

# Quarterly Report January – March 2007





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## ACRONYMS

ACORD	Agency for Research and Cooperation in Development
ACT	Artemisinin-based Combination Therapy
AFXB	Association Francois-Xavier Bagnound
AIC	AIDS Information Centre
AIM	AIDS Integrated Model Project
AOMs	Action-oriented meetings
ANC	Antenatal care
BCC	Behavior change communication
CBGP	Community-based growth promotion
CCT	Coordinating Centre Tutors
CPTC	Core primary teacher college
CIE	Community involvement in education
CL	Cooperative learning
CB-TB DOTS	Community-based tuberculosis directly-observed therapy – short course
COBRA	Community-based reproductive health agents
CO-VCT	Community-owned voluntary counseling and testing
PTCs	Primary Teachers Colleges
CSO	Civil society organization
DDHS	District Director Health Services
DOT	Directly Observed Therapy
DPT	Diphtheria, pertussis, tetanus
DSW	German Foundation for World Population
EMS	Education management strengthening
ENA	Essential Nutrition Action (program)
ESA	Education Standards Agency
FDA	Family Dialogue Agents
FSGs	Family Support Groups
FLEP	Family Life Education Program
FP	Family planning
GBV	Gender-based violence
Goal-ANC	Goal-oriented antenatal care
GoU	Government of Uganda
GPs	Community growth promoters
GYC	Gulu Youth Centre
HBMF	Home-based management of fever
HCP	Health Communications Partners
HCT	HIV counseling and testing
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome
HMIS	Health management information system
IDPs	Internally displaced persons
IEC	Information, education, communication
IES	Integrated education strategy
IPTp	Intermittent preventive treatment (of malaria in pregnancy)
IRCU	Inter-religious Council of Uganda
ITNs	Insecticide-treated nets
KAARO	Kaaro Rural Development Organization



LABE	Literacy and Adult Basic Education
LG	Local government
LLINs	Long-lasting insecticidal treated nets
LQAS	Lot Quality Assurance Sampling
MARPs	Most-at-risk populations
MAV	Maturity Audiovisuals
MDD	Music, dance and drama
MED	Monitoring, evaluation and dissemination
MIP	Malaria in pregnancy
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoGLSD	Ministry of Gender, Labour and Social Development
MoUs	Memorandum of understanding
NMCP	National Malaria Control Program
NMS	National Medical Stores
OVC	Orphans and vulnerable children
PAF	Performing arts festivals
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	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission (of HIV)
PTC	Post-test clubs
RAIN	Rakai AIDS Information Network
RCT	Routine counseling and testing
RH	Reproductive health
RUGADA	Rukungiri Gender and Development Association
RUHECO	Rural Health Concern
RWIDE	Rural Welfare Improvement for Development
RWODEC	Rukungiri Women Development Company
SCOT	Strengthening counseling and testing in Uganda
STF	Straight Talk Foundation
STI	Sexually transmitted infections
STM	Senior Training Mentor
TASO	The AIDS Support Organization
TB	Tuberculosis
TE	Teacher effectiveness
TKL	The Kids League
TUKO Club	Tukolerewamu Club
UCOBAC	Uganda Community Based Action for Child Welfare
UNCHO	Uganda National Health Consumers/Users Organization
UNEPI	Uganda National Expanded Program of Immunization
UNICEF	United Nations Children's Fund
UPHOLD	Ugandan Program for Human and Holistic Development
UPMA	Uganda Private Midwives' Association
URHB	Uganda Reproductive Health Bureau
USh	Uganda shillings
VHT	Village health team
WHO	World Health Organization



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# Executive Summary



This report presents the key achievements of the Uganda Program for Human and Holistic Development (UPHOLD) during January - March 2007. The program's interventions aim to improve human capacity through increasing access, quality and utilization of health, education and HIV/AIDS services across 34 districts in Uganda. UPHOLD works through partnerships with local governments and civil society organizations (CSOs), using grant mechanisms which are mainly managed through six Regional Offices.

During the quarter, a total of US\$ 445,939,290 was approved for disbursement through 29 local government grants and US\$ 637,731,308 approved for disbursement through the Family And Community Action grant mechanism to CSOs. In addition US\$ 469,427,500 was disbursed to Core Primary Teachers' colleges to implement integrated education activities and US\$ 139,511,358 was disbursed for the Uganda President's Initiative on AIDS Strategy for Communication to Youth (PIASCY) activities.

In anticipation of a possible one year extension of UPHOLD by the United States Agency for International Development (USAID), the program worked on preparing a new request for applications for grant funds to CSOs to implement HIV/AIDS services and reproductive health services.

In the health sector, UPHOLD continued to support malaria prevention and control interventions under the (US) President's Malaria Initiative. A second round of support supervision at health facility level was carried out to ensure health worker adherence to the new National Malaria Policy Guidelines of using Artemisinin-based combination therapy (ACT) for case management of malaria. A total of 2,095 health workers in 613 health facilities in 17 districts were supported, while 1,045 health workers were trained in the new policy. Quarterly review meetings for community medicine distributors providing malaria treatment at community level were supported by the program across the districts including those in which World Health Organisation (WHO) is piloting the use of Coartem<sup>®</sup> for the Home-Based Management of Fever Strategy (Gulu, Amuru and Kitgum Districts).

Under tuberculosis (TB) control activities, UPHOLD supported the training of 104 health workers in community-based TB directly-observed therapy-short course (CB TB DOTS) and TB/HIV integration and 183 health workers in TB logistics management. Support supervision activities by district TB/Leprosy supervisors and health sub-district focal persons for TB were also supported in ten districts, while district review meetings focusing on TB interventions were held in four districts. The overall case detection rate in UPHOLD supported districts was 50%, while UPHOLD program records show that the treatment success rate was 78% for the quarter.

UPHOLD continues to support community-based growth promotion as an entry point to integrated child health services in the six districts of Luwero, Arua, Bugiri, Mayuge, Kiruhura and Ibanda. To date, a total of 524 villages are conducting monthly growth promotion sessions through which mothers are counseled on better child care practices. Additionally, 84 supervisors were trained during the quarter from three of these districts and a round of quarterly meetings was held in all implementing parishes in Bugiri.



Reproductive health services were supported through grants to seven CSOs including the Uganda Private Midwives Association (UPMA) and Straight Talk Foundation (STF). Key achievements reported by these CSOs include: 20,592 youth reached with reproductive and HIV/AIDS prevention messages through STF; 25,284 adolescents served with adolescent friendly services through UPMA and STF; 9,686 new family planning (FP) clients served through UPMA sites; 5,390 new FP clients served through the Rakai District grant; and 2,776 pregnant women provided with PMTCT counseling and testing at UPMA sites.

UPHOLD continued to strengthen the implementation of HIV/AIDS services under the (US) President's Emergency Plan for AIDS Relief (PEPFAR) in 19 districts. The key results by focus area were:

- 36,172 (15,898 male, 20,274 female) were tested for HIV and received results at 250 UPHOLD-supported HCT service outlets including outreaches.
- 5,196 pregnant women were counseled, tested and received their HIV test results of whom 405 were HIV positive. During delivery, 115 mothers and 24 babies were given ARV prophylaxis.
- 1,697 (707 male, 990 female) people living with HIV/AIDS (PLHA) received palliative care and support through UPHOLD supported outlets during this quarter, including 139 PLHA who received palliative care for HIV/TB.
- 5,033,028 school children were reached with abstinence messages for the prevention of HIV/AIDS transmission through the (Uganda) Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) program during the previous term III of the year<sup>1</sup>. Additionally 29,968 individuals were reached with abstinence and 'be faithful' messages through CSO grants and 16,908 individuals from most-at-risk populations were reached with prevention messages other than abstinence or being faithful.
- 7,542 orphans were provided with various services through CSO grants.

UPHOLD also continued to provide targeted organizational support to its two main grantees, AIDS Information Centre (AIC) and The AIDS Support Organization (TASO). UPHOLD provided AIC with an Interim Executive Director pending recruitment of a substantive one. AIC was also supported to review its human resource policy including the performance appraisal tools and the staff remuneration levels as well as its financial audit functions. UPHOLD also worked with AIC to ensure recruitment of a new Executive Director and by the end of the quarter the job had been advertised in the media. TASO was provided with both financial and technical oversight and UPHOLD participated in the organization's quarterly donors' meeting.

UPHOLD's Intergrated Education Strategy continued to be scaled up to reach more schools within UPHOLD-supported districts with interventions under the components of Education Management Strengthening (EMS), Teacher Effectiveness (TE) and Community Involvement in Education (CIE). A total of 6,455 (4,991 male, 1,464 female) head teachers and deputies were trained in the EMS Module 4 – *Managing the School Curriculum*, while 20,447 (12,026 male, 8,421 female) teachers were trained in improving TE through the use of the cooperative learning. CIE activities focused on providing technical support to interschool exchange visits and following up progress on school-community action plans. A total of 48 inter-school exchange visits were made in six districts with the hosts getting an opportunity to share their good practices and the visiting schools learning how to improve the quality of education in their own schools. UPHOLD also continued to work through four CSOs to mobilize parents and communities to participate in improving the quality of education in their schools. These CSO include Madrasa, Kids League, Literacy and Adult Basic Education (LABE)-Yumbe and Fort Portal Diocese.

