course (CB-TB DOTS), an approach focusing on ensuring TB patients receive and comply to appropriate treatment at locations nearest to them. In six districts, stakeholder review meetings were held, attended by a total of 223 participants. Support supervision was also conducted in the seven districts of Bushenyi, Bundibugyo, Kyenjojo, Nakaseke, Rukungiri, Rakai and Lyantonde, reaching 126 health treatment and diagnostic centers. In these districts, all facilities visited were reported to be having sufficient drugs and laboratory supplies. However, Bundibugyo and Kyenjojo Districts expressed the need for more microscopes and training of laboratory personnel to enable the district to establish more diagnostic centres. The CB TB-DOTS strategy coverage was reported highest in Rukungiri District (70%) and lowest in Mbarara District (35%). The case detection rate was reported highest in Rukungiri (52.2%) and lowest in Bushenyi (42.1 %).

### Health Workers Matter Newsletter

With the Ministry of Health, USAID, through UPHOLD, is in the process of producing the fourth edition of the “*Health Workers Matter*” newsletter. The theme of this edition is Tuberculosis (TB). The articles, which are written for a rural health worker audience, focus on providing support to the community-based directly observed therapy (DOTS) approach, including understanding the approach, explaining the approach to clients, helping clients adhere to medication regimens and supporting distributors. The Editorial Board is making final adjustments to the issue which will be printed and distributed in the next quarter to more than 10,000 health workers in the UPHOLD partner districts.

## 1.3 Avian Influenza (Avian Flu)

### ACHIEVEMENTS

- Broadcast a radio campaign named ‘*The Poultry Doctor*’ on 12 FM radio stations

UPHOLD continued to collaborate with the National Task Force on Avian Influenza including the Ministry of Agriculture, MoH, FAO, UNICEF, WHO, and National Agricultural Research Organization (NARO) to operationalize the epidemic preparedness plan for a possible avian influenza outbreak. The media campaign developed by UPHOLD focuses mainly on prevention under the thematic title “*The Poultry Doctor*”.

During the quarter, radio talk shows under this theme were broadcast on 12 FM radio stations covering the central, eastern, western and northern regions of the country. The programs were aired in English (four versions), Luo, Runyankole-Rukiga, Runyoro-Rutooro, Ateso, Luganda, and Swahili. In this campaign, guest speakers for the talk shows included district government officials, namely the District Director Health Services (DDHS), District Health Educator (DHE) and District Veterinary Officer (DVO). The talk shows focused on explaining to the public the mode of transmission, recognition and prevention of avian influenza, the role of the community in surveillance, current status of avian influenza and the national preparedness plan. The talk shows were supported by 1,080 adverts, aired three times per day and approximately 2,940 radio spots. The adverts and radio spots focused on providing information for prevention, recognition and the required response in case of an outbreak. During the next quarter, UPHOLD will follow-up the radio awareness campaign with a more participatory intervention through the 800 established radio listening clubs in the 34 UPHOLD supported districts.



## 1.3 Child Health

### IMMUNIZATION

#### ACHIEVEMENTS

- 2,294,133 (102.6%) children 6-59 months immunized against measles
- 2,364,772 children 0-59 months immunized against polio
- 5,500 Measles Question and Answers booklets printed for measles campaign
- 10,000 pocket size immunization schedules printed for the caretakers

#### Sub-National Immunization Campaign for Measles and Polio

During this quarter, UPHOLD worked with the Uganda National Expanded Program of Immunization (UNEPI) and partners to complete the national measles and polio campaign and to implement the second round of Child Days Plus. The mass measles and polio campaign started in August 2006 and was implemented in a phased manner beginning in the North, then North-East, Eastern, West Nile, and finally Central and Western regions.

In addition to monies in the local government grants to support routine immunization, UPHOLD provided approximately US\$ 350 million for conducting social mobilisation activities in support of the two interventions. UPHOLD also met the costs of printing 5,500 Measles Question and Answers booklets, 10,000 pocket size immunisation schedule for the caretakers and 15 newspaper advertisement which were placed in three daily newspapers (*The New Vision, The Monitor and The Red Pepper*).

As a result of the campaign, a total of 2,294,133 (104.5 %) children 6-59 months were immunised against measles and 2,364,772 (100.1%) children 0-59 months were immunised against polio in UPHOLD-supported districts as shown in Annex III.

#### November 2006 Child Days Plus

Child Days have continuously provided a reliable mechanism in which greater coverage for immunization, Vitamin A supplementation and de-worming in communities has been reached. Once again, UPHOLD participated in the planning and execution of the November 2006 Child Days Plus activities. Prior to the November Child Days exercise, recommendations from the UPHOLD-supported Behaviour Change Communication (BCC) survey that was conducted in May 2005 were shared with other relevant stakeholders and utilized in the planning process. The survey showed the effectiveness of radio messages in increasing community participation in the immunization activities and this continued to be used as a mobilization channel. UPHOLD provided technical support to help local governments plan for the successful implementation of the November Child Days Plus. This was important as the polio and measles campaign was being implemented during the Child Days month for most districts causing a strain in the limited personnel and other resources. Behavior change communication (BCC) and mobilization activities had to be carefully designed to enhance participation without confusing the public.

### INTEGRATED CHILD HEALTH / GROWTH PROMOTION

#### ACHIEVEMENTS

- Trained 463 growth promoters in Luwero, Bugiri and Arua
- 300 villages across five districts held village growth promotion sessions
- 18 parish and sub-county coordinators trained in Ibanda and Kiruhura Districts

Implementation of integrated child health activities through community based growth promotion started in 2005 with the training of over 650 community growth promoters covering 300 villages in five districts. Using monthly village weighing sessions as an entry point, the growth promoters (GPs) aim at identifying sub-optimal child feeding and care practices, and through individual counselling, help mothers to improve on these in order to re-establish or maintain adequate growth of their children. The contacts at the monthly weighing sessions are also meant to address issues pertaining to appropriate antenatal care, child birth, family planning, immunization, hygiene and sanitation practices.

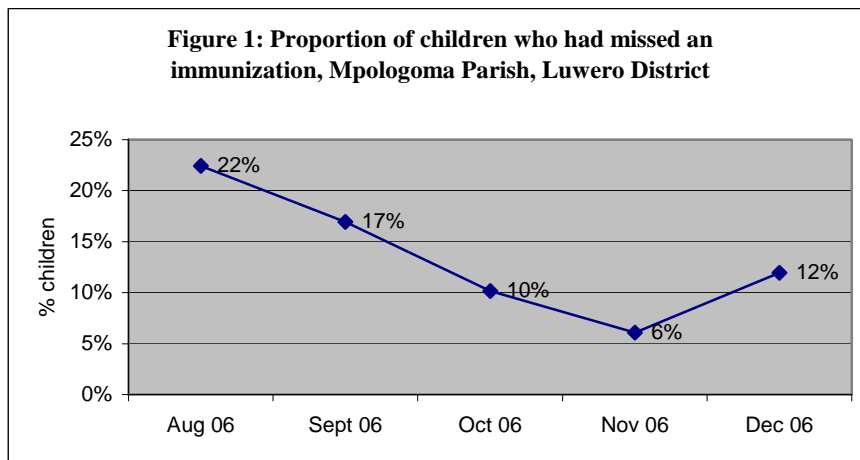
During this reporting period, Community Based Growth Promotion (CBGP)



activities were expanded to cover 160 more villages in Luwero, Bugiri and Arua. Luwero trained 221 additional GPs giving the district a total of 329, Bugiri trained 210 more growth promoters to bring the district total to 390, and Arua started implementation with the first training of 32 GPs. Of the targeted 1,500 growth promoters to be trained during the project life 1,170 had been trained by the end of December 2006 (see Annex IV for details).

### Growth Promotion Sessions

Between October and December 2006, over 300 villages conducted monthly growth promotion sessions while 130 villages completed their baseline survey in order to start community growth promotion in January 2007. Whereas it is still early to measure impact of CBGP activities on child growth, positive feedback is received from the districts on the impact of CBGP activities on immunization and Child Days coverage. Data from one of the well-reporting areas in Luwero District revealed a significant reduction in the number of children that had missed an immunization from August to November from 22% to 6% (see figure 1). Parishes in the same sub-county that conducted their baseline survey during the reporting period checked the immunization status of 441 children of whom 139 children (32%) had missed at least one immunization, compared to 5-10% of children where growth promotion is established.



Source: UPHOLD Program Records, 2006

### Support Supervision

Provision of regular support supervision is crucial for the successful implementation of integrated child health activities at the community level. In an effort to strengthen the support provided to community level growth promoters, UPHOLD started training first line parish-level supervisors during this reporting period. This training is expected to help parish level coordinators review and correct the monthly village level summary reports and provide support to the GPs where needed. So far, 10 parish and eight sub-county coordinators have been trained in Kiruhura and Ibanda Districts in collaboration with KAARO Rural Development Organization and the district administration. Other districts will conduct the training of parish coordinators in January and February 2007.

In October, UPHOLD supported the participation of district and CSO officials from Luwero, Bugiri, Mayuge and Kiruhura in a national training of trainers on the Essential Nutrition Actions. This training was organized by the Ministry of Health in collaboration with the Regional Centre for Quality Health Care, Mwanamugimu Nutrition Unit, UNICEF and UPHOLD. The five UPHOLD-supported trainers drew up their work plan for the integration of the Essential Nutrition Actions into the on-going community growth promotion program in an effort to improve the quality of counselling by the growth promoters. In Mayuge District this has already been followed up by two days of additional training for all 130 growth promoters using the Behavioural Change Communication approach for the Essential Nutrition Actions package. With modules on optimal breastfeeding, complementary feeding and feeding



of the sick child, growth promoters were given additional knowledge and skills regarding infant and young child feeding. Particularly valued was the preparation of 'ekitobeero', a healthy combination of locally available foods prepared for young children. The Essential Nutrition Actions package will be rolled out in other districts through the quarterly review meetings with the growth promoters starting in January 2007.

In an effort to document program progress, a video documentary was made covering integrated child health activities including the training of growth promoters in Luwero District, monthly weighing sessions and implementation of Child Days in Luwero and Mayuge Districts.

#### **CHALLENGES AND WAY FORWARD**

Village-level registration, data collection and reporting to upper levels are often late, incomplete and sometimes include inaccurate reporting. The training of parish supervisors is expected to improve the completeness and accuracy of information gathering and quarterly review meetings for community medicine distributors under the HBMF strategy will be utilized to ensure timeliness of reporting.

More is yet to be done to improve on the quality of counselling in order to achieve the expected impact on child feeding and care. Related to this is also the need for additional community sensitisation. In several communities, counselling and advice are not valued and community participation depends a lot on what they expect to get out of it in terms of hardware (bed nets, food, seeds, etc). The current focus during counselling has mainly been on child feeding and immunization, while other components of the integrated child health package such as antenatal care, birth preparedness, postpartum care and child spacing do not yet receive the expected attention. The support from parish and sub-county coordinators to GPs is expected to reinforce attention to these areas.

## **1.4 Reproductive Health**

### **ACHIEVEMENTS**

- 112 adolescent peer educators trained
- 1,777 clients served with RH services at Gulu Youth Centre
- 118 couples counseled on gender-based violence in Lira District
- 10,078 adolescents and youth served through UPMA outreaches
- 727 clients counseled, tested and received their HIV test results at UPMA sites

There are six CSOs funded by UPHOLD to implement integrated reproductive health (RH) interventions. These are Rakai Aids Information Network (RAIN) in Rakai, Tooro Kingdom in Kyenjojo District, Straight Talk Foundation in Gulu District, Rural Health Concern (RUHECO) in Lira District, Rukungiri Women Development Company, (RWODEC) in Rukungiri District and Uganda Private Midwives' Association which works in 14 UPHOLD-supported districts. In addition to the support of CSOs to implement reproductive health interventions, UPHOLD worked with Rakai District to develop work plans focusing on improved family planning (FP) and other reproductive health indicators.

### **Rakai AIDS Information Network (RAIN)**

UPHOLD supports RAIN to promote adolescent health services, increased use of family planning services and improved birth planning at community level in two counties of Rakai District, namely Kooki and Kabula Counties. During the quarter, 112 peer educators (67 male, 45 female) were trained to provide adolescent IRH messages to out of school youth. Other activities included community dialogue meetings to promote couple dialogue on RH issues and mobilize communities to utilize RH services. These were held in the two counties of its operation and 241 participants attended (172 male, 69 female).

### **Straight Talk Foundation**

Straight Talk Foundation runs Gulu Youth Centre providing adolescent friendly reproductive health services including peer education, RH counseling, HIV testing and counseling, and life skill development through edutainment activities. Between October and December 2006, the centre trained peer educators in 10 schools, providing them with knowledge on RH issues and skills in developing school clubs. At the centre's clinic, 2,430 clients were served with RH services, including treatment of STI (265 clients), counseling on menstrual problems



(48 clients), counseling on unwanted pregnancies (27 clients), HIV counseling and testing (1,412 clients – 690 male, 722 female) and other prevention services (196 clients). Edutainment activities were also important avenues through which the youth received RH messages. The centre reported 396 direct responses to radio talk shows, 5,905 participants in sports activities, 4,436 youth receiving IEC print materials including the *Straight Talk* newsletter.

### Rural Health Concern (RUHECO)

The main focus of RUHECO is mobilization of the community for RH services. During the quarter, a total of 1,258 couples were reached and counseled on various RH messages in the nine sub-counties of Lira District that the CSO operates in. These included 666 couples for family planning, 494 couples for safe motherhood and 118 couples for gender based violence. In addition, adolescent peer educators in the nine sub-counties reached 1,369 peers with adolescent RH messages.

### Tooro Kingdom

Tooro Kingdom IRH activities consist of community dialogue meetings, drama shows, RH outreaches and radio talk shows to mobilize the community for better reproductive health. During the quarter, four radio talk shows were held in collaboration with the District Director of Health Service's Office focusing on goal-oriented antenatal care (ANC), FP and safe deliveries. The CSO held several ANC outreaches with service providers from public health facilities, providing ANC services to a total of 366 individuals (66 male, 300 female). In addition, 3,481 (1209 male, 2,272 female) individuals were reached with IRH messages through community dialogue sessions.

### Uganda Private Midwives Association

Through its members located in 14 UPHOLD-supported districts, the Uganda Private Midwives Association (UPMA) achieved several indicators as detailed in table 2.

**Table 2: UPMA reproductive health achievements October-December 2006**

| Activity                                       | Achievements  |
|--|---|
| Integrated outreaches                          | <ul style="list-style-type: none"> <li>• 4,111 individuals served with FP services</li> <li>• 4,861 children and adults served with anti-malaria services</li> </ul>  |
| Deliveries                                     | <ul style="list-style-type: none"> <li>• 120 domiciliary deliveries</li> <li>• 2,092 deliveries at clinics</li> </ul>   |
| Adolescent/youth services                      | <ul style="list-style-type: none"> <li>• 10,078 adolescents and youth served</li> </ul>   |
| Antenatal care                                 | <ul style="list-style-type: none"> <li>• 6,249 pregnant women served</li> </ul>   |
| Improved child health management               | <ul style="list-style-type: none"> <li>• 5,370 children treated using the Improved Child Health Practice Guidelines</li> </ul>  |
| Client referral for ARV                        | <ul style="list-style-type: none"> <li>• 68 clients</li> </ul>  |
| Malaria cases treated at UPMA clinics          | <ul style="list-style-type: none"> <li>• 9,127 cases</li> </ul>   |
| Family planning services                       | <ul style="list-style-type: none"> <li>• New acceptors for modern methods– 6,304 (Injection-1,155; Pills-525; Condoms-315; referrals for long term methods-105)</li> <li>• Methods:               <ul style="list-style-type: none"> <li>- Injection - 1,452 clients</li> <li>- Pills -1,953 clients</li> <li>- Condoms -2,764 clients</li> </ul> </li> </ul> |
| HIV counselling and testing for pregnant women | <ul style="list-style-type: none"> <li>• 727 clients</li> </ul>   |
| PMTCT mothers given Nevirapine                 | <ul style="list-style-type: none"> <li>• 19 mothers</li> </ul>  |

Source: Program Records, UPHOLD 2006

The training of private midwives in the previous quarter is starting to bear fruit with 727 clients counselled and tested for HIV in UPMA private clinics. However, reports indicate that inadequate supplies of test kits also affected this output.