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<sup>1</sup> PIASCY figures for children reached with abstinence messages are computed by school term.



In the previous year, UPHOLD introduced the ‘Certificates of Performance’ initiative. Under this initiative, teachers and education managers who put into practice skills they learned during UPHOLD-supported training activities are nominated by their colleagues and supervisors for the certificate awards. During this quarter, 1,896 nominations were received and are currently being verified by the Regional Offices and districts.

As the program draws to a close, UPHOLD is planning for end-of-project dissemination conferences beginning with the education sector. This quarter UPHOLD initiated planning for education sector regional and national conferences. The theme for the conferences is *Improving School Quality – Together* with a focus on transparency, partnership and professional development, with the aim of evaluating UPHOLD education initiatives with partners, sharing experiences across districts and making recommendations for sustaining UPHOLD interventions beyond the life of the program.

The Monitoring, Evaluation and Dissemination (MED) Department continued to play its role as a service unit to the program by addressing the information needs of the program. Data collection for the annual Lot Quality Assurance Sampling survey was completed in December 2006 and during this quarter, data entry and analysis was completed and report writing started. A total of nine presentations on the program’s achievements were made at three conferences, namely the 51<sup>st</sup> Comparative and International Education Society Conference (USA); African Conference on Child Abuse and Neglect (Kampala); and the 1<sup>st</sup> East African Community Health and Scientific Conference (Kampala). An abstract on experiences of one CSO, Tukolerewamu Club, in promotion of be faithful HIV/AIDS prevention messages was also accepted for the annual PEPFAR conference to be held next quarter.

UPHOLD continued to broadcast programs targeting about 1,200 Radio Listening Clubs to promote behavior change across the sectors. The programs covered: social norms among young men related to prevention of HIV/AIDS transmission through the *Be a Man* campaign; stigma and home-based care for people living with HIV/AIDS (PLHA); malaria treatment prevention through the use of insecticide treated nets; malaria treatment through the Home-Based Management of Fever Strategy and motivation of community medicine distributors; health seeking and adherence to treatment for tuberculosis.

Following the data quality assessment carried out by the Monitoring and Evaluation of Emergency Progress (MEEP) Project in the last quarter, MED staff worked together with technical teams to provide support supervision to both local government and CSO grantees and their facilities. Over 16 CSOs in 10 districts were given on-job support to improve on the effective use of reporting tools and to ensure data quality. UPHOLD also began making preparations for the upcoming program evaluation due in the next quarter.

# 1.0 Health Services



UPHOLD health sector interventions include malaria prevention and control, child and reproductive health, tuberculosis control, and epidemic preparedness against avian influenza. During January to March 2007, technical support to improve quality of facility-based services was provided in close collaboration with the Ministry of Health (MoH), through support supervision and training activities for health workers on malaria and tuberculosis prevention and control. Child health activities included support to routine immunization activities through local government grants and scale up of community-based growth promotion as an entry point to integrated child health in six districts. Reproductive health activities continued to be implemented by five civil society organizations (CSOs) and the Uganda Private Midwives Association in 14 UPHOLD-supported districts.

## 1.1 *Malaria Prevention and Control*

During this quarter UPHOLD continued to work closely with the MoH and other partners in the implementation of the (US) President's Malaria Initiative (PMI). A second round of on-site support supervision of health workers for the smooth implementation of the new malaria treatment policy using Artemisinin-based combination therapy (ACT) was conducted as was on-job support supervision for improved uptake of intermittent preventive treatment (IPTp) of malaria in pregnancy. During the supervision visits, health workers that had missed the initial MoH training on the new malaria treatment policy using ACT were provided with on-site training. UPHOLD efforts in home-based management of fever (HBMF) activities during the quarter included continued support for support supervision of the community medicine distributors (CMDs) through quarterly review meetings and collaboration with WHO in the implementation of Coartem use at community level in Amuru, Gulu and Kitgum Districts

### CASE MANAGEMENT OF MALARIA

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

Through quarterly supervision visits, UPHOLD has continued to support CMDs to deliver home-based management of fever services to the communities. Due to multiple activities in the districts this quarter, there has been delayed submission of HBMF reports from the UPHOLD-supported districts therefore the HBMF data for this quarter will be presented in the next quarterly report. UPHOLD has collaborated with WHO in the implementation of HBMF using Coartem at community level in Amuru, Gulu and Kitgum Districts. To-date, all the sub-counties in the three districts are implementing HBMF using Coartem. WHO has trained 800 CMDs in Kitgum District, 417 in Gulu District and 383 in Amuru District in Coartem use at the community level. Identified gaps in service delivery include training needs to attain the recommended coverage of two CMDs per village or zone and adequate numbers of facilitative tools to cover all the CMDs, specifically Coartem registers, medicine storage boxes, torches and boots. UPHOLD will support district-wide meetings for the CMDs in all the three districts in May 2007 to review how well the CMDs are implementing HBMF using Coartem, paying special attention to correct use and recording. In addition qualitative research methods will be used to explore community perceptions about Coartem and compliance with the dosage regimens.

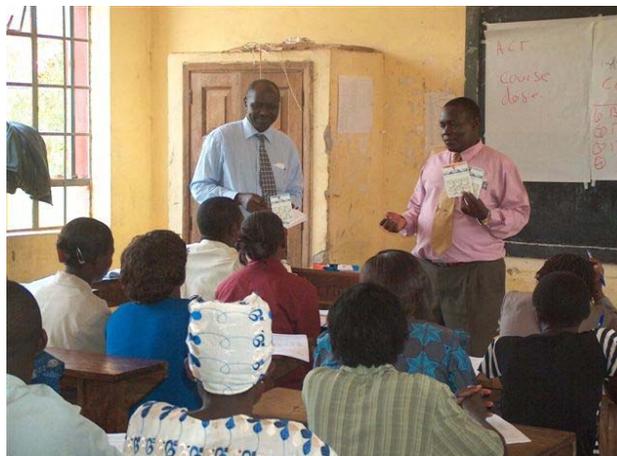


## IMPLEMENTATION OF THE NEW MALARIA DRUG POLICY

### ACHIEVEMENTS

- Provided support supervision to 613 health facilities in 17 districts on the new malaria treatment policy using Artemisinin-based combination therapy (ACT)
- 1,045 health workers trained on the new malaria treatment policy
- 2,095 health workers provided with on-job support

During this quarter, a second round of on-site support supervision for strengthening malaria case management was conducted in close collaboration with the National Malaria Control Program (NMCP) and Malaria Zonal Coordinators. Emphasis was placed on training health workers who missed the opportunity of training on the new malaria treatment policy during the initial MoH training. Using supervision tools developed last year, a total of 17 districts (Amuria, Amolatar, Kyenjojo, Lira, Dokolo, Mubende, Mityana, Mbarara, Bushenyi, Kamuli, Kaliro, Budaka, Pallisa, Mayuge, Lyantonde, Rakai and Rukungiri) were visited this quarter. The supervision focused on the availability of Coartem in the district and facility stores; quality of malaria case management services; and the extent of prescription of Coartem for uncomplicated malaria. A total of 613 health facilities were visited and 1,045 health workers (390 male, 655 female) were trained, while 2,095 (714 male, 1,381 female) health workers were provided with on-job support as shown in Annex I.



*Malaria Zonal Coordinator and co-facilitator show trainees different packets of Coartem, Kaliro District*

Preliminary estimates from the available supervision data indicate that on average 50% of uncomplicated malaria cases are being treated with Coartem.

### NET RE-TREATMENT

The net re-treatment proposal for round four was submitted to USAID for funding. A total of 30 districts will be covered, concentrating on those sub-counties that have low coverage of long lasting nets and which have not received the recently distributed nets procured by the Global Fund. KO Tab 123<sup>®</sup>, an insecticide treatment that confers a longer lasting (approximately three years) insecticidal effect will be used, targeting at least 200,000 nets and providing an estimated 1.2 million person-years of protection assuming an average of two people sleeping under each net.



## MANAGEMENT OF MALARIA IN PREGNANCY

### Development of Tools for Facilitative Supervision

In the previous quarter, UPHOLD worked closely with Ministry of Health's National Malaria Control Program and Reproductive Health Division to provide facility-based support to health workers who deliver antenatal services including intermittent preventive treatment (IPTp) and case management of malaria in pregnancy. The results of the facility supervision visits made to the health facilities highlighted several issues which lend themselves to on-site, on-job support and training, including identifying and using opportunities to increase awareness on occult or silent malaria; the lack of consistent use of policies and procedures related to Goal-ANC; the use of registers, and logistics management; and community-facility interaction. UPHOLD used these findings to develop a training program and a package of standard tools for facilitative supervision of malaria in pregnancy interventions during this quarter. The tools include:

- A three-day *Malaria in Pregnancy Refresher Training Manual* that provides: an overview of key policies, guidelines and required practices; the role of supervision and community-facility dialogue in improving IPT 2 uptake; characteristics of effective supervisors; and a guide to planning for supervision of one's own facility, make it a model and then use a mentoring approach for supervision in three to five additional facilities.
- A standard set of reference materials including:
  - Goal-ANC protocol
  - Flow chart for management of malaria in pregnancy
  - Relevant excerpts from the Health Management Information System (HMIS) including the antenatal/postnatal register, HMIS monthly facility summary form, stock cards, IPT graph formats).
  - Self assessment checklist of effective supervision skills
- A facilitative supervision tool which covers thematic areas for facility supervision and community dialogue as well as frequently asked questions.

### *Refresher Training of Mentors on Malaria in Pregnancy*

In close collaboration with the National Malaria Control Program and the Reproductive Health Division of the MoH, 43 (22 male, 21female) mentors from the Eastern and Central Regions were selected and trained to support the increase in IPT 2 uptake through supervision and mentoring at their own and nearby facilities (see Annex II). During the training they developed action plans for support supervision throughout their districts and review with their district health teams, which the Regional Offices will follow up.

### Collaboration with Health Communication Partners to Promote Behaviour Change Communication

In addition to these activities, UPHOLD continued to support the USAID-funded Health Communications Partners in the development of supporting communication tools, identifying and training music dance and drama (MDD) groups in Forum Theatre, reviewing radio scripts, planning and quantification for the production and distribution of information, education and communication (IEC) materials in UPHOLD partner districts. The wall chart in the photo below was pre-tested during the training of the Central Region Mentors and used



*Draft MoH Malaria in Pregnancy Wall Chart*



again during their refresher training on malaria in pregnancy to demonstrate a model examination room with this job aide.

### Design and Pre-Test of an Antenatal Register “Ruler”



*Trainee midwives pre-testing the model ANC ruler, Kiswa Health Centre*

Support supervision visits on malaria in pregnancy also established that many facilities were still using outdated ANC registers (from the 2005 Health Unit Procedures of the Health Management Information System [HMIS]) and some were customizing the registers with columns that were convenient but not consistent with the guidelines. During the quarter, UPHOLD supported the development and procurement of a job aide - a model ruler, which contains the correct HMIS register columns. Its measurements are designed to fit across an A4 counter book being used by most facilities and the

aim is to enable units to quickly and readily rule their counter books per the guidelines and thereafter enter important data correctly.

In the next quarter, UPHOLD will explore the use of this ruler after making adjustments in line with the revisions that the MoH is making to accommodate prevention of mother-to-child transmission (PMTCT) of HIV/AIDS information and to create a stand alone postnatal register.

## 1.2 Tuberculosis Control

### ACHIEVEMENTS

- 104 health workers trained on CB TB DOTS and TB/HIV integration
- 183 health workers trained on TB logistics management
- Support supervision of TB activities in ten districts
- Four district level TB review meetings held in North Eastern Region districts

Tuberculosis (TB) and HIV/AIDS are closely interlinked and HIV is the most important factor fuelling the TB epidemic in the country. Results from UPHOLD-supported districts reveal that 80% of the TB patients accept HIV counseling and testing while 59% of these TB patients turn out to be HIV positive (UPHOLD program records). The frame work to control TB/HIV in an integrated manner represents a coordinated response to the joint epidemics of TB and HIV/AIDS. During this quarter, UPHOLD supported several training activities of health workers on community-based TB directly-observed therapy – short course (CB TB DOTS) and TB/HIV integration. A total of 104 health workers were trained in the four districts of Kiruhura, Mityana, Lira and Yumbe. They are expected to provide improved TB case management, be able to screen TB patients for HIV and provide the TB/HIV co-infected patients with appropriate treatment and care.

In the next quarter, UPHOLD will continue to ensure that the required resources for effective collaboration are in place and supportive supervision is carried out to strengthen the TB/HIV initiatives.

Stock out of drugs at the health facility level is one of the factors contributing to the interruption of TB treatment, yet the regular supply of drugs is an essential component of the DOTS strategy. To ensure that health facilities do not experience stock outs or over stocks of TB drugs, health workers have to be knowledgeable and skilled in TB drug management. This quarter, 183 (113 male, 70

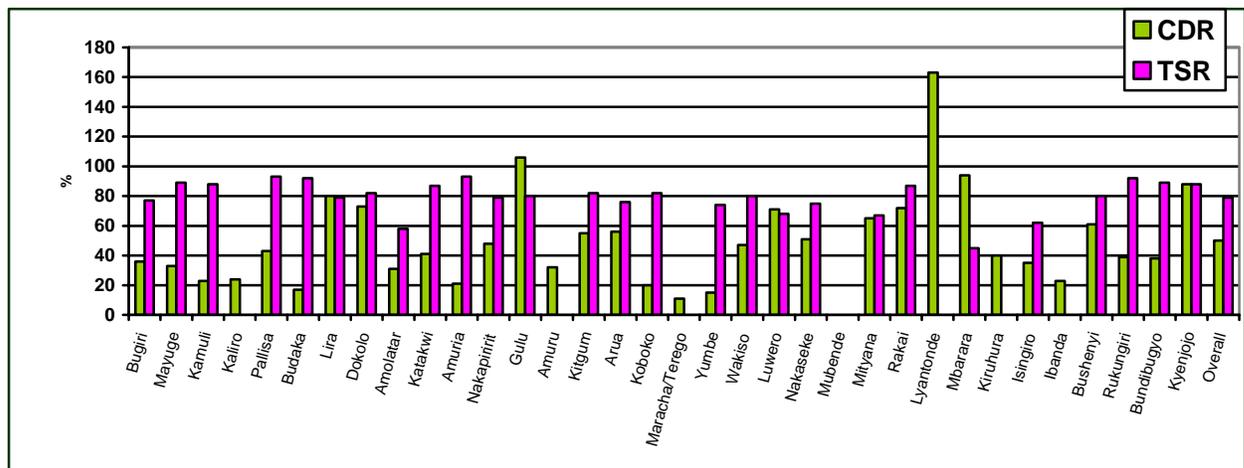


female) health workers from the seven districts of Bugiri, Budaka, Kamuli, Kaliro, Mayuge, Pallisa and Kiruhura were trained TB drug logistics management. The health workers are now expected to requisition for drugs in a timely manner to avoid stock outs or over stocks of anti-TB drugs at their health facilities.

During the quarter, the district TB/Leprosy supervisors, health sub-district focal persons, and sub-county health workers teamed up to provide support supervision to implementers of TB interventions at district and health facility level in 10 districts, namely Bugiri, Budaka, Kaliro, Kamuli, Mayuge, Pallisa, Ibanda, Kiruhura, Bushenyi, and Mityana. The support focused on ensuring the availability of drugs and other supplies while improving patient adherence to drugs and ensuring implementation of TB/HIV implementation.

In addition, district meetings, bringing together district leaders and health staff involved in TB control, were conducted in the four districts of Lira, Amolatar, Amuria and Katakwi to review the progress of TB control activities. A total of 108 participants attended the meetings. Figure 1 shows the case detection rates (CDR) in UPHOLD-supported districts which are among the topics discussed at review meetings. The overall CDR for UPHOLD-supported districts was 50%, while the treatment success rate was 78% (UPHOLD Program records).

**Figure 1: TB case detection rates Jan-Mar 2007 and treatment success rates Jan-Mar 2006**



Source: UPHOLD Program records 2007

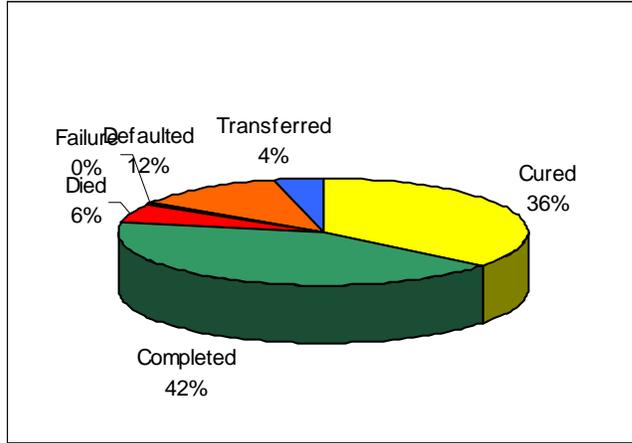
Six districts are already above the National TB/Leprosy Program CDR target of 70% (Lira, Gulu, Luwero, Lyantonde, Mbarara and Kyenjojo) while the rest are still below this target. Efforts to enhance the TB diagnostic capacity in districts are already under way with the development of behavior change communication (BCC) activities and plans for training microscopists and ensuring the availability and use of binocular microscopes. UPHOLD will liaise with the National TB/Leprosy Program and other partners to ensure that these services are provided in addition to an external quality assessment of the laboratories.

TB treatment outcomes are reported a year after commencement of treatment. In the January – March 2006 quarter, the TB treatment success rate (those who completed treatment + those cured) in UPHOLD –supported districts was 78% which is still below the national target of 85%. The plausible explanation for the low treatment success can be based on a high defaulter rate (12 %) and transferred out cases (4%) as shown in Figure 2. Acceleration of the implementation of community-based TB



care will increase the treatment success rate and decrease the defaulter rate and this will be an UPHOLD focus for the next quarter.