### **Rakai District Local Government**

Towards the end of the year, Rakai District was granted US\$ 140,281,800 to implement an integrated reproductive health project in the two counties not covered by RAIN. Through this grant, the district will also guarantee the availability of family planning (FP) supplies throughout the district, procure and distribute essential supplies for IRH such as safe delivery (*Mama*) kits. More collaboration is expected between the district and RAIN to ensure that whenever RAIN organizes an event, qualified health workers are present in the community to provide service guidance and supplies of contraceptives, ANC, IPT for malaria prevention, HIV testing, and all IRH related counseling. As a result of increased outreach services, it is hoped the IRH and FP indicators in the district will improve.

### **The Woman's Health Passport**

The Woman's Health Passport, approved for use by the Ministry of Health, and is a hand-held reproductive health (RH) medical record which in one booklet contains the MoH's seven RH forms that are used to follow a woman through four pregnancies. UPHOLD completed procurement of 43,500 of these job aides for distribution to Rakai and Rukungiri Districts where their acceptability to the users and service providers will be assessed and reports given to MoH before they can embark on large scale production and distribution.



## 2.0 HIV/AIDS Services



### INTRODUCTION

During October to December 2006, UPHOLD continued to implement HIV/AIDS interventions under the (United States) President's Emergency Plan for AIDS Relief (PEPFAR) to improve access, quality and sustainable use of HIV/AIDS services. This was pursued through supporting local governments and civil society organizations to train various cadres of service providers, providing site-based support supervision and mentoring, and working towards the integration of HIV/AIDS services. These activities continued to be implemented in the original 12 UPHOLD-supported districts of Kamuli, Mayuge, Bugiri, Nakapiripirit, Wakiso, Luwero, Mbarara, Gulu, Kitgum, Bundibugyo and Kyenjojo which were not supported by the USAID funded AIDS/HIV Integrated Model District (AIM) Program as well as the newly created districts of Kaliro, Kiruhura, Isingiro, Ibanda, Lyantonde and Nakaseke. A total of 23 HIV/AIDS CSOs received the second year PEPFAR grants covering eight months and started implementing activities in their respective work-plans. UPHOLD also continued with the implementation of the (Uganda) President's Initiative on HIV/AIDS Strategy for Communicating to Youth (PIASCY).

### ***2.1. Interventions on Prevention (Abstinence and Being Faithful)***

These interventions aim to increase the number of youth who delay sexual debut and also the number of couples practicing mutual faithfulness. Abstinence only messages are promoted through the President's Initiative on AIDS Strategy for Communication to Youth (PIASCY) targeting school children while other abstinence and 'be faithful' activities target out of school youth and adults. PIASCY activities were complemented by the work of five UPHOLD-supported CSOs, whose interventions focused on promoting dialogue between schools, parents and community members to promote safer environments for children.

#### **THE PRESIDENT'S INITIATIVE ON AIDS STRATEGY FOR COMMUNICATION TO YOUTH (PIASCY)**

During the quarter, PIASCY interventions continued with the scaling up of pupil-centric activities and promotion of community involvement in all districts of Uganda using the whole school approach and through the development of model schools which are expected to disseminate good practices in communicating PIASCY messages to other schools.

The whole school approach (WSA) promotes the involvement of all stakeholders in education as co-partners in an effort to embrace the implementation of PIASCY under the premise that information alone is not sufficient to change behaviour, but that family attitudes and expectations, peer pressure, the influence and support of the school and the wider community and poverty or wealth all influence behaviour. There is therefore a need for the entire community to take a pro-active stance if the fight against AIDS is to be effective.

Using a centrifugal approach, UPHOLD is supporting the development of 1,078 model schools in the country to act as centers of excellence disseminating best practices in communicating PIASCY message to schools within their coordinating centers and beyond. Several practices are being promoted including among others: school clubs; radio talk shows; talking environments; guidance and counseling of pupils on adolescence and HIV/AIDS related issues; performing arts festivals; school open days focusing on PIASCY; and action-oriented meetings to involve parents and communities in promoting safer environments and quality of education for children. In all these, the use of music, dance and drama has proven to be an effective channel of communication.



#### **ACHIEVEMENTS**

- All 1,078 model schools received school incentive grants, conducted school club activities with integrated PIASCY messages, held Guidance and counseling group sessions and conducted action-oriented meetings on risky situations
- 539 Coordinating centers conducted safety friendship meetings
- School talk shows were conducted in 732 model schools
- Approximately 10,000 primary schools established talking school environments, held school open days that had a component on PIASCY and participated in the PIASCY Performing Arts Festivals
- 13 CPTCs held end-of-term review meetings
- Monitoring and support supervision exercise covered 74 districts and 360 model schools

To support the model schools, UPHOLD provided school incentive grants (SIG) of US\$ 688,000 to the 1,078 model schools, through their respective Core Primary Teacher Colleges (CPTCs). Most of the model schools began implementation of their SIG activities during this quarter. In addition, UPHOLD supported nation-wide monitoring and support supervision of district PIASCY activities by joint teams from the Ministry of Education and Sports (MoES) and UPHOLD. The narrative below describes achievements in the development of the model schools and findings from the monitoring and supervision visits.

#### **Performing Arts Festivals**

Under national guidance, inter-school competitions with PIASCY related themes were held at coordinating center (CC) level. All CCs in 19 out of 23 CPTCs carried out the CC level performing arts festival (PAF) competitions. The exceptions were Gulu, Moroto, and Kitgum CPTCs, which have scheduled them for the next quarter. In total 10,000 primary schools participated in the PAF during the quarter with 20 pupils accompanied by two teachers represented by each school in exciting and touching displays of creativity and enthusiasm. Two schools were selected from every centre to represent their region in the district festivals scheduled for the next quarter. Communities actively participated in this activity. In Ngora CPTC community members volunteered to adjudicate in the PAF. In Kabale-Bukinda CPTC, PAF was an opportunity for parents to learn and open up in discussions held after the children's presentations. In Nakaseke CPTC, children displayed proven abilities in performance and knowledge on HIV/AIDS. One challenge to the PAF activities was the end of school year and the Primary Leaving Examinations during this quarter which deprived some of the pupils from participating. In the following years, it would be advisable to hold such activities during the first or second school terms.

#### **School Club Activities**

School clubs increase children's involvement and active participation and enhance acquisition and practice of life skills through child-centred activities. They also increase children's free expression and effective communication on HIV/AIDS through activities like music, dance and drama; asking questions through the suggestion/anonymous boxes; and the development of appropriate messages. In all schools visited during the quarter, school clubs were being re-activated. At least three to five clubs were reported to exist in each model school and these clubs conducted at least one meeting in the term. At Budo Junior Primary School in Wakiso District, the school compiles messages developed by the pupils by class and these are filed in simple paper files to make simple booklets full of educative messages. The headmaster reported,

*"I have discovered through active child participation children come up with very creative and useful messages that are appropriate to their peers."*

At the same school, it was also discovered that the children open up more easily to their peers so the administration developed a programme with the senior two students from Kings College Budo who visit them every Wednesday to interact with children from the junior school. Topics of interest are identified and given to these senior students prior to the interactions and these are handled either in groups or on a one-to-one basis. This has been found to be very effective in addressing children's HIV/AIDS concerns. The school administration takes on issues that are sensitive and handles these with the pupils without revealing identities of pupils. Another example is in Kamuli Boys Primary School, where pupils organised door-to-door activities for four days to sensitise the community on PIASCY activities. In Pakele Army Primary School, Adjumani District, pupil representatives sit on the PIASCY school committee and participate in the collection of talking environment materials.



### ***CHALLENGES AND WAY FORWARD***

The program design targeted re-activation of existing school clubs and a positive trend has been the creation of several new clubs in most schools as a result of PIASCY, namely PIASCY clubs, health clubs and HIV/AIDS clubs to mention but a few. Observations from field visits reveal that children have overwhelmingly responded positively to PIASCY club activities, despite minimal support from teachers in some schools. This is some times due to teachers' negative attitudes towards PIASCY, which need to be addressed through continuous orientation and training of the teachers.

Documentation of club best practices is minimal in most schools. For example it is not easy to identify the membership of each club, how often they meet and what they discuss. This gap will continue to be addressed through support supervision visits and guidance in report writing at the school level.

### **School Talk Shows**

In line with the PIASCY work plan, each model school was required to invite resource persons to deliberate on topical issues that address specific pupil, school and community needs. All 1,078 model schools effected this, though with deferring perspectives and approaches. School talk shows aim at increasing children's safety and creating a more child friendly environment. In Kayunga District, motor-bike (boda-boda) cyclists were identified as a group that put most pupils at risk and therefore invited to participate in PIASCY activities. They were very receptive and even presented gifts to schools during the PAF. In Rukungiri and Kabale Districts, media houses supported PAF offering free air time and inviting some schools into their studios to air the talk shows. Another innovation, pupil to pupil talk shows, was conducted in class rooms and during school assemblies, In Ngora CPTC this activity was one of the PAF items which generated a lot of information among pupils and enhanced their life skills.

### ***LESSONS LEARNED, CHALLENGES AND WAY FORWARD***

Children seem to be able to articulate with confidence a lot of knowledge and information on HIV/AIDS. However, it is not easy to establish whether the required life skills to protect the children against HIV/AIDS are also being developed. This will have to be evaluated after PIASCY interventions have been in place for some years.

### **Creating Talking Environments in Schools**

Efforts have been made to have 'Talking Environments' which reinforce PIASCY messages to pupils in all primary schools with varying degrees of innovation and creativity. Monitoring reports indicate that non-model schools emulate talking environments from good performing model schools. In some schools children participate in establishing and sustaining talking environments. Some messages have been translated into local languages to cater for communities and lower primary sections and most schools have adopted portable compound messages.

### ***CHALLENGES AND WAY FORWARD***

Teachers' attitudes, innovativeness and involvement of other stakeholders make a remarkable difference in establishing successful school talking environments. Where children have been encouraged to participate in developing talking environments, there has been much innovation. However, communities are reported as the most common challenge in establishing sustainable talking environments as they may destroy or alter posters and sign posts they do not agree with. In Kikuube Primary School, Hoima District, some community members changed messages from '*abstinence is the best*' to read '*abstinence is harmful!*' To address this challenge, supervisors will continue to encourage the schools to create more awareness on PIASCY in the communities. They will also be encouraged to design portable posters as some schools have already done.

### **Guidance and Counselling**

Guidance and counselling (G&C) has been appreciated in most schools with most schools delegating this role to the senior woman and senior man teachers. In most schools visited, group counselling was commonly reported but in most of the cases there was little evidence of documentation to back up what was being reported. In a few of the schools, there was a special room for G&C, but generally, there was very little evidence of individual counselling observed or reported.

### ***LESSONS LEARNED, CHALLENGES AND WAY FORWARD***

PIASCY has increased HIV/AIDS awareness in schools and communities, thus increasing disclosure and the search for further support at the school level. Most schools have identified infected and affected pupils, some of whom are



on anti-retroviral therapy and require professional school-based HIV/AIDS counselors to handle their issues before further referral. UPHOLD will explore possibilities of networking with organizations and facilities providing this type of care and support.

G&C resources and equipment are very minimal in most schools, thus limiting confidentiality in most cases during the one to one sessions. UPHOLD will raise these findings with MoES during the upcoming review meetings.

### **School Open Days**

As is the custom in the last school term of the year, most schools conducted school open days or parent-teacher association meetings, mainly to review and plan for the next year. With guidance on PIASCY implementation, most of the schools used this opportunity to orient parent and the community on PIASCY program activities and to solicit their support of the program. A total of 10,000 schools held school open days focusing on PIASCY.

### **Action Oriented Meetings**

Action-oriented meetings are a means of getting all stakeholders to work and plan together for the smooth running of their schools and to ensure that all are involved in provision of a safe environment and quality education to their children. Under the PIASCY program, parents, community leaders and appropriate officials are brought together to deliberate on (among other things) risky situations that may impact the children's education and life and agree on action that needs to be taken to address them. During the quarter, 732 schools from 366 coordinating centres in 15 CPTCS reported conducting at least one action-oriented meeting. To date, these meetings have been considerably successful in terms of attendance and issues discussed with the main focus of discussions and action plans centred on defilement and risky situations. In Busuubizi PTC, the action-oriented meetings held with the communities, allowed parents to realise their critical role in the proper development of their children and provided them with an opportunity to pledged support for the protection of their children. These parents demanded to be present (and went ahead to participate) in the opening and responding to the questions from the anonymous boxes in schools.

### **Other Community Involvement and Participation Activities**

Several innovations to involve parents and communities in HIV/AIDS prevention activities were also reported around the country during this quarter. In Masaka District, parents were invited as resource persons to address pupils on HIV/AIDS matters. Religious leaders and local leaders have also played a crucial role in sensitising the communities. In Mukuju CPTC, outreach services into the community have been conveniently conducted through the church.

### ***CHALLENGES AND WAY FORWARD***

Communities are still very complacent and do not appreciate the critical role they need to play in the proper development of their children. Some extreme instances of negative community attitudes were reported in the Busoga Region where some people are reportedly not happy about the success that the program is recording in the area of children being aware of risky situations and being more assertive. The abstinence message is also causing unrest among those who have been taking advantage of the children who are no longer easy prey for them after the introduction of the program. They now view PIASCY as a threat to their way of life.

Culture still plays a key role in community perspectives and attitudes in the fight against HIV AIDS. Some religious sects still find it very hard to open up on sex education, while others still encourage female submissiveness to male counterparts, which greatly hinders girl's assertiveness leading to early marriages and polygamy. In Adjumani District, it was reported that the communities were not happy about the PIASCY messages, which they said contradicted their culture that encourages early marriages for girls. Some of the communities went as far as vandalising and destroying the messages in the school compounds.

### **Distribution and Utilisation of PIASCY Materials**

To enhance and support the centrifugal strategy of PIASCY, UPHOLD distributed the guidelines for talking environments and guidance and counseling to primary schools, education offices and PTCs in the country in the previous quarter. All schools visited had received these PIASCY Information, Education and Communication (IEC) materials, but their utilization was found to be very low. The least used material was the HIV readers and log books



yet these are critical as job aides for factual information and activities for the children and as supervision tools respectively. It was also observed during the monitoring visits that schools were still very poor at keeping records. It is evident that most teachers never interact with the information, education and communication (IEC) materials, as evidenced by lack of knowledge of the materials' whereabouts in the school during the monitoring visits.

### **End of Term Review Meetings**

These meetings are intended to bring together the implementers, policy makers and development partners to discuss achievements, challenges in implementation of the PIASCY Program during the quarter and agree on strategies for future interventions. They are strategically planned to take place at two levels i.e. CPTC/district level and central or national level. Central level meetings bring together all MoES key departments, the Education Standards Agency, Uganda National Examinations Board, Core PTC representatives and the UPHOLD PIASCY team.

Out of the 23 CPTCs, 13 colleges successfully conducted their end of term review meetings during the quarter and an UPHOLD PIASCY team member attended all the meetings. The other 10 meetings are scheduled to be held early in the next quarter.

### ***CHALLENGES AND WAY FORWARD***

Districts have shown vigilance and most reported having attended PAF at various centres. All districts expressed willingness to support colleges in the follow-up of PAF and SIG accountabilities. However, transparency seems to be lacking between colleges and districts. District officials and CCTs expressed ignorance on PIASCY budget and general work plans. During the next quarter, teamwork will be emphasised and built through joint stakeholder meetings at the district level.