**Figure 2: TB treatment outcomes in UPHOLD-supported districts, January – March 2006**



Source: UPHOLD Program records, 2007

### 1.3 Integrated Child Health – Community-Based Growth Promotion

#### ACHIEVEMENTS

- Trained 122 growth promoters in Arua and Luwero Districts
- Collaborated with Plan International in growth promoter training in Luwero District
- 524 villages holding monthly growth promotion sessions to date

UPHOLD continued to support integrated child health through community-based growth promotion (CBGP), now established in 524 villages in six districts of Uganda, namely Arua, Mayuge, Bugiri, Ibanda, Kiruhura and Luwero. During this reporting period, 65 more growth promoters (52 male and 13 female) were trained in Arua District, while Luwero District trained 57 growth promoters (35 male and 22 female). In the spirit of sustainability and collaboration, the Luwero District growth promoters (GPs) were trained with financial support from Plan International – Luwero and material support from UPHOLD. Plan International will continue to roll out CBGP in two additional sub-counties in Luwero District and UPHOLD has provided the necessary tools and job aides to the district for the expansion.

**Table 1: Community-based growth promotion details by district**

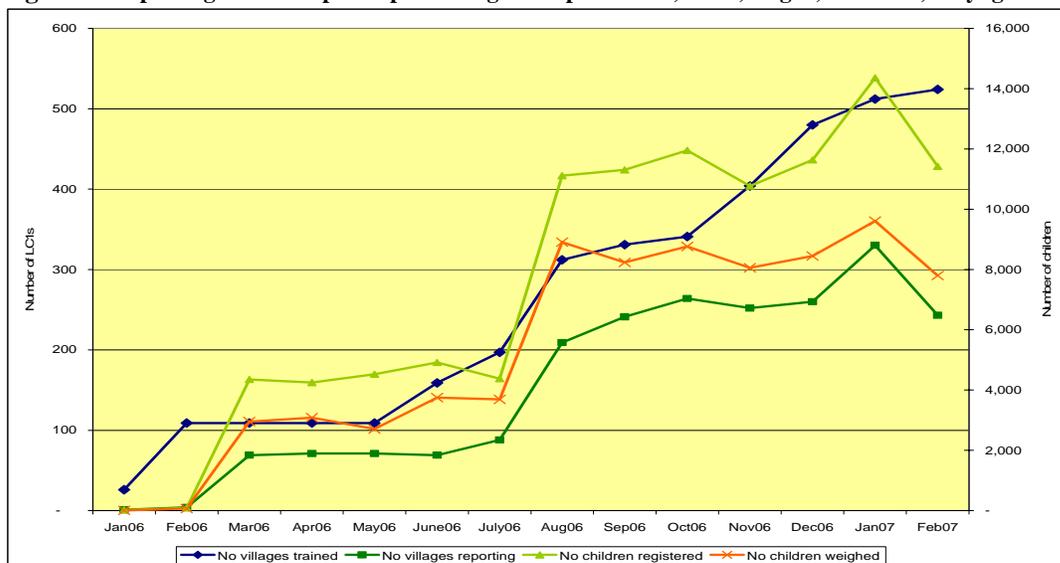
District	Trainers	Villages	N° of Trained Growth Promoters		
			Male	Female	Total
Arua	28	48	76	20	96
Bugiri	12	130	206	184	390
Luwero	19	119	189	197	386
Mayuge	11	83	68	62	130
Mbarara (Kiruhura/Ibanda)	6	144	141	147	288
<b>Total</b>	<b>76</b>	<b>524</b>	<b>680</b>	<b>610</b>	<b>1,290</b>

Source: UPHOLD Program records, 2007



Between January and March, over 500 villages implemented monthly growth promotion sessions, ensuring monthly weighing and counseling mothers of about 15,000 children under two years of age. Growth promoters in Luwero District improved their reporting rate from 20% in the previous quarter to 55% and 60% in January and February 2007 respectively. This was achieved through implementation of quarterly review meetings and the involvement of the Health Management Information System (HMIS) Focal Person of the district. Figure 3 shows the numbers of villages or local councils (LC 1s) reporting and children participating in CBGP activities across the six districts.

**Figure 3: Reporting and child participation in growth promotion, Arua, Bugiri, Mbarara, Mayuge and Luwero**



In an effort to improve timely, accurate and complete data collection and provide more support to the village volunteers, Luwero, Bugiri and Arua Districts selected (from among the active growth promoters) and trained parish and sub-county coordinators as first and second line supervisors for CBGP. The parish coordinators role is to review and compile the monthly village reports and send them to the sub-county coordinator. During their training they are taught how to identify and address common problems in the registers and summary reports, discuss the importance of data compilation and utilization at lower levels, and provide support supervision using a support supervision checklist for CBGP. Altogether, 84 supervisors were trained during the quarter with 38 (26 male and 12 female) from Luwero District, 35 (22 male and 13 female) from Bugiri District and 11 (10 male and 1 female) from Arua District.

In addition to support supervision visits, follow up support was also provided to the GPs through quarterly review meetings. During these parish level meetings with all GPs, experiences were shared, data reviewed, and additional training provided to reinforce knowledge and skills related to optimal breastfeeding and complementary feeding using the 'Essential Nutrition Actions' training package. A full round of quarterly meetings in all implementing parishes has been completed in Bugiri District during which 339 out of the 360 trained GPs participated (177 male and 162 female). Luwero and Arua Districts are planning their first round of review meetings in April 2007.

### Dissemination and Advocacy

UPHOLD is continuously focusing on activities to disseminate program results and lessons learnt as well as to advocate for collaboration with other development partners in supporting the continuation of GP activities in the districts. During the first East African Community Health and Scientific



Conference held in Kampala from 28<sup>th</sup> to 30<sup>th</sup> March 2007, UPHOLD presented a paper on Integrated Child Health through Community Growth Promotion.

UPHOLD is also in final preparations to conduct an operations research in the next quarter to document best practices and lessons learned in community-based growth promotion. This will be important to provide further guidance to the Ministry of Health and other partners as they take CBGP activities forward.

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

Timeliness and accuracy of data collection and compilation remains a major challenge with an average reporting rate of 57% in January and February 2007 for all districts. It is hoped that the recent training of supervisors will improve on data reporting in the next quarter.

UPHOLD is keen to see that all the good CBGP work that has been started in the 524 villages continues and even rolls out to new sub-counties and districts in Uganda. Ensuring the continuity in follow up support to the community growth promoters through routine district health activities and/or other interested partners will be a challenge. UPHOLD used the opportunity of dissemination its support for CBGP interventions at the East African Health and Scientific Conference to inform the wider audience to interest partners in continuing with the CBGP activities in the six UPHOLD-supported districts and assure partners of UPHOLD readiness to transition the activities. As mentioned above, Plan-Luwero is already collaborating with UPHOLD to continue with CBGP activities in Luwero District. UPHOLD will continue to seek other partners to support CBGP activities.

### **1.4 Integrated Reproductive Health**

#### **ACHIEVEMENTS**

- 20,592 youth reached with reproductive and HIV/AIDS prevention messages through Straight Talk Foundation at Gulu Youth Centre
- 25,284 adolescents served with adolescent friendly services through UPMA and Straight Talk Foundation
- 9,686 new FP clients served through UPMA sites
- 5,390 new FP clients served in Rakai District
- 2,776 pregnant women provided with PMTCT counseling and testing at UPMA sites

During this quarter, emphasis was put on providing technical support to the seven CSOs implementing reproductive health activities across UPHOLD-supported districts and Rakai Local Government, which received a grant to improve RH in the last quarter. This was mainly done through interactive review meetings during which the CSOs were assisted to identify areas of weakness and solutions to address them. CSOs provided with technical assistance included: Rukungiri Women's Development Company (RWODEC), Rakai AIDS Network (RAIN), Tooro Kingdom, Rural Health Concern (RUHECO), Straight Talk Foundation and Bushenyi Medical Centre. Individual CSOs and Rakai Local Government achievements for the quarter are discussed below.

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

UPHOLD supports RAIN to promote adolescent health services, increased use of family planning (FP) services and improved birth planning at the community level in the two counties of

Kooki and Kabula in Rakai District. During the quarter, RAIN carried out the following activities:

- Community dialogue meetings on the use of FP and social transformation which were attended by 51 males and 27 females.
- Drama shows on RH issues through which 1,586 people were reached.