### **Monitoring and Support Supervision**

On average, 33% of the model schools in each CPTC were supported through the joint MoES PIASCY Working Group/UPHOLD support supervision exercise. It was observed that more sensitization needs to be done by the Coordinating Centre Tutors (CCTs) to guide the schools on the whole school approach. The head teachers need to be more pro-active in their managerial roles and should be encouraged and advised on how to embrace such new programs. Schools need to understand that setting up parallel systems for every program that is introduced is not sustainable and this is what causes the teachers to feel overwhelmed and believe that they are over loaded with work, they also need to appreciate that they cannot do it alone and there is need to involve all stakeholders.

## Success Story: Involving Children in Promoting HIV/AIDS Prevention Messages

The Uganda President's Initiative on AIDS strategy for Communication to Youth (PIASCY) is a Behavior Change Communication initiative targeting approximately eight million primary school children in the country. The program is spearheaded by the Ministry of Education and Sports and supported with funding from the United States Agency for International Development (USAID) through the Uganda Program for Human and Holistic Development (UPHOLD).

Under the PIASCY program, 1,078 model schools are being developed to act as centers of excellence to disseminate best practices in communicating HIV/AIDS prevention messages to pupils and to involve parents and the community in making the school environment safer for their children. The practices being promoted include: school clubs; radio talk shows; talking environments; guidance and counseling of pupils on adolescence and HIV/AIDS related issues; performing arts festivals; school open days focusing on PIASCY; and action-oriented meetings to involve parents and communities in promoting safer environments and quality of education for children. In all these, the use of music, dance and drama has proven to be an effective channel of communication.

Muhorro Muslim Primary School, a rural school in Muhorro Coordinating Centre, Kibaale District has been designated as a model school and has been innovative in developing HIV/AIDS prevention messages through various channels for pupils and the community at large. The pupils have been actively involved in developing materials together with their teachers and innovative games and drama shows where they use these materials to deliver messages on HIV/AIDS as shown in the pictures. The school also has a talking compound and classrooms which depict life skills to avoid HIV/AIDS.

*Pupils from Muhorro Primary School demonstrate the effect of HIV in a drama show*



*Talking Compound at Muhorro Primary School*

Action-oriented meetings with parents have also been instrumental in making a change in the pupils' lives. Mr. Birungi Joseph the head teacher commented 'We held action oriented meetings with parents and resolved to invite the owner of the video/disco hall nearby, who agreed to reduce the hours and times of operation. Now we have less absenteeism among our pupils and we believe they are safer'



**BE FAITHFUL INTERVENTIONS**

- ACHIEVEMENTS**
- 12,559 individuals reached with 'be faithful' messages including 400 couples
  - 270 service providers trained to give 'be faithful' messages

Be faithful interventions are mainly promoted through music, dance and drama sessions conducted by local drama troupes and UPHOLD-supported CSOs as well as couple counselling. Through UPHOLD support, Tukolerewamu (TUKO) Club, a CSO that works jointly with the Office of the First Lady, worked with 25 CSOs across the 18 districts UPHOLD has been supporting to carry out couple counseling services on being faithful. Eleven (11) out of 25 district trainers of 'be faithful' promotional services were followed up and provided with technical support by TUKO Club. Marriage counselors, religious leaders, mothers' and fathers' unions worked hand in hand with the supported CSOs to promote mutual faithfulness as a strategy for preventing HIV transmission in communities. Through TUKO Club, couple counselors have also been facilitated with bicycles to carry out home visits and promote faithfulness among couples. In Kyenjojo District, there are 25 couples now implementing 'be faithful' activities in Kaihura Sub-county through a CSO known as *Bringing Hope to the Family*.



Couple counselor from *Bringing Hope to the Family* receives a bicycle from Tuko Club for 'Be faithful' activities

Tuko Club gets mention in the media

Local music, dance and drama (MDD) troupes mobilized and facilitated by CSOs were engaged to propagate messages on abstinence and mutual faithfulness in communities. Notably, a drama titled *'The Clever Dancer'* focuses on abstinence, *'Are you Sure'* focuses on HIV counseling and testing, *'Is this a Home'*, has messages on violence prevention, and *'Are you Safe'* promotes faithfulness. After troupe performances, abstinence commitment cards are usually signed by youth who wish to make self commitments on abstinence.

Through these activities, a total of 12,559 (7,367 male, 5,192 female) adults including 400 couples received 'be faithful' messages and 270 (171 male, 99 female) service providers were trained to offer 'be faithful' promotional services during this quarter.

In Bugiri District, Uganda Reproductive Health Bureau (URHB) an UPHOLD-supported CSO, has tested all the 15 couples initially trained under TUKO Club. The 15 couples have in turn been referring couples they counseled for HIV testing at the URHB Clinic. In Pabbo Internally Displaced People's camp in Gulu, one couple counselling trainer had this to say:

*"It was very true that really most families were breaking up, husbands going out to look for young girls to satisfy their need and also women looking for men who could satisfy their sexual needs. When the team went out to the community and initiated this program, many couples who saw the benefit of faithfulness and mutual understanding, have been referring their colleagues to the outreach team for technical and moral support."*



During this reporting period, UPHOLD technical staff conducted support visits to CSOs including those promoting ‘be faithful’ activities. Prominent among the findings were: the need to translate the training materials into some of the local languages; inaccuracies in data collection and reporting; lack of IEC materials for couples to use in educating other couples; and lack of counseling skills by ‘model couples’ to handle difficult issues like HIV counseling. The technical support provided during these visits therefore stressed the need to link ‘be faithful’ activities to established HIV counseling and testing services where service providers have been trained, establishing referrals for care and support and allocating time to campaigns against gender-based violence. In addition, the shortage of referral cards which was noted during the support visits was alleviated by printing and distributing the referral cards to all of the CSOs implementing HIV/AIDS interventions. Data collection forms were also distributed after orienting service providers on their use.

### ***CHALLENGES AND WAY FORWARD***

Some of the challenges faced in promoting abstinence and being faithful activities during this quarter included the end of year Primary Leaving Examination which left little room for other activities, heavy rains which affected schedules for outreaches, difficulty in mobilizing out of school youth and low male involvement in community ‘be faithful’ campaigns. Gender-based violence (GBV) is still one big impediment to on-going interventions aimed at creating desired preventive behaviors, especially for women. To increase awareness on GBV, UPHOLD will continue to work with CSOs to stimulate dialogue on GBV in communities especially through model couples and drama troupes. Additionally, UPHOLD will continue to support activities that attract teenagers particularly those offered at sites with established adolescent-friendly youth services i.e. Gulu Youth Centre in Gulu District and Buwambo, Kajjansi, and Namayumba Health Centres in Wakiso District.

## **2.2 Other Interventions on Prevention**

### **Most-at-risk Populations**

The main focus of other prevention activities are the most-at risk populations (MARPs). Seven CSOs had earlier mapped locations of MARPs including; boda-boda cyclists, plantation migrant workers (mainly from tea plantations in Kyenjojo), fishing communities in the islands and along the shores of Lake Victoria and River Nile as well as people living in IDP camps in Gulu and Kitgum Districts. Clientele data was also utilized to locate HIV+ couples and discordant couples. These identified groups received tailored preventative messages. In addition, support-group meetings for people living with HIV/AIDS (PLHAs) continued to be held by post-test clubs at HIV counseling and testing (HCT) sites and psychosocial support groups of PMTCT mothers. Issues discussed included discordance, disclosure, sexually transmitted infections (STIs) including herpes simplex and correct and consistent use of condoms. A total of 4,455 (3,037 male, 1,418 female) individuals were reached with other prevention messages.

### **Youth Friendly Services**

Out-of-school youth were mainly targeted through youth-friendly services at Gulu Youth Centre, as well as Kajjansi, Namayumba and Buwambo Health Centers in Wakiso District. These centers were engaged in training peer educators in skills-based, peer-led, interpersonal and group communication methods for reproductive and sexual health issues, including HIV/AIDS. The youth were actively involved in providing accurate information to peers on HIV, counseling and encouraging peers to utilize HCT services provided at these centers (their outputs have been included in HCT service data).

Kajjansi Teenage Centre conducted six school outreaches to provide peer-to-peer counseling and promote youth friendly services. Overall 243 youth were reached. Of these, 111 youth (81 males and 30 females) who were sexually active and at high risk of HIV infection were given condoms.



*Trained peer educators at their youth corner container, Namayumba Health Centre IV, Wakiso District*





The Gulu Youth Centre carried out outreaches to the near by camps for IDPs. A total of 1,412 (690 male, 722 female) youth were counseled, tested and received their HIV test results through Gulu Youth Centre outlets. To address the vulnerability of the girls, one initiative has been the establishment of a special radio program by Gulu Youth Centre called “Girl Talk” which focuses on issues affecting girls and predisposing them to HIV infection.

During this quarter, UPHOLD received 240 cartons of condoms from the Ministry of Health. Upon receiving these commodities, The AIDS Support Organization (TASO) was allocated 100 cartons and AIDS Information Centre (AIC) 50 cartons while the rest were delivered to health units and offices of UPHOLD partners for distribution to targeted MARPs before and during the Christmas festive season. This supply came in December and helped to alleviate the stock-out situation that was being experienced by most of the facilities earlier in the quarter. In the next quarter, UPHOLD plans to orient lodge and bar operators to HIV prevention and mobilize them to be important allies in educating and availing condoms to high risk populations.

## 2.3 HIV Counseling and Testing

### ACHIEVEMENTS

- 16,961 individuals were counseled, tested and received their HIV test results
- 22 service providers trained in HIV counseling and testing
- 149 service providers (55 males and 104 females) from 31 health units in seven districts provided with support supervision at their places of work

During the quarter, a total of 22,881 (9,450 male, 22,881 female) individuals were counseled, tested for HIV and received results at 132 UPHOLD-supported sites (including outreaches). This achievement is attributed to several factors including scaling up services especially to hard to reach areas, improvement in service quality, delivery of youth friendly services, and the use of music, dance and drama (MDD) to mobilize communities for service uptake. Couple counseling was encouraged in all UPHOLD supported sites, resulting in a total of 552 couples reported as having received HIV testing and results over this quarter. Local MDD troupes were effectively utilized as a means through which adults received messages on the benefits of couple HIV counseling and testing (HCT), mutual fidelity and prevention of gender-based violence. HCT outreaches targeting hard to reach populations were conducted in several places. ACCORD Gulu carried out outreach activities in IDP camps of Paicho, Patiko, Palaro, Pabbo, Awach, Lakwana, Amuru, Oral and Awoo. Bugiri and Mayuge Local Governments also continued to provide outreach services to fishing communities in Lake Victoria Islands including Sigulu, Sagitu, Lolwe, Hama, Selinya, Jaguzi, Kaaza, Bumba and Masolya and on the shores of Lake Victoria (in Kassanjje, Wakawaka, Bibinge, Walumbe, Lwanika, Bwondha, Namoni and Namadhi).

### Improving Service Quality

During this quarter, UPHOLD supported the training of 22 service providers (6 males, 16 females) in HIV counseling, of which nine counselors (5 male and 4 female) were from the Gulu Youth Centre and 13 (all female) were from Mayanja Memorial Hospital in Mbarara District. The same participants were later trained in HIV testing using the rapid testing approach.

UPHOLD continued to support districts to refurbish health units so as to create a suitable environment for service delivery. The status of renovation in the respective districts by the end of December 2006 is shown in table 3.



*People line up for HIV counseling and testing at an outreach site, Kyenjojo District*



**Table 3: Status of renovation at UPHOLD-supported HIV/AIDS sites**

| <i>District</i>      | <i>No. sites</i> | <i>Status of renovation</i>                                      |
|----------------------|------------------|--|
| <i>Wakiso</i>        | 1                | Completed and under use: Attending to defects (Power connection) |
| <i>Bundibugyo</i>    | 2                | Completed, handed over: in Defects Liability Period              |
| <i>Kyenjojo</i>      | 2                | Completed, handed over: in Defects Liability Period              |
| <i>Kitgum</i>        | 2                | Handed over to contractors: Work in progress                     |
| <i>Gulu</i>          | 1                | Handed over to contractors: Work in progress                     |
| <i>Bugiri</i>        | 2                | Handed over to contractors: Work in progress                     |
| <i>Amuru</i>         | 1                | Handed over to contractors: Work in progress                     |
| <i>Kamuli</i>        | 1                | Handed over to contractors: Work in progress                     |
| <i>Rakai</i>         | 1                | Handed over to contractors: Work yet to start                    |
| <i>Lyantonde</i>     | 1                | Handed over to contractors: Work yet to start                    |
| <i>Mayuge</i>        | 2                | Handed over to contractors: Work in progress                     |
| <i>Nakapiripirit</i> | 1                | Handed over to contractors: Work in progress                     |
| <i>Nakaseke</i>      | 1                | Handed over to contractors: Work in progress                     |

### **Support Supervision**

During this quarter, UPHOLD also finalized supervision tools for the integrated support supervision of HIV/AIDS, TB, malaria, FP and STI services. The tools were based on work done by the AIM Program and the Regional Centre for Quality of Health Care. The tools were developed and tested by UPHOLD and the MoH in the districts of Nakaseke, Gulu, Kitgum, Kamuli, Rakai, and Kyenjojo. During these facility visits, the UPHOLD/MoH teams provided both technical support to service providers and disseminated the national HCT/PMTCT and palliative care policy documents and guidelines, registers, clients' counseling cards, logistics reporting forms, IEC materials and limited amounts of HIV test kits.

Subsequently the tools were used by consultants from two firms contracted to provide integrated support supervision to all 63 UPHOLD-supported HCT/PMTCT sites. The support visits by the consultant supervisors were preceded by a three-day workshop to ensure the supervisors all had a common understanding on the expectations of the support supervision and mentoring exercise. As part of this exercise, participants were further updated on the current national policy guidelines and procedures for delivering PMTCT, HCT, malaria, TB-HIV, and reproductive health services. By the end of December 2006, a total of 149 service providers (55 males and 104 females) from 31 health units in the districts of Kaliro, Wakiso, Nakaseke, Bundibugyo, Kyenjojo, Nakapiripirit, Mayuge and Bugiri had received support supervision through this mechanism and 100 HCT registers, 35 counseling guides and 10,000 client cards were distributed to the facilities. Findings of this exercise show some attempt at integrating HIV/AIDS services but gaps still exist in record keeping, drug and logistics management, knowledge of current policies and procedures, infection control and availability of IEC materials. Skilled staff is lacking in a number of health facilities and in some facilities services are provided only on specific days resulting in missed opportunities for service integration and proper follow up of clients. Services are further affected by frequent stock outs of test kits, drugs and other consumables. UPHOLD plans to conduct another round of this focused and intensive support supervision in the 63 health facilities in the next quarter, during which many of these gaps will be addressed.

### **World AIDS Day Celebrations**

UPHOLD partners actively participated in commemorating World AIDS Day. The theme of the day was "Stop AIDS Keep the Promise." In particular, St Josephs Hospital in Kitgum, marked the day by mobilizing the community using music, dance, drama and radio talk shows focusing on HCT, male involvement and PMTCT. The CSO also called upon local leaders to live up to their campaign promises of supporting efforts aimed at preventing further spread of HIV in the district and of advocating for care and support of people living with HIV/AIDS.



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

A total of 8,152 pregnant mothers were counseled, tested and received their HIV results between the months of October and December 2006 and 247 HIV+ mothers were provided with a complete course of anti-retrovirals (ARVs) in a prevention of mother-to-child transmission of HIV (PMTCT) setting. Table 4 shows achievements in the PMTCT parameters.

**Table 4: PMTCT Indicators for October-December 2006**

| Indicator  | Oct-Dec 2006 achievement |
|--|--------------------------|
| Number of service outlets providing PMTCT services according to national and international standards | 45                       |
| Number of pregnant mothers receiving HIV counseling and testing for PMTCT and receiving results      | 8,119                    |
| Number of pregnant women provided with a complete course of ARVs in a PMTCT setting                  | 247                      |
| Number of Babies who received Nevirapine   | 89                       |
| Health workers trained in PMTCT  | 46                       |

There are positive signs of male response following gender-based violence (GBV) prevention dialogue that is being promoted by CSOs at the community level. In Kitgum District, during review meetings held by St. Josephs' Hospital in Kitgum District for HIV+ mothers and their spouses, 39 males and 61 females attended. Similarly, attendance of GBV prevention community meetings conducted by Uganda Reproductive Health Bureau in Bugiri District was 160 males and 110 females, while 29 males and 53 females attended meetings organized by Maturity Audio-Visual in Mbarara District. In the past, the numbers of males attending such meetings used to be significantly lower.

At the national level, UPHOLD participated in a meeting convened by The Uganda AIDS Commission to review the National HIV/AIDS Strategic Plan 2007/08 -2011/12. It was noted that the HIV prevalence had stagnated and remained at 6.4% and that married persons accounted for most of the new infections. UPHOLD has taken the implications of this dynamic of the epidemic seriously and will continue to support its partners to scale up HIV prevention interventions among married couples and also increase activities that aim at preventing mother to child transmission.

### **CHALLENGES AND WAY FORWARD FOR HCT AND PMTCT**

As in previous quarters, the availability of test kits continues to be a constraint in service delivery as most facilities reported stock-outs of test kits. It should also be noted that only a few CSOs had just begun implementing activities under their second PEPFAR grant, while few outreaches were conducted by local government health units due to limited funding resulting from delayed accountabilities. UPHOLD will continue to work with the DELIVER Project and the MoH to assist in ensuring regular supplies of test kits to facilities.

Data capture and reporting at facilities is not yet adequate due multiple registers and improper flow of reports. This is compounded by inadequate support supervision of lower level health workers from the district level. In the next quarter, UPHOLD will support the second round of focused, whole site integrated support supervision to all the facilities under the program's support. The consultancy firm is expected to develop a sustainability plan with the districts and health sub-districts to ensure that HIV/AIDS supervision activities continue even after UPHOLD ends.



Insecurity, mainly in North Eastern Uganda, also disrupted service delivery, while the heavy rains and staffing constraints meant that not all the people who turned up could be attended to during outreaches. To alleviate staffing problems, volunteers including ‘expert clients’ were utilized where appropriate to fill in the human resource gaps. On site technical support was provided in data collection, reporting and requisitioning for HCT/PMTCT supplies. Through facility based training and mentoring, UPHOLD started a process of building the capacity of health unit teams in self assessment and internal supervision.

Other prohibitive factors to implementation of PMTCT in particular were systemic including: few health workers available to implement PMTCT services, stock outs of Nevirapine and test kits at antenatal clinics, as well as low numbers of women delivering at health units. The way forward in regard to increasing uptake of PMTCT services includes among other activities, integrating PMTCT and antenatal care into existing immunization services, supporting outreach facility and outreach activities of staff and psychosocial groups, increasing data tracking and timely submission of required data to district level so that there are no stock outs, use of “model spouses” in mobilization activities targeting males, conducting on-job training of health workers on logistics management and integrating support supervision of HIV/AIDS services.

## **2.5 Palliative Care-Basic Health Care and Support including TB**

To ensure standard service delivery, UPHOLD secured and distributed 42 Home-Based Care Manuals and Guidelines on Comprehensive HIV/AIDS Care to CSOs providing home-based care. Between October to December 2006 1,523 PLHAs received palliative care and among them were 272 PLHAs who were treated for HIV/TB, while 30 service providers were trained in the provision of general palliative care services and support. PLHAs were actively involved in providing peer support, community mobilization and referral services. Psychosocial support groups (PSSG) held monthly meetings in which members supported each other as well as shared information and experiences regarding overcoming stigma, accessing care and support, adherence to prescribed treatment and living positively with HIV/AIDS. In St. Josephs Hospital Kitgum, members of the PSSG together with hospital staff distributed 44 mackintoshes covers, 30 blankets, 54 bars of soap and 37 mosquito nets to bed-ridden clients who lacked these essentials.

## **2.6 Orphans and Vulnerable Children**

During this quarter, a total of 498 (246 males, 252 females) orphans were provided with care and support through UPHOLD-supported CSOs and 519 service providers were trained in provision of support services to orphans and vulnerable children (OVC). Services provided included life skills training, referrals, home-based care, peer counseling and facilitating referral for anti-retroviral therapy. World Vision Bundibugyo, Mayanja Memorial Hospital, Kyembogo Holly Cross, Ibanda Child Development Centre and ACORD Gulu held meetings with guardians and parents of the OVC to talk to them about OVC care and support. In Bundibugyo District it was observed that children living along the lake shores were rendered vulnerable as the community tended to focus more on fishing and cross border business, highlighting the need for raising awareness about the benefits of education. It was also observed that community care coalitions mobilized communities for the selection of home-visitors to provide care to OVC. Overall, 304 children were visited by World Vision Bundibugyo. Other activities carried out by CSOs included training of teachers in value-based skills and promoting school health days.

### ***CHALLENGES AND WAY FORWARD***

Households with OVC have overwhelming socio-economic needs. Many of the OVC are interested in continuing with formal education but lack the funds especially for higher education. Although UPHOLD, through CSOs, is supporting socio-economic empowerment of a number of families, this is not enough. CSO partners have therefore been urged to network with other organizations in order to ensure OVC are provided with comprehensive services including those that address their socio-economic needs.



There was also limited sharing of data between OVC service organizations. This makes it difficult to plan and utilize the available resources efficiently. UPHOLD will continue to encourage sharing of information through quarterly CSO review meetings.

## **2.7 Support to Civil Society Organizations**

During this quarter, UPHOLD continued to provide financial and technical assistance to its 25 CSO partners, including AIC and TASO which are UPHOLD's biggest grantees.

### **THE AIDS INFORMATION CENTRE (AIC)**

#### **Strategic Plan Review**

UPHOLD supported AIC to conduct a participatory Strategic Plan review for its Five-Year Strategic Plan 2003-2007. This final review was purposely commissioned by AIC to assess the extent to which its goals, objectives and priority areas in the strategic plan that had been realized. The review was also meant to document the key lessons learnt to inform future plans for AIC as well as implementation of planned activities for the remaining period of the Strategic Plan. Some of the key findings of this review indicated that overall AIC has made tremendous progress in attainment of its strategic goals, objectives and programs. The organization opened more branches from four in 2004 to the current eight branches across the country. The coverage also increased from 27 districts with 70 sites testing in 2002 to 49 districts with 163 testing sites in 2005. This has enabled the organization to increase the overall uptake for VCT services from 700,000 clients between 1992 and 2002 to 749,834 clients in 2006. The organization has also made tremendous contributions towards strengthening the capacity for VCT service delivery at national level. Between 2003 -2005, AIC trained 1,090 counselors and 194 laboratory personnel. However, although AIC was able to make this contribution, coverage still remains limited given the enormous training needs for service providers country wide.

The positive trends were affected by management and leadership challenges mainly in 2005-2006. During this period, AIC experienced reduced donor confidence in the organization, staff lay-offs and resignations and ultimately, reduced activity especially in outreach sites. AIC was also constrained by the fact that this period coincided with the end of funding contracts with various donors and overall limited funding, hence reducing activity level.

Overall, the review noted AIC's strength to be in its consistent ability to offer quality HCT services, its national coverage coupled with the ability to reach many communities, and its established pool of assets in the form of land, buildings and committed staff. AIC's major weaknesses were noted in the areas of leadership and it has had limitations in consistently identifying, nurturing and marketing itself in the areas where it has a comparative advantage. It has also not expanded its funding base and has not paid enough attention to wider organizational strengthening issues and staff motivation issues, hence making the organization vulnerable.

In terms of lessons learned and suggestions for improvement, the review noted that AIC:

- needs to refocus its expansion strategically both in terms of geographical coverage and range of services, as well as build strong referral networks with other competent service organizations. AIC is also being advised to position and market itself, bearing in mind its comparative advantage.
- Needs to recognize that the funding problem is real and requires strategic thinking towards diversification of sources. AIC should urgently solve its funding challenges by fulfilling the basic minimum expectations of the major funding partners, mainly related to accountability and timely reporting. It should also develop a more sustainable strategy for mobilizing resources and should elevate and give priority to the role of resource mobilization.
- needs to focus its effort towards organizational and institutional strengthening, streamlining its management and technical systems as well as cultivating an enabling organizational environment that will ensure retention of well motivated service providers, as well as strengthen overall technical and managerial competence.

#### **Other AIC Support Activities**

In addition to supporting the Strategic Plan Review process, UPHOLD also provided AIC organizational development assistance in the areas described below.



UPHOLD senior management and members of the AIC Board held joint meetings to discuss the recruitment of a substantive Executive Director for the organization. A detailed scope of work for an Interim Executive Director was drafted and approved and after a review of possible candidates, Ms. Lucy Shillingi, UPHOLD Deputy Chief of Party/Technical, was seconded as Interim Executive Director for a six-month period effective late November 2006.

UPHOLD participated in the hand-over meetings for the Finance Director and helped to prioritize and follow up on pending financial issues, particularly in terms of strengthening AIC's use of Navision, submission of delayed expenditure reports and follow-up on the USAID commissioned audit. In addition, UPHOLD supported the new Finance Director to attend a "USAID Rules and Regulations" course in Nairobi, Kenya.

### **The AIDS Support Organisation (TASO)**

During the quarter, UPHOLD secured an additional \$800,000 in funding from USAID for TASO activities covering the period of January – March 2007. In order to secure the funding, UPHOLD worked closely with TASO to present an acceptable technical proposal and budget to USAID.

The UPHOLD commissioned Financial Review of TASO was also completed this quarter with findings and recommendations shared with TASO senior management. Follow-up meetings will be held between UPHOLD and TASO senior management to track the status of implementing the recommendations. It is important to note that TASO is also progressing with the implementation of some of the recommendations that were made during its mid-term program review of 2005. TASO has specifically worked towards strengthening its institutional capacity including reviewing its staff package (for doctors and Management Information System staff) as a strategy for staff retention. TASO has already registered success by attracting more doctors including those who had left. In addition, TASO is investing in strengthening its governance by organizing and conducting tailor made trainings for its new board of directors to ensure continuity and consistent and professional guidance required from the board.

In response to the need to review its cost of service delivery, TASO is modifying its Anti-retroviral therapy (ART) model from home visits to community points such as health centers and will be utilizing community volunteers to follow up its ART clients. This innovative approach will enable TASO to reduce its costs in offering this service. TASO has already drafted a new framework for its next five year strategic plan-2007-20012, for which UPHOLD will work closely with the organization to finalize the exercise.

### **Other Civil Society Organizations**

Over the quarter, UPHOLD continued to partner with 23 CSOs in HIV/AIDS service delivery and also partnered with 33 private clinics in the provision of HCT services. Most of these CSOs received their first disbursement of funds in this quarter and by the end of December, many of them had begun implementation of activities. However, UPHOLD technical staff provided one round of support supervision to all these CSOs focusing on service quality and improvement of data compilation, reporting and use.

Under the auspices of the USAID-funded Monitoring and Evaluation of Emergency Plan Progress (MEEPP) Project, a data quality assessment of CSOs supported to provide HIV/AIDS services was carried out. Preliminary findings indicate the need to strengthen support to the CSOs in order to improve data validity and quality. This will be followed up in the next quarter.

### ***CHALLENGES AND WAY FORWARD***

Operations of AIC have been negatively affected by the absence of a substantive Executive Director despite attempts to recruit one. In the interim period, it is hoped that the secondment of Ms. Lucy Shillingi (UPHOLD Deputy Chief of Party/Technical) will benefit the organization and lead to the recruitment of a substantive Executive Director. Among the other CSOs, the main challenge observed was the need for regular management and technical support which will be further strengthened through planned integrated supervision and monitoring visits as well as targeted capacity building dependent on identified needs.

## 3.0 Education Services



### Introduction

UPHOLD has continued to realize considerable gains in improving the utilization and quality of social services in primary education through the roll-out of the Integrated Education Strategy (IES). The activities this period included:

- training of school representatives in teacher effectiveness (TE)/Cooperative Learning (CL) Module 2;
- training of school representatives in Education Management Strengthening (EMS) Module 3;
- training of master trainers and district trainers on EMS module 4;
- orientation of education managers on data collection and support supervision tools;
- conducting action-action oriented meetings and inter-school exchange visits; and
- follow-up of community involvement in education (CIE) action plans and TE activities at the school level.

The sector focused on two major monitoring and evaluation activities that included the CSO mid-term reviews and the education formative evaluation (EFE) survey, which are described in more detail under the monitoring and evaluation section of this report. UPHOLD also took advantage of a number of opportunities to collaborate with other education partners at both district and central level.

### 3.1 Education Management Strengthening (EMS)

#### ACHIEVEMENTS

- 4,108 (3,219 male and 889 female) head teachers and deputies from ten districts completed training in EMS 3
- 57 national trainers of trainers were trained
- 1,231 District Education Office and Primary Teacher College staff were then trained

#### Managing School Finances (EMS Module 3)

During this quarter, UPHOLD continued to roll out training activities in EMS for capacity-building and performance improvement of education managers. Training in EMS Module 3 - *Managing School Finances* was completed in the ten remaining districts. A total of 3,920 (3,079 males and 841 females) head teachers and deputies were trained in the module. The very practical and user-friendly module continues to create a lot of excitement among the trainees. Many head teachers and deputies express the desire that the training be extended by a day to allow for more practice in skills like maintaining and reconciling a school cash book and bank statements. Out of the five training venues sampled, there was an average increase of 62% between the pre- and post-training knowledge of the trainees. The training sparked very honest discussions between facilitators from the district and participants on issues such as the unequal distribution of School Facilities Grants and the Local Government Development Program Grant as exemplified by the quotations below.

*“Although some participants had an idea of banking money, they did not have the habit of banking extra monies the school received (like parents’ contributions). The participants said they usually keep the money and use it for anything required at school; and no receipts were being issued at most schools –Senior Training Mentor*

*“This workshop is very good. It has reminded me of my weaknesses and enlightened me on financial management after carrying on in ignorance for a long time,” –Head teacher, Arua District*



The training gave participants an opportunity to develop solutions to common problems at schools and head teachers pledged to participate and strengthen the Head Teachers' Association in order to advocate for needy schools and pressure the district to be more transparent in the awarding of grants.

#### **Managing the School Curriculum (EMS Module 4)**

Training in *Managing the School Curriculum* (EMS 4) was also rolled out to the district trainers' level through eight regional training workshops. During this reporting period, UPHOLD continued to lobby for increased capacity to sustain social services with a focus on strengthening the environment through implementation of the National Policy on the Thematic Curriculum, which enhances management skills needed to successfully support the Ministry of Education and Sports' (MoES) curriculum in schools. Responding to a request from the MoES, UPHOLD developed a training program which allowed all districts in the country to benefit from training on EMS 4 and worked jointly with the MoES and the National Curriculum Development Center (NCDC) to roll-out this training. The national trainers who included teachers, coordinating centre tutors (CCTs), MoES, NCDC and Education Standards Agency officials, Deputy Principals Outreach (DPOs) and Kyambogo University lecturers enriched the training program with their rich experience in curriculum management. Additionally, the presence of MoES officials and DPOs in the training team and the support given by Primary Teacher College (PTC) Principal during the training helped underscore its importance.

Subsequently, 57 national trainers and 1,231 District Education Officers (DEOs) and PTC staff were trained in eight regional training sessions from December 18-19<sup>th</sup> 2006. The trainees were also given opportunity to practice their training skills and to plan for the next level of training for head teachers and deputies in all 80 districts of Uganda. In UPHOLD-supported districts this training will be accomplished through three-day non-residential training sessions. In districts which do not receive UPHOLD support, the training will be completed through continuous professional development (CPDs) sessions.

#### **CHALLENGES AND WAY FORWARD**

The continuous challenge to education sector training activities is the competing activities at the PTCs level, which require careful planning and scheduling of UPHOLD-supported activities if targets are to be met. UPHOLD will continue to hold district level planning meetings with DEO and PTC staff in order to fit training activities into the tight schedules at district level.