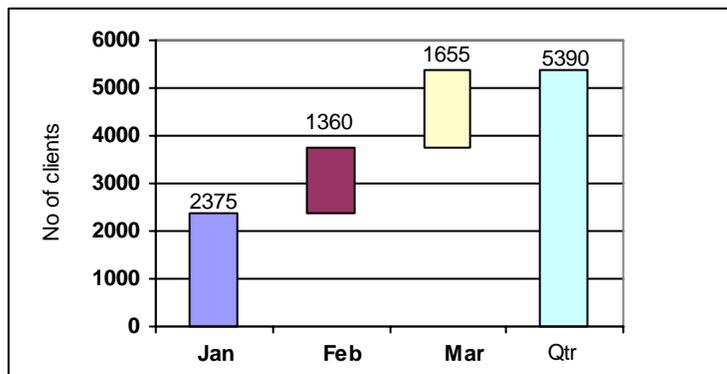
- Orientation meetings for 333 participants from five women groups during which the danger signs of pregnancy were discussed.
- Orientation workshops for 230 parent and influential leaders on the importance and mechanisms of increasing parent-child dialogue on RH issues.
- Follow up of 97 out of the 240 trained peer service providers in the community.

**Rakai District Local Government**

Through the Local Government grant, the district was mandated to improve the availability of FP supplies throughout the district and procure and distribute essential supplies for safe delivery, namely safe delivery (*Mama*) kits and plastic sheets. The district was also required to collaborate with and supervise RAIN, providing technical assistance at the training sessions and drama shows through health workers. Other activities include technical guidance to community-based reproductive health agents (COBRAs) who were to be trained in contraceptive distribution within the communities increasing service utilization for antenatal care, IPTp use, HIV testing, and all RH related counseling through behavior change communication interventions. Through these strategies the following are the achievements for January-March 2007:

- 40 health workers were trained in goal-oriented antenatal care (Goal-ANC) including malaria in pregnancy and prevention of mother to child transmission (PMTCT) of HIV/AIDS.
- 3,818 new ANC clients registered.
- 1,534 ANC clients received second dose of Sulfadoxine-pyrimethamine for IPTp, giving an IPT2 coverage of 40%.
- 5,390 new users of modern FP methods registered during the quarter (see Figure 4).

**Figure 4: New users of modern FP methods, January-March 2007, Rakai District**



Source: UPHOLD Program records, 2007

Additionally, copies of the women’s passport which were procured in the last quarter were also sent to Rakai District pending pre-testing with a concomitant action research.

**Tooro Kingdom**

Tooro Kingdom operates in Kyenjojo District focusing on mobilization and service provision of RH services. During this quarter, the CSO conducted three drama shows reaching 901 people, 26 community dialogues reaching 2,021 people and provided antenatal out reach service to 181 pregnant women in hard to reach HC IIs. The service providers also reached 1,381 school and out of school youth with RH messages through community dialogue meetings. These sessions were attended by health workers who helped answer technical questions which arose during the discussions. Thirty seven (37) out of school youth received FP services.



### **Straight Talk Foundation (STF)**

Straight Talk Foundation runs Gulu Youth Centre (GYC) providing adolescent friendly reproductive health services including peer education, RH counseling, HIV testing and counseling, and life skill development through edutainment activities and information, education and communication (IEC) print materials. Between January and March 2007, the centre provided RH services to both in and out of school youth. Twenty thousand (20,592) youth were reached with RH messages through IEC print materials; while 255 responded positively to radio messages through call ins or letters. A total of 110 out of school youth accessed condoms for HIV/AIDS prevention, while 30 accessed them for FP purposes. Altogether the GYC static site provided adolescent friendly services to 1,613 youth, 21 of them (all female) receiving counseling on unwanted pregnancies while 456 were treated for sexually transmitted infections.

### **Rukungiri Women's Development Company (RWODEC)**

RWODEC sensitized 3,493 people in 14 parishes of Rukungiri District on various RH issues and distributed 1,330 cycles of FP pills, 4,808 condoms and 20 *Mama Kits*. RWODEC was involved in service delivery at eight maternity units, assisting in direct procurement of contraceptives from the National Medical Stores and their distribution to the health units and the 74 community RH health workers (CRHWs) at their points of operation. The CSO collaborates very closely with the DDHS' Office and this transparency has led to a fruitful partnership in service delivery.

### **Uganda Private Midwives' Association (UPMA)**

During the quarter, UPMA continued to provide 14 UPHOLD-supported districts with ANC, safe delivery, FP, adolescent friendly health services and PMTCT services. Table 2 shows the RH outputs for these services between January and March 2007,

**Table 2: Reproductive health service outputs from UPMA clinics**

<b>Activity</b>	<b>Achievements</b>
Integrated outreaches	<ul style="list-style-type: none"> <li>• 71,119 people reached through 131 FP outreaches</li> <li>• 5,801 individuals reached through 104 anti-malaria outreaches</li> </ul>
Deliveries	<ul style="list-style-type: none"> <li>• 218 domiciliary deliveries</li> <li>• 5,957 deliveries at clinics</li> </ul>
Health education in schools	<ul style="list-style-type: none"> <li>• 22,914 students, including 3,530 school leavers were reached through 151 outreaches and school competitions</li> </ul>
Adolescent reproductive health (ARH)	<ul style="list-style-type: none"> <li>• 23,671 adolescents reached with ARH services</li> </ul>
Antenatal care	<ul style="list-style-type: none"> <li>• 10,816 pregnant mothers provided with ANC</li> </ul>
Improved child health management	<ul style="list-style-type: none"> <li>• 30,728 children treated using improved child health practice guidelines</li> </ul>
Malaria cases treated	<ul style="list-style-type: none"> <li>• 16,652 cases treated at UPMA clinics</li> </ul>
Client referral for ARV	<ul style="list-style-type: none"> <li>• 136 clients</li> </ul>
Family planning services	<ul style="list-style-type: none"> <li>• 9,686 new acceptors for modern methods               <ul style="list-style-type: none"> <li>- 3,174 Depo-Provera</li> <li>- 2,153 Pill</li> <li>- 4,246 Condoms</li> <li>- 68 clients referred for long term methods</li> <li>- 8 Moon beads</li> </ul> </li> </ul>
PMTCT- HIV counseling and testing	<ul style="list-style-type: none"> <li>• 2,776 clients counseled and tested</li> </ul>
PMTCT – Nevirapine administration	<ul style="list-style-type: none"> <li>• 5 HIV positive mothers given Nevirapine</li> </ul>



There has been an increase in dissemination about FP services and this could be an important contributing factor to the increase in the number of clients coming for FP services from January to March 2007 (9,686 compared to 6,304 last quarter). Despite this achievement, field staff report that the demand for IEC materials is still high. The UPMA Program Coordinator addressed this concern through collaboration with MoH to get more supplies for dissemination.

**Bushenyi Medical Center (BMC)**

Bushenyi Medical Centre continued with RH service provision at market booths serving 2,736 clients (1885 male, 1,851 female). The CSO also conducted eight drama shows and was able to reach 994 people with integrated RH messages. However, the activities were often disrupted by rain during the market days, and participants wanted more reading materials on RH topics. BMC with its sister Integrated Community Initiatives (ICOB), were able to conduct free radio talk shows on RH project and hence were able to reach more people.

**Rural Health Concern (RUHECO)**

RUHECO operates in Lira and Dokolo Districts mobilizing communities for RH services and collaborating with the District Director of Health Services’ office to provide outreach services to nine sub-counties. During this quarter the CSO conducted drama sessions, community dialogue meetings and provided counseling to couples with a history of gender-based violence (GBV). Table 3 details the CSO’s achievements.

**Table 3: Summary of achievements by RUHECO for January –March 2007**

Activity	Highlights of achievements
Drama on advantages of family planning	<ul style="list-style-type: none"> <li>• 47 drama sessions conducted</li> <li>• 18,762 adults (9,307 males and 9,455 females) reached</li> <li>• 6,192 individuals (primary pupils and their teachers) from 22 schools reached</li> </ul>
Follow up dialogue meetings one per sub county focusing on setting by laws on GBV	<ul style="list-style-type: none"> <li>• 236 (male 228 and 8 female) individuals reached, including 16 clan leaders</li> <li>• 90 out of the 163 communities enacted at least two by-laws against GBV</li> </ul>
Providing counseling services to survivors of GBV as well trying to transform perpetrators to denounce GBV	<ul style="list-style-type: none"> <li>• 1,224 adults (568 male and 656 female) reached</li> </ul>
Quarterly review meetings with Adolescent Peer Educators	<ul style="list-style-type: none"> <li>• 54 (31 male, 23 female) Adolescent Peer Educators attended</li> </ul>

**CHALLENGES AND WAY FORWARD**

Several CSOs reported that long-term methods of family planning were frequently not available at the health units causing client dissatisfaction and disrupting service delivery. UPHOLD Regional Offices encouraged the CSOs to work more closely with their DDHS’ offices. In Lira District, a joint meeting was convened by both regional and UPHOLD’S central office to work out the mode of operation at which the DDHS agreed to allocate a technical person to work with RUHECO to ensure closer collaboration.

**Behaviour Change Communication for Reproductive Health**

This quarter, UPHOLD continued to actively participate in the National Reproductive Health Revitalization Working Group. The Working Group is collaborating to produce a series of radio talk



shows on family planning and UPHOLD is taking the lead on developing two of them. The programs focus on the reasons that family planning is a benefit to Uganda in terms of national development and community and family health and development. Content points were drafted and sent for comments to other Working Group members.