#### **Core PTC Grants**

UPHOLD has continued its support to the efforts of the Teacher Development Management System (TDMS) through the grant to the CPTCs. In this quarter, the 11 Core PTCs benefiting from UPHOLD support through the Integrated Education Strategy (IES) grants implemented TE, EMS and support supervision/mentoring activities in their catchment areas. As a result, there has been an increase in the number of head teachers and deputies trained in the IES interventions for school-based quality reform in the Primary Education Sector. Specifically 1,551 (1,151 male and 307 female) school representatives were trained on TE Module 2 -*Cooperative Learning*, while 1,549 (1,217 male and 332 female) school representative were trained on EMS 2- *Managing School Improvement* and 1,010 school representatives were trained on EMS 3- *Managing School Finances*. In addition, support supervision and mentoring visits were made by the coordinating centre tutors (CCTs) and school inspectors for a total of 1,006 additional schools in selected districts in the technical areas of TE, leadership, management and administration, planning, community involvement as well as school health and nutrition. The supervision data is being analysed and will be presented in the next quarterly report.



## 3.2 Teacher Effectiveness

### ACHIEVEMENTS

- 2,133 head teachers and deputies trained from the five districts of Bushenyi, Kaliro, Kamuli, Kyenjojo and Nakaseke
- Oriented 25 districts on IES data tools

### Training for Teacher Effectiveness

During this quarter UPHOLD was able to complete the training in TE/Cooperative Learning Module 2 for the schedules that got delayed in the previous school term. A total of 2,133 additional head teachers and deputies were trained in CL Module 2 across the five districts of Bushenyi, Kaliro, Kamuli, Kyenjojo and Nakaseke. Follow up of those trained will be done in the next quarter with the participation of other partners including the Ministry of Education and Sports.

### Data collection and reporting

In this quarter, the education and monitoring and evaluation teams focused on improving data collection and record keeping among all the stakeholders in the education sector at both district and school level. Using data collection tools tailored to each education sub-sector, 25 districts were oriented and data collected for the previous quarter. The districts included Mubende, Nakaseke, Lira, Katakwi, Amuria, Rakai/Lyantonde, Amolatar, Pallisa/Budaka, Mayuge, Kyenjojo, Kiruhura, Bushenyi, Bundibugyo, Kamuli, Rukungiri, Mbarara, Gulu, Ibanda, Isingiro, Kaliro, Bugiri, Arua, Yumbe and Koboko. This exercise had a dual purpose of increasing stake holder's understanding of the reporting procedures and enlisting more accurate, complete and timely reporting.

## 3.3 Community Involvement in Education

### ACHIEVEMENTS

- 190 schools held action-oriented meetings
- Completed mid-term review of five CSOs
- Inter-school exchange learning visits conducted in 40 schools in Mayuge District

### Action Oriented Meetings

In this reporting period, 190 additional schools conducted action-oriented meetings aimed at creating an enabling environment for education services through increased community participation and advocacy for quality education. Follow up visits were also made to schools where action-oriented meetings had previously been held to find out what progress had been made in the action plans. The focus of the follow up was to assess how the CIE interventions have made a difference in the lives of children with specific emphasis on improvements in the areas of feeding, parental support to homework, parents visiting the classroom, support to girl child education, keeping children safe, monitoring hygiene and school open days. Nine out of the 29 UPHOLD-supported districts benefited from the follow up exercise including Isingiro, Kiruhura, Ibanda, Mayuge, Bugiri, Yumbe, Kaliro, Arua and Koboko.

A number of positive practices and trends have been observed during monitoring visits in the schools across the districts. In the three districts of Kiruhura, Isingiro and Bugiri some schools have opened up class record books to document parents visiting their children in their classes. Over a period of three weeks in the quarter, at least 73 parents had visited their children in school and provided support in the classrooms. Knowing that teacher absenteeism is some times caused by the long distances teacher have to travel from their family homes, some school communities considered teachers housing a priority to improve the quality of their children's learning. Action-oriented meetings generated plans to mobilize school community stakeholders to make contributions including raw building materials like bricks and labour. As a result, a total of 26 teachers houses were constructed by parents in the five schools of Ezuku, Atratraka and Anyivu in Arua District, Kuru Islamic Primary School (P/S) in Yumbe District and Mutere P/S in Mayuge District.



Teachers houses under construction  
Mutere P/S Mayuge District



Action-oriented meetings also ignited a renewed focus on hygiene across schools. The process of the meetings allows parents and community members to inspect the conditions of their schools and determine what areas they need to act upon. In this quarter, follow up visits on hygiene were made in the three districts of Mayuge, Isingiro and Kiruhura. In these three districts, most of the schools recognized the need to attend to hygiene concerns, specifically the high pupil: stance ratio, lack of hand washing facilities for pupils and compound classroom cleanliness and maintenance. Although the Government of Uganda (GoU) through the Schools Facility Grant (SFG) has tried to provide each school with at least two latrine stances (one for girls and another for boys), the number of pupils outnumber the latrine stances resulting into the pit latrines filling up quickly. In several schools where the pit latrines were not enough, parents have made a great effort to increase the pupil: latrine stance ratio. The parents collected bricks and built these facilities for their children and also bring soap and jerry cans which the pupils use for washing hands after visiting the latrines. Examples include Mitooma Primary School (P/S) in Kiruhura District and in Wangobo and Nakasongirwe P/S in Bugiri District.



Pit latrines constructed by parents of Wangobo P/S, Bugiri District

In Luubu P/S, Mayuge District, parents built a five-stance pit latrine through contributing 1,500/= (\$0.86), per child. They also set up a committee to oversee the construction. Some parents offered bricks in addition to the financial contributions. In the 17 schools monitored in Arua District, it was observed that children were smartly dressed in uniforms and clean. In Isikiro P/S, Mayuge District, parents have arranged at least one day in a week to come and slash the school compound while children make brooms from local materials available for sweeping the compound and the classrooms.

Another area of impact by action-oriented meetings has been the nutrition of children. In this reporting period there was marked improvement in over 60 schools visited. Parents contribute three-five kilograms of maize per pupil and 500 – 1,000 Ush. per child for grinding and paying the cook. They have built kitchens and racks for utensils in schools and also have purchased utensils like drums for water, saucepans, cups and plates. Some schools like Muterere, Nongo and Naminyagwe P/S in Bugiri District had set up school gardens where the parents and pupils planted food crops for the children's meals.



Children have lunch at Katerera P/S, Isingiro District

In Busanzi P/S, the number of children getting a meal while at school increased from 50 to 530 out of the 703 pupils after the action-oriented meeting. In Western Uganda the children mainly carry a litre of milk mixed with porridge or milk for their lunch although some parents pack food for children in special mini buckets for their midday meals, commonly cassava, bananas, millet, maize meal with beans. It is common to go to a school and find a store where all the children's food is stored until time for the break. In Katerera P/S in Isingiro District over 70% of the children carry food to school. A food shelf has also been established in one of the rooms in the school where the food containers are kept.

Despite these gains however, there are still some schools which had no feeding programs at all, examples being Bulyowa Muslim P/S in Mayuge and Nakasisi P/S in Bugiri, where the head teacher reported that children were not being fed due to lack of money, fasting season for Muslims or lack of saucepans.



### ***CHALLENGES AND WAY FORWARD***

It is still difficult to convince parents to visit classrooms to observe how their children are being taught and to discuss performance improvements with teachers. However, discussing this idea with parents has helped to improve their support to their children's education. Most parents agreed to visit their children in the classroom and monitor other school activities at least once every month in the schools. Follow up in the next quarter will be focused on enhancing parents' visits to their children's classrooms.

In some districts, some children especially Primary 6 and 7 students feel ashamed of being seen carrying food to school, so they prefer to remain without a meal during school time. This practice will be discouraged as more action-oriented meetings take place and parents' awareness of the critical role nutrition plays in their children's education is increased.

### **3.4 Civil Society Organizations Promote Quality Education**

During this quarter UPHOLD continued its partnership with five CSOs, which have been supported to promote community participation in education.

#### **Fort Portal Diocese Education Department, Kyenjojo District**

Fort Portal Diocese is responsible for the mobilization of parents and communities for education in 132 schools in Kyenjojo District. During the period October-December 2006, they were able to implement the following activities: hold 33 meetings with parents and teachers from 132 schools; hold joint school-community meetings in 108 schools with 962 (735male, 191 female) community members participating; air three radio programs focusing on retention of children, especially the girl child. Follow up with Fort Portal Diocese established that there are positive changes as a result of these interventions including the emergence of model schools like Kyembogo, Kisambya and Sweswe P/S. In these schools parents' support has tremendously improved and contributed to an increase in the percentage of children previously being fed from 60% to 90% (as per school enrollment records) as well as improved hygiene facilities. In addition, the role of religious leaders as community mobilizers to support quality education has been re-activated as evidenced in the joint school-community action plans made with the schools.

Fort Portal diocese has also implemented inter-school learning exchange visits by taking representatives of parents, head teachers and school management committees to Bushenyi District's better performing schools. Through this process, 40 schools in Kyenjojo have benefited. Participants in the exchange visits pledged to continue using the lessons learned in community involvement in education (CIE) to influence community participation in education beyond the project period a boost towards sustainability if CIE activities in the district.

*"We have learned a lot from the CIE project, how to mobilize communities, Fort Portal Diocese will continue to use this initiatives to improve Community Participation in Education"* Officer, Fort Portal Diocese



### The Kids League

The Kids League (TKL) in Arua District continues to support community mobilization and participation through sports activities in 65 schools. Its advocacy work through exciting league games and outreach programs using volunteer parent coaches and youth ambassadors have started yielding some positive results (see youth ambassadors in action below Pic 8&9) and children appreciate the initiatives as exemplified below.

*“I did not know the importance of education until TKL told me”. I would leave home very early telling my grandmother that I’m going to school then hide somewhere near our school until it reaches lunch-time, then join other children on their way home, I hated going to school but I love playing, but when TKL came to our school and taught us many games like, ‘Blind Gorilla,’ ‘Fire In The Village,’ and then told us the importance of education, now I’m the first at school every day and my performance has greatly improved. They have made me a class monitor to catch the late comer and absentees at our school and I am sure that I will be in first grade when the PLE results come out!”* – **Primary 7 pupil, Riki Primary School**

Among other factors, the Kids League activities have contributed to increased enrolment in the primary schools where TKL operates due to the change in behavior of children and parents towards education as shown in table 5.

**Table 5: School enrollment in schools with TKL interventions**

| School   | INDICATOR  |       |       |   |       |       |                                     |       |       |
|--|--|-------|-------|---|-------|-------|-------------------------------------|-------|-------|
|  | # of children enrolled at school pre TKL activities Jan 2005 |       |       | # of children enrolled at school post TKL activities Nov 2006 |       |       | Change in numbers recorded Nov 2006 |       |       |
|  | Boys   | Girls | Total | Boys  | Girls | Total | Boys                                | Girls | Total |
| <b>Ombaci Primary School, Ayivu Sub-county</b> | 957  | 936   | 1,893 | 1038  | 949   | 1,987 | +81                                 | +13   | +94   |
| <b>Oriajini Primary School, Arua District</b>  | 686  | 714   | 1,400 | 792   | 769   | 1,561 | +106                                | +55   | +161  |
| <b>Ewadri Primary School, Arua District</b>    | 478  | 477   | 955   | 524   | 479   | 1,003 | +46                                 | +2    | +48   |

### Madrasa

UPHOLD’s partnership with Madrasa continues to support community participation activities in 32 pre-schools in Wakiso District. During this quarter, UPHOLD hosted a USAID visit to one of the Madrasa supported pre-schools, namely Nalinya Mastula Nkizi in Wakiso District. The purpose was to see what changes have been experienced by the children in the school as a result of Madrasa’s interventions. At the pre-school, teachers use learner-centered methods and through this process children have learned to be independent learners. This was demonstrated by the fact that the children never got disrupted by the presence of the many visitors in their school. They continued doing what they planned to do despite the observation, discussions between the head teacher and the visitors.





Through the Madrasa project, many attractive learning materials have been made by teachers and parents to improve children's learning.

#### *LESSONS CHALLENGES AND WAY FORWARD*

CSOs continue to have challenges on recording data at the school level. Records on a number of implemented activities are inadequate. This reality confirms a gap in CSO capacity to conduct inquiry, analyze relevant implementation information, record and use it. Over the next few months, UPHOLD will provide focused technical assistance to the CSOs on monitoring and evaluation functions.

### **3.5 Cross-cutting Education Interventions**

#### **Collaboration with Education Partners**

In another collaboration effort in this period, UPHOLD worked with a cadre of Peace Corp Volunteers (PCV) posted to four of the CPTCs to which UPHOLD provides funding to conduct training activities on support supervision tools. One PCV working together with the education and monitoring and evaluation teams was instrumental in developing an electronic support supervision tool to capture support supervision data from tools that UPHOLD developed to support implementation of the IES strategy. Together with the education team, the PCV conducted a one-day orientation workshop for other Peace Corp Volunteers (PCV) on the use of the electronic tool for capturing and analyzing support supervision data at Core PTCs level. A total of four other PCVs based at Ndegeya, Bishop Willis, Nakaseke and Bushenyi Core PTCs were orientated on the use of the electronic tool with a view that they would support their PTC colleagues in the use of the tools. Over 1,000 schools were visited during the quarter and the head teachers, teachers and school management committees provided with support supervision and mentoring. The results of these supervision visits will be analyzed and disseminated during the next quarter.

In addition, UPHOLD participated in the Ministry of Education and Sports (MoES) stakeholders' workshop for Primary Teacher Education (PTC) Curriculum Review. UPHOLD's Integrated Education Strategy (IES) components of Community Involvement in Education, Management and Teacher Effectiveness have been recommended for mainstreaming in the revised PTC curriculum

## 4.0 Integration across Sectors



UPHOLD was designed as an integrated social services project and as such, areas of integration between and within sectors are explored to realize effectiveness and efficiencies in implementation. This chapter highlights areas of integration across sectors, some of which have already been discussed in detail within sector results.

### **HEALTH/EDUCATION/HIV/AIDS INTEGRATION**

#### **Radio Listening Clubs**

Radio Listening Club started in FY05 as a cornerstone integrated behaviour change communication (BCC) activity and to date, more than 1,200 clubs are active throughout the UPHOLD-partner districts. Ten leading radio stations, through top presenters at each station, helped to form, motivate and continue the clubs' operations. The stations include Arua FM (which was replaced by Pacis FM) and Mega FM (in the North and North West), Akabozi FM, Buddu FM and Super FM (in central districts), Kiira FM and Unity FM and Voice of Teso (in the North East), and Voice of Toro and Radio West (in the West). Together they reach more than 11 million people across the country, with approximately 10,000 community leaders active in the clubs. Each program is 45 minutes with 30 minutes of pre-recorded content using talk show format and 15 minutes of call-in time for clubs. Presenters also read letters sent in by clubs during this period of time.

This quarter UPHOLD developed two programs in collaboration with the USAID-funded Young Empowered and Healthy (YEAH) Project's "Be a Man" Campaign. The two programs focused on the role of men in seeking health and HIV/AIDS services and fatherhood in relation to social sector service promotion among women and children. The programs were broadcast in time for the holiday festivities. A third program in this series will be broadcast in the next quarter, focusing on men and reproductive health.

#### **The District Innovations Newsletter**

UPHOLD partner districts and CSOs share best practices, especially innovations that they have identified in the delivery of social sector services, through the District Innovations Newsletter. The second edition was developed during this quarter, and will be printed in the next quarter. The edition highlights innovations in district financial management, the use of volunteers for integrated social sector service delivery at the village level, some imaginative Radio Listening Clubs, and an innovation of Primary Teacher College (PTC) and district collaboration to improve the quality of education, among others.

#### **Local Council Advocacy Program**

Advocacy training for Local Council (LC) Leaders continued this quarter. It is designed to strengthen the role of local leaders, particularly the leaders at the district and village levels who are among the most influential people in their communities, in advocating for the delivery and use of social sector services. Orientation sessions cover technical areas of the topics and the roles and responsibilities of local leaders. Informational and motivational materials accompany the sessions so that leaders have tangible reminders and additional details to support their action plans.

This quarter, orientations were completed in all regions. A total of .....local council (LC) leaders were oriented in advocacy and lobbying for social services. Participants were enthusiastic to learn about their roles as stipulated in the Local Government Act, and made plans to advocate for timely and appropriate use of social sector services in their communities. In all districts, it was reported that it was the first time that the LCs had been guided and given facts about issues related to social sector services. At the orientation for Northeast leaders, the LC III chairpersons in Lira District immediately formed an association and elected a leader as part of their action plan. They felt that this association would play a lead role and increase their bargaining power in advocating for social services for their communities, while addressing the major bottlenecks like corruption among the higher leadership. (The picture below shows the workshop in the North East, Lira District)



**HIV/AIDS AND HEALTH INTEGRATION**

As described in the HIV/AIDS section, UPHOLD contracted two consulting firms to reinforce provider practices at facility level, towards achieving integration of HIV/AIDS, TB, malaria and STI services. The two firms have conducted one round of focused support supervision to all 63 UPHOLD supported HIV/AIDS sites and will conduct the second round in the next quarter. In addition Straight Talk Foundation and UPMA both continued to implement integrated reproductive health and HIV/AIDS activities at their sites.

**HIV/AIDS AND EDUCATION INTEGRATION**

PIASCY interventions fall under this category and are detailed in the HIV/AIDS section of this report.

## 5.0 Grants



This section covers grants to local government, Family and Community Action Grants multi-district civil society organizations (CSO) grants as well as grants to Primary Teachers Colleges (PTCs).

### 5.1 Local Government Grants

#### ACHIEVEMENTS

- 26 local governments (LGs) received grants
- 16 two-year Family and Community Action CSOs received grant funds
- Approved grants for 22 PEPFAR implementing CSOs for a second year

Unlike previous years, this financial year's support to districts covers six months of implementation. The current completion date for the majority of local government (LG) grants is February 28, 2007. Overall 50% (UGX 559,387,296) of the total approved budget for LG grants has been released to the respective districts. Owing to slow accounting and reporting by LGs in the previous financial year, there was delayed release of funds and subsequent implementation in a majority of the districts. In particular, the districts of Wakiso, Rakai, and Kyenjojo did not receive funds for implementation of activities due to pending accountabilities. In the case of Kyenjojo District, UPHOLD (in consultation with the district administration) amended the memorandum of understanding (MoU) to channel

funds through the Regional Office. As such, Kyenjojo joined Kaliro, Gulu, Isingiro, Ibanda, Kiruhura, Amolatar, Amuria and Koboko whose funds are being channeled through UPHOLD Regional Offices. The UPHOLD staff continue to address issues that affect the speed of utilization of funds that in turn affect the speed of implementation.

During the quarter, Rakai, Bugiri and Rukungiri were approved to receive additional funding from UPHOLD. In the case of Rakai and Bugiri, the approved funds were originally committed to two CSOs namely Rakai Health Sciences and Literacy and Adult Basic Education (LABE). Grants to these two civil society organizations (CSO) were terminated due to problems with implementation of the grants. For Rukungiri District, the additional funds will cover gaps in child health delivery. Table 6 summarizes the status of LG grants for this Financial Year as at December 31, 2006.



**Table 6: Status of Local Government Grants for Financial Year 2006/07 as at December 31, 2006**

| District      | Region   | Grant Amount         | Amount released    | % released to date |
|---------------|----------|----------------------|--------------------|--------------------|
| Luwero        | Central  | 44,931,000           | 24,227,400         | 54%                |
| Mityana       | Central  | 30,255,900           | 12,936,950         | 43%                |
| Mubende       | Central  | 31,561,000           | 26,826,850         | 85%                |
| Nakaseke      | Central  | 29,584,400           | 16,765,400         | 57%                |
| Rakai 1*      | Central  | 27,536,400           | -                  | 0%                 |
| Rakai 2*      | Central  | 140,281,800          | -                  | 0%                 |
| Wakiso        | Central  | 30,172,400           | -                  | 0%                 |
| Bugiri        | East     | 72,578,800           | 21,084,800         | 29%                |
| Kaliro        | East     | 25,042,000           | 13,180,000         | 53%                |
| Kamuli        | East     | 32,212,000           | 10,233,000         | 32%                |
| Mayuge        | East     | 30,873,200           | 13,432,600         | 44%                |
| Pallisa       | East     | 32,317,000           | 10,911,000         | 34%                |
| Amolatar      | N/East   | 25,838,400           | 19,702,400         | 76%                |
| Amuria        | N/East   | 26,717,000           | 26,717,000         | 100%               |
| Katakwi       | N/East   | 27,272,400           | 23,181,540         | 85%                |
| Lira          | N/East   | 35,249,000           | 29,062,350         | 82%                |
| Nakapiripirit | N/East   | 28,344,500           | 18,834,952         | 66%                |
| Arua          | North    | 29,984,000           | 29,983,400         | 100%               |
| Gulu          | North    | 35,274,600           | 35,274,600         | 100%               |
| Kitgum        | North    | 27,405,700           | 23,221,738         | 85%                |
| Koboko        | North    | 28,341,400           | 11,412,400         | 40%                |
| Yumbe         | North    | 29,732,000           | 29,386,123         | 99%                |
| Bundibugyo    | Rwenzori | 29,458,800           | 16,409,800         | 56%                |
| Kyenjojo      | Rwenzori | 30,722,600           | -                  | 0%                 |
| Bushenyi      | West     | 31,283,400           | 21,349,400         | 68%                |
| Ibanda        | West     | 33,172,400           | 20,636,400         | 62%                |
| Isingiro      | West     | 35,147,000           | 20,585,000         | 59%                |
| Kiruhura      | West     | 32,821,400           | 13,456,000         | 41%                |
| Mbarara       | West     | 34,726,400           | 18,760,793         | 54%                |
| Rukungiri 1*  | West     | 35,068,400           | 20,270,400         | 58%                |
| Rukungiri 2*  | West     | 31,545,000           | 31,545,000         | 100%               |
| <b>Totals</b> |          | <b>1,115,450,300</b> | <b>559,387,296</b> | <b>50%</b>         |

Source: Program Records, UPHOLD 2006

\* These districts have two MoUs. 1) For funds channeled direct to LGs; 2) For funds channeled through the Regional Offices



## 5.2 Family and Community Action Grants to Civil Society Organizations

### HIV/AIDS GRANTS

During the quarter, UPHOLD received USAID approval for an additional five work plans and budgets for a second year grant to HIV/AIDS implementing CSOs. By 31 December 2006, all HIV/AIDS implementing CSOs had commenced activities with a total funding of over UGX 600 million representing 51% of the total approved budget. Table 7 details these HIV/AIDS grants.

**Table 7: Status of Second Year PEPFAR Grants for Financial Year 2006/07 as at December 31, 2006**

| CSO  | Region  | Grant Amount         | Amount released    | % released to date |
|--|---------|----------------------|--------------------|--------------------|
| AFXB   | Central | 61,686,800           | 28,440,900         | 46%                |
| German Foundation for World                      | Central | 46,760,400           | 29,533,788         | 63%                |
| Kisubi Hospital                                  | Central | 67,196,000           | 52,643,150         | 78%                |
| World Vision Kooki ADP                           | Central | 48,477,400           | 22,753,500         | 47%                |
| Family Life Education                            | Eastern | 80,780,500           | 58,773,500         | 73%                |
| Family Life Education                            | Eastern | 24,948,600           | 11,566,100         | 46%                |
| Kamuli Mission Hospital                          | Eastern | 40,482,800           | 13,371,801         | 33%                |
| Student Partnership Worldwide                    | Eastern | 27,383,500           | 14,902,879         | 54%                |
| Student Partnership Worldwide                    | Eastern | 31,618,500           | 18,768,444         | 59%                |
| Uganda Reproductive Health                       | Eastern | 57,564,900           | 31,355,300         | 54%                |
| Ugandan Community Based Assoc. for Child Welfare | Eastern | 40,599,000           | 23,744,000         | 58%                |
| Youth Alive                                      | Eastern | 66,510,300           | 32,523,100         | 49%                |
| Acord Gulu                                       | North   | 70,706,172           | 61,854,515         | 87%                |
| St Joseph's Hospital                             | North   | 75,096,500           | 42,389,165         | 56%                |
| World Vision Gulu ADP                            | North   | 65,674,000           | 22,743,750         | 35%                |
| Bandimagwara Cultural Group                      | Rwenzor | 26,420,000           | 14,209,341         | 54%                |
| Fort Portal Diocese HIV/AIDS                     | Rwenzor | 91,222,500           | 42,831,450         | 47%                |
| Kyembogo Holly Cross Family                      |         | 77,489,000           | 45,136,071         | 58%                |
| Rural Welfare Improvement for                    | West    | 52,132,300           | 16,744,603         | 32%                |
| World Vision Bundibugyo                          |         | 74,988,000           | 18,413,600         | 25%                |
| Ibanda Child Development                         | West    | 74,058,000           | 18,762,218         | 25%                |
| Maturity Audio Visual Uganda                     | West    | 39,623,700           | 18,449,700         | 47%                |
| Mayanja Memorial Hospital                        | West    | 116,970,500          | 52,013,500         | 44%                |
| <b>Totals</b>                                    |         | <b>1,296,702,572</b> | <b>663,483,475</b> | <b>51%</b>         |

Source: Program Records, UPHOLD 2006



## HEALTH AND EDUCATION GRANTS

All the 16 two-year grants for health and education interventions were operational between October and December 2006. With the exception of Literacy and Adult Basic Education (LABE) and Rukungiri Gender and Development Association (RUGADA) and Acowa Family Helper Project, the health and education CSOs received over 60% of their total funds as outlined in table 8.

**Table 8: Details of Two Year CSOs that are receiving funding through the Family and Community Grants program as at 31<sup>st</sup> December 2006**

| CSO  | Region   | Grant Amount         | Amount released      | % Released |
|--|----------|----------------------|----------------------|------------|
| Huys Link Community                          | Central  | 81,415,900           | 72,106,983           | 89%        |
| BUCADEF                                      | Central  | 77,542,600           | 59,134,900           | 76%        |
| RAIN   | Central  | 137,916,800          | 118,323,700          | 86%        |
|  |          |                      |                      |            |
| Idudi Development Association                | East     | 125,724,800          | 103,293,005          | 82%        |
|  |          |                      |                      |            |
| Acowa Family Helper Project                  | N/East   | 59,996,500           | 35,405,880           | 59%        |
| Dokolo Project- CCF                          | N/East   | 58,465,150           | 42,027,619           | 72%        |
| Teso Islamic Development                     | N/East   | 65,051,500           | 53,435,893           | 82%        |
| RUHECO                                       | N/East   | 120,462,350          | 84,996,000           | 71%        |
|  |          |                      |                      |            |
| The Kids League                              | North    | 170,926,294          | 148,475,410          | 87%        |
| Literacy and Adult Basic Education           | North    | 88,744,300           | 29,123,430           | 33%        |
|  |          |                      |                      |            |
| Education Secretariat Fort Portal Diocese    | Rwenzori | 155,039,000          | 104,032,312          | 67%        |
| Tooro Kingdom                                | Rwenzori | 128,577,400          | 90,401,054           | 70%        |
|  |          |                      |                      |            |
| Bushenyi Medical Centre                      | West     | 115,892,600          | 82,305,744           | 71%        |
| Kaaro Rural Development                      | West     | 123,161,100          | 112,271,900          | 91%        |
| Rukungiri Women Development Centre           | West     | 122,143,450          | 106,721,500          | 87%        |
| Rukungiri Gender and Development Association | West     | 142,308,500          | 58,488,500           | 41%        |
| <b>TOTAL</b>                                 |          | <b>1,614,409,744</b> | <b>1,169,301,947</b> | <b>73%</b> |

Source: Program Records, UPHOLD 2006



### 5.3 Grants to Other Non-governmental Organizations

UPHOLD continued its support to CSOs that operate in more than one district or are national in orientation presented in table 9. Two CSOs received a no-cost extension of their agreements with UPHOLD, namely Uganda National Health Consumers/Users Organization (UNCHO) and The Inter-religious Council of Uganda (IRCU). This was to enable them complete activities which were affected by circumstances beyond their control. A third CSO, Straight Talk Foundation requested for a \$ 100,000 for a three months extension, which is currently awaiting USAID approval.

**Table 9: Multi-District Civil Society Organizations as at 31<sup>st</sup> December 2006**

| CSO                      | Grant Amount         | Amount released      | % Released |
|--------------------------|----------------------|----------------------|------------|
| Madrasa                  | 625,552,575          | 482,899,781          | 77%        |
| SAVE US                  | 301,727,114          | 89,282,308           | 30%        |
| Straight Talk Foundation | 1,047,188,000        | 862,188,000          | 82%        |
| UPMA- year 2 and 3       | 483,043,618          | 331,233,808          | 69%        |
| IRCU                     | 82,342,564           | 66,014,937           | 80%        |
| TUKO Club                | 174,613,100          | 140,201,202          | 80%        |
| UNHCO                    | 77,916,000           | 68,452,700           | 88%        |
| <b>TOTAL</b>             | <b>2,792,382,971</b> | <b>2,040,272,736</b> | <b>73%</b> |

Source: Program Records, UPHOLD 2006

### 5.4 Mid-term Review of Civil Society Organizations

During the quarter, UPHOLD concluded a mid-term review of all CSOs that are supported to implement activities for two or more years (child and reproductive health). The review process included a desk analysis of all documentation related to each CSO, a panel discussion with the CSO implementers on the successes and challenges of implementation and site visits to verify findings from the desk review and panel discussions. To ensure that both the internal and external views of the projects were captured, interviews were held with the relevant UPHOLD, CSO, LG staff, other partners and end users of services offered by the CSOs. The review found that the progress in implementation of the planned activities and set targets by all the CSOs were in line with the approaches agreed upon in the MOUs. However, the level of achievement of the set objectives and targets varied among the CSOs. Although the evaluation considered each CSO independently, there were a number of cross cutting findings that predominantly affected the achievement of results.

#### Factors that Facilitated Achievement of Targets

In general, CSOs that had effective partnerships with implementing partners and involved the local governments and UPHOLD staff in the execution of their activities, achieved more results.

#### Factors that Impeded Achievement of Targets

The main factors impeding achievement of results include:

- late disbursements of funds due late accountabilities and requests by grantees, sometimes slowed down by back and forth communication between the Regional Office and the grantees to make corrections in the reports
- failure to hold quarterly review meetings as stipulated in CSO plans
- inadequate tracking of objectives (ten of the 14 CSOs reviewed track process achievements in contrast to those outlined in their MOUs, most of which are high level indicators)
- inadequate capture and documentation of best practices for replication
- weak partnership between the CSOs and the LGs
- lack of sufficient time by the regional teams to provide adequate support CSOs



To guide technical support in the remaining project period, CSOs were categorized based on the progress of activities, effectiveness of implementation, attainment of objectives, and timeliness/completeness of reporting. The three broad categories are:

**Category 1:** CSOs that are performing well but need more technical support in resetting targets and measuring achievement of objectives -Idudi Development Association (IDDA), Rukungiri Women Development Company (RWODEC) , Acowa Family Helper Project, Huys Link, Gulu Youth Centre, Save the Children (US), Fort Portal Diocese and Madrasa.

**Category 2:** CSOs that are on the right track but require more support than category one. These include; Kaaro Rural Development Organization, Buganda Cultural and Development Association (BUCADEF), Rural Health Concern (RUHECO), Dokolo Social Service Centre /Dokolo Child and Family Program, and The Kids League.

**Category 3:** CSOs that are facing significant challenges and might not be able to achieve the set targets with the present work plans, approach and rate of implementation - Bushenyi Medical Center (BMC), Teso Islamic Organization (TIDO), Rakai AIDS Network (RAIN), Tooro Kingdom, Literacy and Adult Basic Education (LABE) and Rukungiri Gender and Development Association (RUGADA).