### **AVIAN INFLUENZA**

UPHOLD finalized the recording and aired the Radio Listening Club program on Avian Influenza this quarter, which focused on the role of community leaders in sensitizing the public on actions they can take to combat the pandemic; ensuring that the community knows where and how to report incidences of sickness among birds; and be role models in practices that prevent spread of infections like hand washing, safe handling of birds.

The program was pre-recorded, translated into nine local languages and broadcast on 10 radio stations with wide coverage and reach in the 34 UPHOLD partner districts. At the end of the 30 minute program, the radio presenter would take calls and messages from listeners for 15 minutes.

As a follow up mechanism, UPHOLD has scheduled a review workshop in the next quarter for the radio presenters who participated in the initial radio talk show and spots campaign and radio listening clubs to share experiences and also piggy back on their citizenship social responsibility to continuously advocate the desired behaviors.

Additionally, UPHOLD incorporated, printed and distributed easy-to-read and recall messages and cartoons on Avian Influenza in 10,000 copies of the *District Innovations Newsletter* that was distributed to district leadership and local communities in the 34 partner districts.

## 2.0 HIV/AIDS Services



### INTRODUCTION

Over this quarter, UPHOLD continued to strengthen the implementation of HIV/AIDS services under the (US) President's Emergency Plan for AIDS Relief (PEPFAR), focusing on increasing the population coverage of those receiving HIV/AIDS prevention, care and support services and ensuring the equitable access to HIV/AIDS services at district and lower levels. Implementation continued to be channeled through local governments, private sector clinics and CSOs including faith-based and community-based organizations in 19 districts. Efforts towards service improvement were made through training service providers at various levels as well as providing them with site-based support supervision and mentoring.

### 2.1 HIV Counseling and Testing

A total of 36,172 (15,898 male, 20,274 female) tested for HIV and received results at 250 UPHOLD-supported HCT service outlets including outreaches. This number was reached as a result of a combination of strategies aiming at increasing access including conducting community outreaches and intensifying provision of home-based counseling and testing services. In the previous quarter, only Family Life Education Program (FLEP) was providing home-based counseling and testing services. This quarter, other CSOs such as Mayanja Memorial Hospital Foundation operating in Mbarara and Isingiro Districts, Kyembogo Holy Cross in Kyenjojo District and Kisubi Hospital in Wakiso District also started using this approach. This method has a special appeal to the communities as it reaches more people in the family, promotes couple counselling and does not necessitate the clients to travel long distances to the service delivery points. The approach has also been greatly appreciated and accepted by most people because it confers confidentiality as exemplified by the statement below from a satisfied client.

*"It is because you have found me at my home and no one is here to spread rumors in the village"*

Female HCT Client, Mbarara District

Outreaches targeted hard-to-reach populations like Internally Displaced People's (IDPs), fishing communities, plantation and factory workers and vulnerable sections of the population like out of school youth as shown in the picture.



*A young couple in a counseling session, Kajjansi Teenage Centre, Wakiso District*



Couple counseling was promoted at all UPHOLD supported sites, outreaches and in home-based counseling and testing. Couple focused interventions were reinforced through a community based Be-faithful promotional program spearheaded by Tukolerewamu (TUKO) Club, which included peer-led Be-faithful couple counseling services. Local music, dance and drama (MDD) troupes were also effectively utilized as a means of disseminating messages to adults on the benefits of HIV testing, mutual fidelity and prevention of gender-based violence (GBV).

## IMPROVING SERVICE QUALITY

### Renovation of Facilities

Renovation of selected facilities to ensure privacy in counseling continued during January to March 2007. Table 3 shows the status of renovation works in each of the districts.

**Table 4: Status of renovation work for improving service quality by district**

District	N <sup>o</sup> of sites	Status of renovation as of 31 <sup>st</sup> March 2007
<b>Wakiso</b>	1	Completed and in use. Handed over in February 2007
<b>Bundibugyo</b>	3	Completed and in use. Handed over in March 2007 (3 <sup>rd</sup> site, Kikyoo HC III visited and assessed for extra works)
<b>Kyenjojo</b>	2	Handed over to users; being observed during defects liability period
<b>Kitgum</b>	2	Work in progress: ready for painting works
<b>Gulu</b>	1	Original scope of building works completed; Extra works (plumbing and external painting) approved and to be embarked on
<b>Bugiri</b>	2	Ready to be handed over in next quarter
<b>Amuru</b>	1	Handed over to users; being observed during Defects Liability Period
<b>Nakapiripirit</b>	1	Ready to be handed over in next quarter
<b>Kamuli</b>	1	Handed over to users; being observed during Defects Liability Period
<b>Kaliro</b>	1	Mode of procurement revisited: Site handed over to contractors; furniture being fabricated in workshop
<b>Rakai</b>	2	Work in progress: ready for plastering works
<b>Mayuge</b>	2	Handed over to users; being observed during Defects Liability Period
<b>Nakaseke</b>	1	Handed over to users; being observed during Defects Liability Period
<b>Total</b>	<b>20</b>	



NAKASEKE DISTRICT : NAKASEKE HOSPITAL  
Refurbished works in the existing OPD Building



Renovated ceiling in waiting area, HCT rooms and corridor

Ceiling before renovations



### **Integrated Support Supervision**

On-site support supervision to HCT service providers was one of the main activities carried out during this quarter to support quality improvement. Using supervision guidelines developed by UPHOLD in joint collaboration with the MoH, supervision visits were conducted by two firms of consultants namely UNISON and Health Training Consult. These visits were carried out in the districts of Bugiri, Bundibugyo, Gulu, Kaliro, Kamuli, Kitgum, Kyenjojo, Mayuge Nakaseke, Nakapiripirit, Kyenjojo, Rakai, Lyantonde, and Wakiso. A total of 325 (60 male, 165 female) health workers in 61 health units were provided with support at their places of work to integrate HIV/AIDS/TB/malaria/STI services, improve record keeping and ensure referrals. In addition to these supervision visits, UPHOLD staff visited all the UPHOLD supported CSO and local government health units and supported them in requisitioning for HCT supplies, reporting and adjusting work-plans to ensure quick and effective implementation of planned activities.

At the national level, UPHOLD participated in a national review of the draft curriculum for training counselor supervisors. This undertaking is aimed at providing professional supervision of counselors in the country and is spearheaded by Strengthening Counseling and Testing in Uganda (SCOT) a local organization which is supported by The AIDS Support Organization (TASO). Other partners who provided input to the curriculum included Mildmay, TASO, AIDS Information Centre (AIC) and African Evangelistic Enterprises.

### **CHALLENGES AND WAY FORWARD**

Stock outs of test kits were reported in several facilities necessitating UPHOLD's involvement at regional and central level in following up requisitions for test kits from MoH and securing the kits on behalf of partners. UPHOLD will continue to provide technical support to partners in reporting and requisitioning for HCT supplies in order to ensure that test kits are available at implementing sites.



Insecurity, mainly in Bundibugyo District, disrupted service delivery, but when the security situation improves, UPHOLD will support the district in the next quarter to strengthen these services.

The MoH HCT policy advocates for routine counseling and testing (RCT) at all implementing sites, but this has not been possible in most facilities due to staffing constraints. Staffing constraints also reduces the number of children who are reached with HCT services during outreaches. One innovation which UPHOLD will continue to support, is the use of ‘expert clients’<sup>2</sup> where appropriate, to fill in the human resource gaps.

## **2.2 Prevention of Mother to Child Transmission of HIV (PMTCT)**

During the January to March 2007 period, 7,733 new mothers attended ANC services. Overall, 5,196 of these clients were counseled, tested and received their HIV test results of whom 405 were HIV positive. During delivery, 115 mothers and 24 babies were given ARV prophylaxis. These were achieved through UPHOLD’s strategies to improve PMTCT uptake which included: increasing access through home-based counseling; improving quality of services through facility level training and support supervision; support to family support groups (FSGs); and social mobilization to prevent gender-based violence (GBV).

### **Promoting PMTCT through Home-based HIV Counseling and Testing**

The CSOs which have begun implementing home-based HCT provided support to PMTCT through the identification of pregnant women during their home visits and referral of those that tested HIV positive to both CSO and public health facilities. These include Family Life Education Program (FLEP), Mayanja Memorial Hospital Foundation, Kyembogo Holy Cross and Kisubi Mission Hospital. Furthermore, Kisubi Mission Hospital and some health units in Kamuli District made efforts to conduct home visits to HIV positive mothers to ensure that they were adhering to their choice of infant feeding method and encourage them to disclose their HIV status to their spouses. A total of 27 HIV positive mothers were visited by these Kisubi Mission Hospital and FLEP through this mechanism.

### **Improving Quality of PMTCT Services**

Between January and March 2007, the quality of services was improved through training, monitoring and support supervision visits to all 55 UPHOLD-supported PMTCT sites through the integrated HIV/AIDS/TB/malaria/STI mechanism described under the HCT section above. The support aimed at providing technical support in use of standard quality assurance tools, protocols and the integration of PMTCT into goal-oriented ANC services including intermittent preventive treatment (IPTp) of malaria in pregnancy. In addition, some of the renovated facilities described in the HCT section provide PMTCT as well as HCT services.



*Family Support Group Training, World Vision Gulu*

During the quarter, a total of 48 (21 male, 27 female) family support group (FSG) mentors from seven districts (Wakiso, Nakapiripirit, Bugiri, Kamuli, Kyenjojo, Nakaseke and Bundibugyo) were

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<sup>2</sup> Expert clients are people living with HIV/AIDS (PLHA) who are willing to offer counseling services to other clients



trained by UPHOLD and entrusted with the responsibility of mobilizing mothers and spouses for the FSGs. Fellowship meetings were held by HIV positive mothers enrolled with the FSGs and through peer support and counseling by the members and health unit staff, mothers were supported to cope with their HIV status, to disclose their HIV status and adhere to their medication. World Vision Gulu also held refresher training for 22 pre-existing female psychosocial mentors. The training content covered the minimum package of PMTCT services, living positively with HIV/AIDS, the importance of male involvement, informed decision making on attending ANC, choice of delivery place, taking Nevirapine for PMTCT, post natal care, family planning, infant and young child feeding options and income generating activities.

In addition, community interventions on prevention of gender-based violence prevention were carried out by CSOs to increase uptake of PMTCT services. Music, dance and drama sessions and community dialogue meetings were held by St. Josephs Hospital in Kitgum, Kyenjojo Holy Cross Centre and Kamuli Mission Hospital. St. Joseph's Hospital, in particular, has reported some increase in the number of men willing to attend ANC clinics with their partners although the figure is still low.

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

Since most pregnant women attend ANC without their spouses, if they get tested for HIV, disclosure of their sero-status to their spouses and adherence to infant feeding options remains a challenge for them. Male involvement in PMTCT is still very low, but it is hoped that over the next few months, UPHOLD-supported CSOs will continue to strengthen the FSGs, male mentors and model couples, who engage in activities such as peer counseling on disclosure of HIV status to spouses, partner support, alternative and safe breast feeding, living positively and referral of clients for further care, support and treatment including anti-retroviral therapy. Additionally, known “influencers” of mothers such as grandmothers, mothers-in-laws and aunts will be targeted for IEC interventions like community dialogue meetings and also during home visits, to address the problems HIV positive mothers face at community level. In the Northern districts, special meetings have already been held for mother-in-laws to enlist their support for HIV positive mothers.

Another challenge has been the inadequate and inconsistent supply of Nevirapine and HIV test kits, which UPHOLD will continue to address through technical support in the requisition and delivery of necessary PMTCT logistics, in liaison with the National Medical Stores and the MoH. UPHOLD is also planning for emergency procurements of test kits to ensure that there are no interruptions in service provision.

### ***2.3 Palliative Care – General***

A total of 1,697 (707 male, 990 female) people living with HIV/AIDS (PLHA) received palliative care and support through UPHOLD supported outlets during this quarter, among them were 139 PLHA who received palliative care for HIV/TB. Public facilities mainly provided facility-based care while most CSOs continued to deliver both facility-based and home-based care services including medical care, nursing care, material support, referrals and psycho-social support to PLHA and their families. PLHA themselves were involved in providing peer counseling during outreaches, home visits and monthly fellowship meetings.

A lot of attention was paid to improving the quality of palliative care services available to PLHA through training and on the job support supervision of service providers. In this regard, UPHOLD



trained 35 (24 male, 11 female) medical practitioners from 34 private clinics in 15 districts in the management of opportunistic infections. In this training, emphasis was put on providing quality and integrated care to PLHA, networking and referrals, and data and logistics management. Similarly, Mayanja Memorial Hospital Foundation conducted training for nine (1 male, 8 female) service providers in the management of opportunistic infections. The health workers were from five public health facilities collaborating with Mayanja Memorial Hospital Foundation in Isingiro District. World Vision Gulu also held a refresher training course for 60 (13 male, 47 female) home-based care givers from six FSGs.

Promotion of uptake of home-based care services through conducting family dialogue sessions and anti-stigma mobilization activities in communities and homes was a priority activity of CSOs during this period. The CSOs, specifically Uganda Reproductive Health Bureau (URHB), Uganda Community-Based Association for Child Welfare (UCOBAC) and World Vision Kooki conducted community dialogue sessions on TB prevention, treatment and community-based TB directly-observed therapy - short course (CB TB DOTS), so as to improve knowledge and service utilization. A total of 531 (312 male, 219 female) individuals attended these community campaigns. UCOBAC also held music, dance and drama sessions to mobilize communities for home-based care. The drama content included client testimonies laden with anti-stigma and GBV prevention messages. Overall, UCOBAC held nine drama shows with a total attendance of around 1,560 people. Other CSOs like Kisubi Hospital, Kamuli Mission Hospital, St. Josephs Hospital and UCOBAC conducted home visits to PLHA, where they provided medical and nursing care including administering the anti TB medication, providing ongoing counseling and occasional food support.

UPHOLD also awarded a contract to Mango Tree to adapt a home-based care flipchart based on materials from the MoH. The flipchart, which will be pre-tested by CSOs next quarter will be used CSO grantees that provide home-based care services through volunteers.

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

Referrals for anti-retroviral therapy (ART) have are a key area of concern to implementing partners as the number of ART sites is still limited. UPHOLD sites will continue to refer clients and encourage them to travel the long distances to the few existing service points for their health. Shortage of skilled staff at implementing sites and burn out of the community-based workers strains the existing sites as they have to take care of large workloads. UPHOLD will continue to support CSOs to train more volunteers and clients in AIDS care and support.

Stock outs of drugs and test kits, condoms, medications for sexually transmitted infections (STI), laboratory reagents for syphilis and co-trimoxazole tablets is common at facilities and compromises quality of care. As mentioned before, UPHOLD will continue to provide technical assistance in logistics management at facility and district level.

There is also a constant need for material support to supplement the medical care provided to PLHA. Through its partner organizations, UPHOLD will continue to encourage referrals and networking for the provision of these services as well as formation of FSGs.

With regard to TB services, there are inadequate X-ray services at facilities to cater for clients who test sputum negative, but have other signs of TB. UPHOLD sites will continue to refer clients they find hard to manage to higher level health facilities.



## 2.4 Abstinence and Being Faithful Promotional Services

UPHOLD continues to implement the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) through the scaling up of school-based program interventions to enhance active stakeholders' participation in HIV/AIDS prevention messages for school children. A total of 5,033,028 children were reached in the previous school term (September–December 2006) with abstinence messages through various activities described in this section.

During this quarter, an intensive monitoring and support supervision exercise of the program activities was carried out in 72 districts by a joint team comprising of UPHOLD, the Ministry of Education and Sports (MoES), Core Primary Teachers Colleges (CPTCs), and the district staff. The supervision aimed at assessing the progress of PIASCY interventions and providing support to the districts and schools specifically focusing on the reactivation of school clubs to enhance children's life skills and the safety



*Support supervision session in progress*

friends system; performing arts festivals at district level; school talk shows; community involvement in PIASCY school activities including action-oriented meetings focusing on HIV/AIDS prevention; guidance and counseling; school incentive grant activities and accountabilities; and coordinating centre supervision and mentoring activities for PIASCY. The findings are discussed in the following sections.

### School clubs

The reactivation of school clubs aimed at fostering children's participation in activities that would increase their knowledge specifically on HIV/AIDS and create safe environments for the promotion of positive behavior. It was anticipated that they would enhance children's safety friends systems. Common activities found at the school clubs included:

- Integrated children's club quizzes story/play writing, debates, question boxes and feed back, and safety friends systems
- Tailor made talk shows on issues such as; sex abuse, harassment, virginity, stigma
- Music dance and drama focusing on dissemination of HIV/AIDS prevention information
- Talking compounds with HIV/AIDS prevention messages based on their understanding of HIV/AIDS and risk free environment



*Music, Dance & Drama Club, Luwero District*

While it was in the interest of the program that existing clubs be re-activated in the schools, several other new clubs have been created in most schools as a result of support from NGOs operating in the areas, the 'Peace Clubs' in schools in northern Uganda being a typical example. It was also noted that although the children's response to the clubs is positive, the integration of some PIASCY interventions in club activities was not visible, because of some teachers' views that PIASCY increases their workload.



### **PIASCY Performing Arts Festivals**

Performing arts are important avenues that have been identified for disseminating HIV/AIDS prevention messages among pupils and the wider school community, while enhancing pupil participation in the process. The performing arts festivals (PAFs) provided an opportunity for the school head teachers, teachers and the communities to achieve the objectives of the program using the pupil's talents and experiences and drew enthusiasm from all stakeholders. The objectives of the PAFs are:



*Pupils present a poem at PAF, Lake Victoria Coordinating Centre, Entebbe*

- To educate pupils, parents, the community and other stakeholders on risky situations and how to create risk free environments
- To increase communication between pupils, teachers and parents about sex and HIV/AIDS
- To encourage the transfer of good practices across schools
- To consolidate what the learners know about HIV/AIDS through music, dance and drama
- To evaluate teachers' instruction of PIASCY materials

During January to March 2007, the district level competitions that involved approximately 1,617 schools, took place to select the best performing schools in each district. The themes and content for the competitions were designed by the respective CPTCs in consultation with the District Education Offices to ensure contextual appropriateness and the school presentations were adjudicated with consideration on the themes, use and quality of traditional songs, drama and poems.