In order to facilitate the CSOs to achieve results, UPHOLD provided on spot feedback on issues observed during the review process. In addition, targeted feedback meetings were conducted as a follow up, to help the CSOs address their identified weaknesses. This included reviewing targets, implementation strategies and agreeing on new work plans to implement the remaining activities in the grant. This was completed for BMC, Save the Children (US), and RUHECO. The other CSOs will be covered in the next quarter. In situations where it is practically not possible to make adjustments, UPHOLD will consider alternative mechanisms to implement the remaining activities including channeling funds through the LGs.

## 5.5 Core Primary Teachers Colleges Grants

During this quarter, UPHOLD continued its grants support to Core Primary Teachers Colleges (CPTCs) to roll out the Integrated Education Strategy (IES) and the (Uganda) Presidential Initiative for AIDS Strategy for Communication to the Youth (PIASCY). By December 2006, the overall PIASCY disbursements (82%) were significantly more than that of IES (60%) although the MOU dates are similar. Details are shown in tables 10 and 11.

**Table 10: IES grants 2006as as at 31<sup>st</sup> December 2006**

| Grantee                 | Grant Amount         | Amount released      | % Released |
|-------------------------|----------------------|----------------------|------------|
| Bishop Willis Core PTC  | 289,813,350          | 220,112,900          | 76%        |
| Kabulasoke Core PTC     | 100,455,600          | 45,680,000           | 45%        |
| Nakaseke Core PTC       | 284,244,200          | 165,500,400          | 58%        |
| Bushenyi Core PTC       | 289,205,300          | 211,805,300          | 73%        |
| Ndegeya Core PTC        | 253,845,200          | 159,876,400          | 63%        |
| Ladongo Core PTC        | 126,892,450          | 64,150,567           | 51%        |
| Loro Core PTC           | 206,822,200          | 132,668,600          | 64%        |
| Soroti Core PTC         | 118,974,600          | 101,064,100          | 85%        |
| Kabale-Bukinda Core PTC | 166,840,200          | 86,164,900           | 52%        |
| Canon Apollo Core PTC   | 116,766,600          | 33,465,200           | 29%        |
| Arua Core PTC           | 250,971,000          | 110,117,200          | 44%        |
| <b>TOTAL</b>            | <b>2,204,830,700</b> | <b>1,330,605,567</b> | <b>60%</b> |

Source: Program Records, UPHOLD 2006



**Table 11: PIASCY grants 2006 as at 31<sup>st</sup> December 2006**

| Grantee                 | Grant Amount         | Total Released       | % Released |
|-------------------------|----------------------|----------------------|------------|
| Arua Core PTC           | 128,326,900          | 96,593,234           | 75%        |
| Bishop Stuart Core PTC  | 240,468,500          | 204,329,667          | 85%        |
| Bishop Willis core PTC  | 232,311,700          | 204,276,957          | 88%        |
| Bulera Core PTC         | 220,830,300          | 166,789,634          | 76%        |
| Bushenyi Core PTC       | 121,476,100          | 104,985,433          | 86%        |
| Busuubizi Core PTC      | 128,159,300          | 108,002,467          | 84%        |
| Canon Apollo Core PTC   | 117,126,300          | 87,567,634           | 75%        |
| Gulu Core PTC           | 104,196,200          | 76,784,200           | 74%        |
| Ibanda Core PTC         | 92,051,700           | 68,578,034           | 74%        |
| Kabale-Bukinda Core PTC | 183,806,900          | 137,962,566          | 75%        |
| Kabulasoke core PTC     | 151,183,300          | 131,026,467          | 87%        |
| Kibuli Core PTC         | 102,159,900          | 88,975,067           | 87%        |
| Kitgum Core PTC         | 121,363,100          | 90,777,766           | 75%        |
| Ladongo Core PTC        | 90,078,900           | 62,731,234           | 70%        |
| Loro Core PTC           | 174,485,300          | 131,235,300          | 75%        |
| Moroto Core PTC         | 80,926,900           | 62,515,540           | 77%        |
| Mukujju Core PTC        | 118,735,900          | 99,990,567           | 84%        |
| Nakaseke Core PTC       | 121,181,900          | 103,826,567          | 86%        |
| Ndegeya Core PTC        | 143,388,800          | 124,368,967          | 87%        |
| Ngora Core PTC          | 94,300,500           | 80,283,500           | 85%        |
| Nyondo Core PTC         | 154,357,900          | 132,130,900          | 86%        |
| Shimoni Core PTC        | 181,924,500          | 161,905,167          | 89%        |
| Soroti Core PTC         | 164,220,500          | 140,162,000          | 85%        |
|                         | <b>3,267,061,300</b> | <b>2,665,798,868</b> | <b>82%</b> |

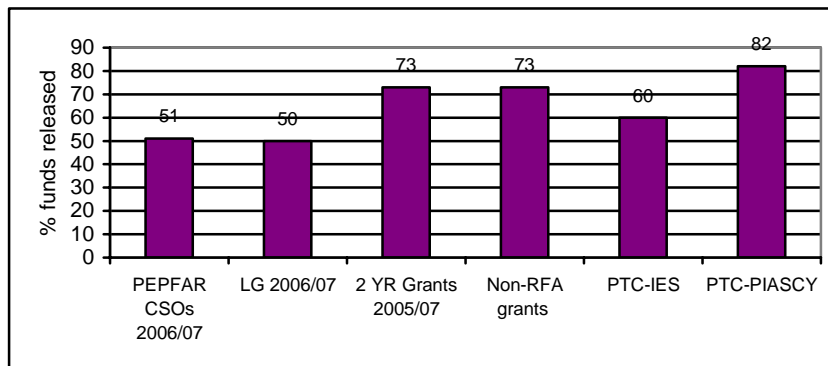
Source: Program Records, UPHOLD 2006



### ABSORPTION OF GRANTS

A comparison of the absorption of grants shows that the PTC grants to implement PIASCY interventions have so far been utilized the fastest (...%), while those for PEPFAR and LGs have been the slowest (...%) as shown in figure 2 and annex V). The main reasons for this are the low absorption/liquidation rates by grantees especially local government, inadequate documentation in details, content, appropriateness of interventions and a low capacity of CSOs to implement efficiently.

**Figure 2: Proportion of funds disbursed to grantees**



Source: Program Records, UPHOLD 2006

In order to address the above challenges, UPHOLD provided direct support to grantees in areas that needed urgent attention. In some cases, the COP visited the relevant Chief Administrative Officers and discussed implementation challenges. To address documentation needs, UPHOLD staff will continue to review reports and give both verbal and written feedback (when necessary) to the CSO as well as provide them with on-site support. The capacity issues will be addressed through promotion of linkages between CSOs and LGs, who tend to have more technical expertise. UPHOLD has also contracted other CSOs with required expertise to provide capacity building support to grantee CSOs.

## 6.0 Monitoring, Evaluation and Dissemination



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

### **LOT QUALITY ASSURANCE SAMPLING SURVEY**

The major activity of focus for October to December 2006 was the annual Lot Quality Assurance Sampling (LQAS) survey, which was conducted in November. This year the study was a very intensive exercise covering both household and facility investigation.



*Data collectors interview respondents for LQAS survey, Mubende District*

In addition, the survey covered 37 districts, 14 of which were carved out of the original 20 UPHOLD-supported districts, and three covered by the new USAID supported program, the Northern Uganda Malaria, AIDS and TB (NUMAT) Program. NUMAT cost-shared the survey contributing both human resources and finances (about US\$ 160 million) to enable the program establish baseline indicators in nine districts (Apach, Oyam, and Padere, Gulu, Kitgum, Amuria, Lira, Amolatar and Dokolo) including the six it shares with UPHOLD. Extending the survey to new districts required training of a new cadre of local government staff making the exercise more intensive. The exercise was however successfully completed in all 37 districts and data entry commence at the beginning of next quarter.

### **ROUTINE MANAGEMENT INFORMATION SYSTEMS**

UPHOLD continues to work with LGs and CSOs to strengthen routine information management. During the quarter, 113 health workers from the districts of Gulu and Amuru were trained in the revised Health Management Information System. Additionally the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) Project carried out a data quality assessment (DQA) of data reported to PEPFAR by UPHOLD-supported LG and CSOs partners. The report highlights data quality gaps for which the MED department will follow up individual LGs and CSOs during the next quarter to provide technical guidance in improving the quality of reporting.

### **DOCUMENTATION AND DISSEMINATION**

Between October and December 2006, the MED Department continued to support all teams in the documentation and dissemination of program activities at national and international fora. The program's routine reports that were submitted to USAID and disseminated to partners include the Annual Work Plan 2006/07, the Annual Report 2006,



PEPFAR Report 2006, the African Education Initiative Report 2006 and the (US) President's Malaria Initiative Report.

Several abstracts were also submitted to various conference organizers in an attempt to disseminate program achievements. Six of these abstracts were accepted for presentation: one for the Global Health Conference, 2007; two for the 51<sup>st</sup> Comparative and International Education Society; four for the 5th African Conference on Child Abuse and Neglect; and one for the TB and HIV Modelling Conference in South Africa.

In addition, UPHOLD embarked on capturing a few interventions as video-graphic documentaries. Specifically, PIASCY activities and integrated child health activities have been filmed. The products will be finalized and shared in the next quarter.

#### **ACTION RESEARCH AND OTHER STUDIES**

##### **The Education Formative Evaluation (EFE)**

During this quarter, UPHOLD conducted a comprehensive and systematic formative evaluation of the Integrated Education Strategy (IES). The objectives of this formative evaluation are to better understand beneficiary and stakeholder attitudes and perceptions towards UPHOLD's IES interventions, assess the extent to which project objectives are being met, document achievements and lessons learned from implementation of the IES and identify areas for improvements to activities, materials and processes. The study had both quantitative and qualitative elements and data collection was carried out in 18 districts targeting teachers, pupils, school managers, parents, teacher trainers and implementing organizations. Preliminary outcomes indicate that IES interventions are spilling over to non-UPHOLD supported schools in coordinating centers where UPHOLD is active. Data entry has commenced and report writing, will be concluded in the next quarter.

##### **Process Evaluation of Long Lasting Insecticide Treated Nets**

During the last bednet distribution exercise which ended in held in March 2006, UPHOLD trained and utilized community medicine distributors to register children below five years in their communities and thereafter distribute long –lasting insecticide treated nets (LLINs) to deserving households. This was a non-traditional method of conducting the exercise and UPHOLD contracted a firm to evaluate the LLIN distribution exercise six months after the distribution and document lessons learned in the process. The report was finalized during this quarter. The study revealed a 95% rate of the nets at household level and an 87% utilization rate of the nets that had been distributed confirming that the mechanism used was effective in rapidly getting the nets to the intended beneficiaries.

#### ***CHALLENGES AND WAY FORWARD***

Data quality and reporting at LG and CSO level continues to be a concern for the program. The recent DQA by MEEP highlighted the existing problems for HIV-implementing CSOs and LG sites, but the systemic problem cuts across sectors. In the next quarter, the MED Department plans to carry out targeted support supervision to districts and CSOs to improve on data quality and reporting.



## ANNEXES

### Annex I: Districts, health facilities supported for ACT roll out, October to December 2006

|     | District            | N <sup>o</sup> of health facilities visited | N <sup>o</sup> of health workers supported |
|-----|---------------------|---|--|
| 1.  | Arua/Maracha/Koboko | 65  | 330  |
| 2.  | Yumbe               | 15  | 120  |
| 3.  | Gulu/Amuru          | 40  | 160  |
| 4.  | Kitgum              | 20  | 195  |
| 5.  | Lira/Dokolo         | 43  | 335  |
| 6.  | Amolatar            | 9   | 79   |
| 7.  | Amuria              | 17  | 80   |
| 8.  | Katakwi             | 12  | 65   |
| 9.  | Bundibugyo          | 26  | 108  |
| 10. | Kyenjojo            | 37  | 120  |
| 11. | Bugiri              | 56  | 90   |
| 12. | Budaka              | 12  | 50   |
| 13. | Pallisa             | 38  | 43   |
| 14. | Kamuli              | 65  | 129  |
| 15. | Kaliro              | 16  | 43   |
| 16. | Rukungiri           | 59  | 230  |
| 17. | Bushenyi            | 68  | 104  |
| 18. | Ibanda              | 38  | 121  |
| 19. | Kiruhura            | 25  | 60   |
| 20. | Isingiro            | 44  | 138  |
| 21. | Wakiso              | 96  | 352  |
| 22. | Rakai/Lyantonde     | 83  | 195  |
| 23. | Luwero/Nakaseke     | 73  | 408  |
| 24. | Mityana/Mubende     | 92  | 355  |
| 25. | Mbarara             | 41  | 164  |
| 26. | Mayuge              | 27  | 100  |
|     | <b>Total</b>        | 1,117                                       | 4,174                                      |

Source: Program Records, UPHOLD 2006

**Annex II: Districts, health facilities and health workers supported for improvement of malaria in pregnancy**

| District             | No. of facilities supported | N° of healthy workers supported |           |           |
|----------------------|-----------------------------|---------------------------------|-----------|-----------|
|                      |                             | Male                            | Female    | Total     |
| <b>1. Wakiso</b>     | Namayumba HC                | 0                               | 3         | <b>3</b>  |
|                      | Buwambo HC                  | 1                               | 2         | <b>3</b>  |
|                      | Kisubi Hospital             | 0                               | 2         | <b>2</b>  |
| <b>Total</b>         | <b>3</b>                    | <b>1</b>                        | <b>7</b>  | <b>8</b>  |
| <b>2. Bugiri</b>     | Sigulu HC III               | 1                               | 2         | <b>3</b>  |
|                      | Bumoli HC III               | 1                               | 2         | <b>3</b>  |
|                      | Buyinja                     | 1                               | 2         | <b>3</b>  |
|                      | Bugiri Hospital             | 0                               | 2         | <b>2</b>  |
|                      | Mayuge HC III               | 0                               | 2         | <b>2</b>  |
|                      | Buwunga HC III              | 0                               | 2         | <b>2</b>  |
|                      | Bulesa HC III               | 1                               | 2         | <b>3</b>  |
|                      | Banda HC III                | 1                               | 2         | <b>3</b>  |
|                      | Nankoma HC IV               | 0                               | 3         | <b>3</b>  |
| <b>Total</b>         | <b>9</b>                    | <b>5</b>                        | <b>19</b> | <b>24</b> |
| <b>3. Luwero</b>     | Kalagala HC IV              | 3                               | 2         | <b>5</b>  |
|                      | Katugo HC II                | 1                               | 1         | <b>2</b>  |
|                      | Butuntumula HC III          | 1                               | 3         | <b>4</b>  |
|                      | Nyimbwa HC IV               | 2                               | 4         | <b>6</b>  |
|                      | Bishop Asili Memorial III   | 1                               | 4         | <b>5</b>  |
|                      | Kanyanda level II           | 2                               | 3         | <b>5</b>  |
|                      | Kamira Mazi HC III          | 1                               | 0         | <b>1</b>  |
|                      | Kamira HC III               | 4                               | 2         | <b>6</b>  |
|                      | Mazi HC                     | 0                               | 1         | <b>1</b>  |
|                      | Wobusaana HC III            | 0                               | 4         | <b>4</b>  |
|                      | Kibengo HC II               | 0                               | 2         | <b>2</b>  |
| <b>Total</b>         | <b>11</b>                   | <b>15</b>                       | <b>20</b> | <b>35</b> |
| <b>4. Nakaseke</b>   | Nakaseke Hospital           | 0                               | 2         | <b>2</b>  |
|                      | Ngoma HC III                | 1                               | 3         | <b>4</b>  |
| <b>Total</b>         | <b>2</b>                    | <b>1</b>                        | <b>5</b>  | <b>6</b>  |
| <b>5. Kyenjojo</b>   | Kyegegwa HC IV              | 1                               | 2         | <b>3</b>  |
|                      | Kyembogo Holy cross         | 0                               | 3         | <b>3</b>  |
|                      | Kyarusenzi HC IV            | 4                               | 2         | <b>6</b>  |
| <b>Total</b>         | <b>3</b>                    | <b>5</b>                        | <b>7</b>  | <b>12</b> |
| <b>6. Bundibugyo</b> | Kakuka HC III               | 2                               | 2         | <b>4</b>  |
|                      | Ntoroko HC IV               | 1                               | 2         | <b>3</b>  |
|                      | Rwebisengo HC III           | 1                               | 0         | <b>1</b>  |
|                      | Kikyo HC IV                 | 3                               | 0         | <b>3</b>  |

|                      |                           |          |           |           |
|----------------------|---------------------------|----------|-----------|-----------|
| <b>Total</b>         | <b>4</b>                  | <b>4</b> | <b>4</b>  | <b>8</b>  |
| <b>7. Mbarara</b>    | Mayanja Memorial hospital | 2        | 2         | <b>4</b>  |
| <b>Total</b>         | <b>1</b>                  | <b>2</b> | <b>2</b>  | <b>4</b>  |
| <b>8. Isingiro</b>   | Kabuyanda HC IV           | 2        | 1         | <b>3</b>  |
|                      | Nyamuyanja HC IV          | 2        | 1         | <b>3</b>  |
| <b>Total</b>         | <b>3</b>                  | <b>4</b> | <b>2</b>  | <b>6</b>  |
| <b>9. Rakai</b>      | Kibanda HC III            | 1        | 3         | <b>4</b>  |
|                      | Kyebe HC III              | 1        | 1         | <b>2</b>  |
|                      | Kacheera HC               | 4        | 3         | <b>7</b>  |
|                      | Kyalulungira HC III       | 3        | 0         | <b>3</b>  |
|                      | Bikira HC III             | 0        | 4         | <b>4</b>  |
|                      | Kabwoko HC III            | 0        | 3         | <b>3</b>  |
| <b>Total</b>         | <b>6</b>                  | <b>9</b> | <b>14</b> | <b>23</b> |
| <b>10. Lyantonde</b> | Kinuka HC                 | 1        | 1         | <b>2</b>  |
|                      | Mpumudde HC III           | 1        | 1         | <b>2</b>  |
| <b>Total</b>         | <b>2</b>                  | <b>2</b> | <b>2</b>  | <b>4</b>  |
| <b>11. Kitgum</b>    | Lokungu HC III            | 0        | 2         | <b>2</b>  |
|                      | Padibe HC IV              | 2        | 5         | <b>7</b>  |
|                      | Madi Opei HC III          | 2        | 1         | <b>3</b>  |
|                      | Agoro HC III              | 0        | 5         | <b>5</b>  |
|                      | Paloga HC III             | 0        | 3         | <b>3</b>  |
|                      | Palabek Kal HC III        | 3        | 2         | <b>5</b>  |
| <b>Total</b>         | <b>6</b>                  | <b>7</b> | <b>18</b> | <b>25</b> |
| <b>12. Gulu</b>      | Awach HC IV               | 2        | 2         | <b>4</b>  |
|                      | Lalogi HC IV              | 0        | 3         | <b>3</b>  |
|                      | Gulu Hospital             | 1        | 5         | <b>6</b>  |
| <b>Total</b>         | <b>3</b>                  | <b>3</b> | <b>10</b> | <b>13</b> |
| <b>13. Amuru</b>     | Anaka Hospital            | 1        | 2         | <b>3</b>  |
| <b>Total</b>         | <b>1</b>                  | <b>1</b> | <b>2</b>  | <b>3</b>  |
| <b>14. Mayuge</b>    | Nalongo HC III            | 2        | 1         | <b>3</b>  |
|                      | Kityerera HC IV           | 0        | 2         | <b>2</b>  |
|                      | Bubwaiswa HCIII           | 0        | 2         | <b>2</b>  |
|                      | Kigandalo HC IV           | 0        | 2         | <b>2</b>  |
|                      | Buluba Hospital           | 1        | 2         | <b>3</b>  |
| <b>Total</b>         | <b>5</b>                  | <b>3</b> | <b>9</b>  | <b>12</b> |
| <b>15. Kamuli</b>    | Kamuli district           | 2        | 3         | <b>5</b>  |

|                          |                      |          |           |           |
|--------------------------|----------------------|----------|-----------|-----------|
|                          | hospital level 5     |          |           |           |
|                          | Nankandulo HC IV     | 0        | 3         | <b>3</b>  |
|                          | Mbulamuti HC III     | 3        | 1         | <b>4</b>  |
|                          | Bulamoli HCIII1      | 1        | 2         | <b>3</b>  |
|                          | Namasagali HC III    | 1        | 2         | <b>3</b>  |
|                          | Kisozi HC II         | 0        | 2         | <b>2</b>  |
|                          | Kidera HC IV         | 0        | 1         | <b>1</b>  |
|                          | Namwendwa HC IV      | 1        | 2         | <b>3</b>  |
| <b>Total</b>             | <b>8</b>             | <b>6</b> | <b>13</b> | <b>19</b> |
|                          |                      |          |           |           |
| <b>16. Kaliro</b>        | Bumanya HC IV        | 1        | 1         | <b>2</b>  |
| <b>Total</b>             | <b>1</b>             | <b>1</b> | <b>1</b>  | <b>2</b>  |
|                          |                      |          |           |           |
| <b>17. Nakapiripirit</b> | Amudat Hospital      | 2        | 1         | <b>3</b>  |
|                          | Tokora HC IV         | 4        | 2         | <b>6</b>  |
|                          | Nibilatuk HC IV      | 1        | 2         | <b>3</b>  |
|                          | Nakapiripirit HC III | 2        | 1         | <b>3</b>  |
| <b>Total</b>             | <b>4</b>             | <b>9</b> | <b>6</b>  | <b>15</b> |
|                          |                      |          |           |           |

*Source: Program Records, UPHOLD 2006*

**Annex III: Mass measles and polio campaign results in UPHOLD-supported districts**

| District       | Target population | Children immunized against polio (%) | Target population | Children immunized against measles (%) |
|----------------|-------------------|--------------------------------------|-------------------|--|
| Gulu           | 77,330            | 113.5                                | 68,187            | 110.9                                  |
| Kitgum         | 80,564            | 119.7                                | 73,795            | 121.5                                  |
| Katakwi        | 28,398            | 100.7                                | 25,385            | 99.8                                   |
| Lira           | 125,931           | 105.2                                | 118,531           | 109.7                                  |
| Amolatar       | 29,036            | 132.4                                | 25,978            | 131.2                                  |
| Amuria         | 46,317            | 92.3                                 | 41,391            | 91.4                                   |
| Dokolo         | 37,969            | 76.9                                 | 32,383            | 65.6                                   |
| Nakapiripirit  | 36,469            | 92.3                                 | 33,130            | 92.9                                   |
| Amuru          | 48,027            | 69.2                                 | 41,391            | 66.1                                   |
| Arua           | 94,244            | 100.5                                | 86,472            | 102.2                                  |
| Koboko         | 39,911            | 119.4                                | 36,291            | 120.3                                  |
| Maracha        | 63,935            | 110.1                                | 58,264            | 111.2                                  |
| Bugiri         | 117,428           | 116.8                                | 127,135           | 140.2                                  |
| Bundibugyo     | 53,465            | 102.9                                | 50,843            | 108.5                                  |
| Bushenyi       | 151,386           | 94                                   | 142,796           | 98.2                                   |
| Kamuli         | 126,899           | 99.6                                 | 113,340           | 98.5                                   |
| Kaliro         | 47,563            | 132.8                                | 35,203            | 108.9                                  |
| Kyenjojo       | 57,298            | 120.6                                | 92,177            | 115.4                                  |
| Luwero         | 77,529            | 101.2                                | 76,511            | 110.7                                  |
| Nakaseke       | 20,828            | 65.6                                 | 29,926            | 104.5                                  |
| Mayuge         | 87,545            | 115.8                                | 75,283            | 110.6                                  |
| Mbarara        | 68,396            | 84                                   | 73,043            | 99.4                                   |
| Ibanda         | 44,225            | 99.1                                 | 41,519            | 103.1                                  |
| Isingiro       | 72,798            | 101.2                                | 79,002            | 121.7                                  |
| Kiruhura       | 49,886            | 100.8                                | 49,886            | 111.7                                  |
| Mityana        | 51,624            | 89.8                                 | 52,795            | 101.7                                  |
| Mubende        | 101,291           | 102.1                                | 97,993            | 109.5                                  |
| Pallisa        | 105,718           | 118.3                                | 105,933           | 131.4                                  |
| Budaka         | 45,317            | 67.7                                 | 39,788            | 65.9                                   |
| Rakai          | 74,692            | 72.8                                 | 82,785            | 89.4                                   |
| Lyantonde      | 17,210            | 119.4                                | 16,182            | 124.4                                  |
| Rukungiri      | 65,159            | 109.4                                | 58,686            | 109.2                                  |
| Wakiso         | 162,126           | 74.8                                 | 157,757           | 80.7                                   |
| Yumbe          | 58,258            | 83.9                                 | 54,352            | 86.7                                   |
|                |                   |                                      |                   |  |
| <b>Overall</b> | <b>2,364,772</b>  | <b>100.1</b>                         | <b>2,294,133</b>  | <b>104.5</b>                           |

Source: Program Records, UPHOLD 2006



**Annex IV: Community-based growth promotion details as at 31<sup>st</sup> December 2006**

| District     | N° sub-counties | N° Parishes | N° Villages | N° Growth Promoters trained |            |              |
|--------------|-----------------|-------------|-------------|-----------------------------|------------|--------------|
|              |                 |             |             | Male                        | Female     | Total        |
| Luwero       | 4               | 17          | 107         | 154                         | 175        | 329          |
| Bugiri       | 4               | 20          | 130         | 206                         | 184        | 390          |
| Mayuge       | 1               | 12          | 65          | 68                          | 63         | 130          |
| Kiruhura     | 4               | 18          | 120         | 111                         | 129        | 240          |
| Ibanda       | 1               | 3           | 25          | 32                          | 18         | 50           |
| Arua         | 1               | 2           | 16          | 24                          | 7          | 31           |
| <b>Total</b> | <b>15</b>       | <b>72</b>   | <b>463</b>  | <b>595</b>                  | <b>575</b> | <b>1,170</b> |

*Source: Program Records, UPHOLD 2006*



**Annex V: Grantee amounts, disbursements to date and completion dates**

|   | <b>Grantees</b>                    | <b>Grant Amount</b> | <b>Released to date</b> | <b>%</b> | <b>Completion Date</b> |
|---|------------------------------------|---------------------|-------------------------|----------|------------------------|
| 1 | PEPFAR CSOs 2006/07                | 1,358,389,372       | 691,924,375             | 51%      | March 31, 2007         |
| 2 | Local Government 2006/07           | 1,115,450,300       | 559,387,296             | 50%      | February 28, 2007*     |
| 3 | 2 Year Grants 2005/06              | 1,773,368,244       | 1,300,543,830           | 73%      | June 30, 2007          |
| 4 | Non RFA Grants 2005/06             | 2,792,382,971       | 2,040,272,736           | 73%      | Jan- June 30, 2007     |
| 5 | PTC- Integrated Education Strategy | 2,204,830,700       | 1,330,605,567           | 60%      | April 30, 2007         |
| 6 | PTC- PIASCY                        | 3,267,061,300       | 2,665,798,868           | 82%      | April 30, 2007         |

*Source: Program Records, UPHOLD 2006*

\*The exceptions for the MOU end dates are Kyenjojo and Rakai LG (April 2007)





## **Annex VI: UPHOLD abstracts accepted for conference presentations**

### **The 51<sup>st</sup> Comparative International Education Society Conference**

- A whole-school approach to school-based quality reform: The Uganda experience
- Using action-oriented meetings to improve parents' support to education in Uganda

### **Global Health Conference, 2007**

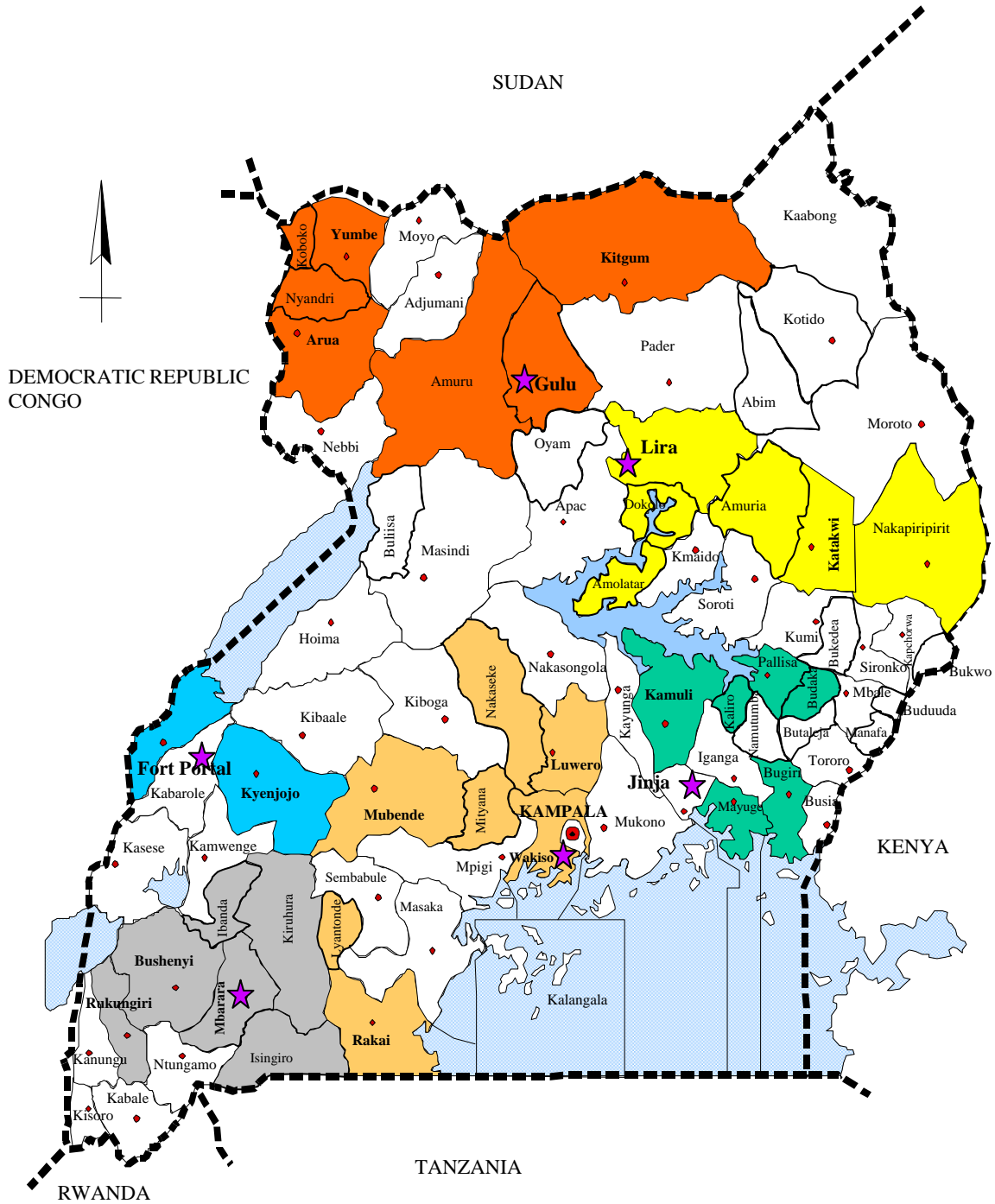
- Scale up of malaria programs through community partnerships – Betty Mpeka

### **The 5th African Conference on Child Abuse and Neglect**







- The role of peer-to peer education in overcoming cultural barriers to HIV prevention communication Approaches: Experiences from primary schools in Uganda”
- Creating safer school environments for children: The role of action oriented meetings
- Do ‘talking compounds’ talk? Experiences from Uganda’s primary schools”
- HIV prevention for children in areas with conflict: challenges and strategies used in Northern Uganda



# MAP OF UGANDA, March 2007



**Key:**

|   |               |   |               |
|---|---------------|---|---------------|
|  | South-Western |  | Eastern       |
|  | Rwenzori      |  | North-Eastern |
|  | Central       |  | North         |