There was great interest among community members for the festivals. The district competitions were graced by the political leadership and civil servants. The levels of performances were very high with innovation and creativity exhibited by the children and their teachers and parents reported great exposure to HIV/AIDS messages because of the use of local languages in the presentations. The element of competition enhanced commitment by all participating and the funding support from UPHOLD to facilitate the festivals was instrumental in ensuring the success of the PAFs.

### **School Talk Shows**

The PIASCY training encouraged all schools to invite competent and knowledgeable resource persons from their communities to make presentations in areas that cater for pupils, school and community needs in addition to encouraging discussion among the pupils themselves through various fora such as debates and mock/actual radio shows. Such presentations were to include among other things, creating risk free environments for children, good health for positive living and prevention of HIV/AIDS. The activities were initiated in all the 1,078 model schools, which were to work with satellite schools to spread the good practice.



*Pupil-led talk show, Masaka District*



During the school talk shows, both model and non-model schools ably demonstrated their abilities in engaging the children in communicating their understanding and debating facts on HIV/AIDS prevention and its impact in schools and the community and children displayed their wide knowledge base of accurate information on HIV/AIDS. However, at school level there was little proof of continuity for the talk shows. Head teachers report having invited resource persons to talk to children but there is no documented evidence to back this up. In Gulu and Kitgum CPTC catchment area, the activity had not been initiated at all in the schools and the teachers need more guidance on how to conduct the talk shows.

### **School Incentive Grants (SIG)**

An addendum to the memorandum of understanding signed in the last quarter with all CPTCs provided with UShs. 688, 000/= for each model school country wide from which USh. 100,000/= was to be committed to improving on talking environments in all the model schools. The balance was to facilitate the model schools in conducting out-reach PIASCY activities in the satellite (non-model) schools with the intention of strategic sharing and dissemination of PIASCY interventions. It was envisaged that these funds would effectively support and facilitate the transfer of best practices from model to non-model schools.

Findings at district level indicate that the model schools did not access the grants at the same time and as such there is variation in what schools have managed to achieve. The majority of the schools have improved on their ‘talking environments’, but a few have not been able to do so for various reasons including the schools in the conflict zones that are relocating from their current learning centers to their original sites. The quality of the compound messages in most schools was found to be good especially the portable materials, but by and large, no pictorial messages have been developed.

### **Community Involvement**

UPHOLD has continued to pursue Community Involvement in Education (CIE) as a means of improving the quality of children’s education and enhancing their health and safety and because the benefits of CIE are not confined to model schools only but diffuse to all schools. An important component of CIE that the PIASCY intervention has tried to enhance is home-school communication, whereby there is effective information flow between parents, teachers and the community. Good communication serves as the foundation for all other home-school partnership activities and is promoted by activities like school open days, class days and action-oriented meetings.

UPHOLD promotes action oriented meeting at school level as a mechanism of getting stakeholders in children’s education to listen and learn from each and plan together to address issues concerning their children’s education, safety and health. The district supervision visits revealed that some schools have successfully conducted these meetings and are implementing the joint work plans originated by parents, teachers, education managers and children. The good practices and lessons from these schools can be scaled up to other schools.



## Guidance and Counseling



*Setting up a Guidance & Counseling Room  
Kitgum District*

In most schools, the responsibility of providing counseling services to children has been vested upon the senior woman teacher and the senior man teacher. Group counseling was reported in many schools during the routine school assemblies by teachers on duty and sometimes by the head teacher. In some of the learning centers in the conflict zone, groups of women supported by some NGOs also offered counseling services in the schools especially to the girls. An example is Pabo Learning Center where women groups known as ‘Wayoo’ (translated as aunties) render counseling services to school girls in Primary 5 to 7.

Most schools report that the senior woman and man teachers engage in counseling services with children, although records of the counseling activities are scanty. Most model schools have also taken up the practice of using question boxes as a means to promote and encourage effective guidance and counseling in the schools.

### Monitoring and Support Supervision

Coordinating centre (CC) support supervision and mentoring at school level is aimed at enhancing the implementation of PIASCY in model schools and their satellite schools and all CCs are mandated to provide this support. The central level supervisors found several gaps in this area. There is scanty documentation of supervision activities by district officials and coordinating centre tutors (CCTs). Although most CCTs are based at the model schools, there is little evidence of their support activities, and reports by some CCTs indicate some reluctance in supervising the program. The CCTs cited poor facilitation in terms of logistics as a hindering factor to their support to non-model schools.

Excessive absenteeism by head teachers of model schools also hinders implementation of PIASCY interventions especially since there are teachers with a negative attitude towards the program and this is further exacerbated by transfers of head teachers and teachers from the model schools.

### Other Abstinence Promotional Interventions

UPHOLD has been utilising a two pronged strategy to reinforce abstinence promotion activities in schools, namely through the PIASCY and through the civil society organisations. Eight UPHOLD-supported CSOs have continued to implement abstinence promotion activities in and out of schools. These activities include campaigns with messages on HIV/AIDS, the importance of abstinence and life skills and the use of abstinence commitment cards. These CSOs include Youth Alive, Association Francois Xavier Bagnound (AFXB), German Foundation for World Population (DSW), Kisubi Hospital, Bandimagwara Cultural Group, Maturity Audiovisuals (MAV), Uganda Reproductive Health Bureau (URHB) and Rural Welfare Improvement for Development (RWIDE). The use of abstinence commitment cards has also been appreciated by pupils, parents and teacher, who note that they add value to dialogue sessions on abstinence. RWIDE noted that the cards are boosting morale to the extent that even children under 10 years would like to sign them.

A range of positive experiences resulting from abstinence promotion activities have been noted and dialogue on abstinence has boosted children’s confidence in themselves and in their abilities to say ‘no’ to early sex as cited in the example below.



*‘Before I embraced abstinence, I would always be overcome by sexual passions but now our abstinence club has helped me get involved in drama and sports. This keeps me busy without thinking of playing sex,’* Pupil, Nyabuhikye Primary School, Ibanda District

*“While in the past the children had several opportunities to discuss abstinence, the introduction of the commitment cards has added value in that it binds the children to the commitment for which they sign,”* Head teacher, Luwero District

### **CHALLENGES AND WAY FORWARD**

While there have been a number of successes in PIASCY interventions, there have also been challenges. Key among these is the inadequate documentation of activities, ranging from school club activities to proceedings of action-oriented meetings and guidance/counseling sessions, supervision reports and records from question boxes. During the supervision visits by central teams, the supervisors emphasized the need for documentation of PIASCY activities and will continue to follow up on actions agreed upon with the districts, CCs and schools towards this.

Regular and consistent discussions on abstinence develop a level of confidence among children due to the knowledge acquired on their sexuality, HIV/AIDS transmission and prevention and life skills. This has been noted in those schools that have had many opportunities to dialogue on abstinence issues. However, tracking results of PIASCY interventions has not been easy, because it is difficult to establish whether the necessary life skills have been developed through the various activities and translated to appropriate life choices.

Field observations indicate that the PAFs were given more attention by stakeholders than the other PIASCY interventions during the last two quarters. While this may be due to traditional guidance on the term calendar from MoES, the other activities also need to be carried out with the vigor and enthusiasm given to the festivals and education managers were encouraged to do so over the next few months.

Overall very little has been done in the area of outreach activities to the non-model schools. This is attributed to lack of effective mentoring and support supervision by the CCTs and also the long distances of satellite schools from the model schools. Additionally, the number of non-model schools serviced by the model schools is not commensurate to the available funds for out-reach activities with some centers having as many as 45 satellite schools to service while others only have 12. This calls for increased and tailored funding to CCs with consideration of the location and number of their satellite schools. Additionally, the teachers report that time for outreach activities is very limited given their heavy school teaching schedules and non-model schools also demand to be funded if they are to implement similar activities as the model schools. This will be among the requests which will be forwarded to the MoES PIASCY Working Group at the next technical review meeting.

Slow and sometimes poor accountability of the funds has also delayed the speed of PIASCY implementation. In some schools the outreach funds have been diverted (from original proposals) for activities like developing the school guidance and counseling infrastructure like buying beds, first aid boxes, and wooden question boxes. UPHOLD’s PIASCY team have provided technical guidance to



the CPTCs and schools and will continue to provide the necessary support to ensure that the grantees adhere to technical and financial guidelines.

In many districts, PIASCY implementers report that parents have not fully appreciated the critical role they play in their children's education and they need to be sensitized on how they can get involved, because these negative parental attitudes have resulted in poor attendance of CIE activities. It has been reported that parents feel that they do not have enough time to spend for meetings or open days and that school function schedules are not appropriate for them. In some districts parents demand remuneration for attending meetings, others report feeling intimidated when they visit schools or not welcomed by the teachers or school administrations. UPHOLD will continue to support action-oriented meetings and other awareness mechanisms through which parents can learn more about how to participate in CIE.

There is lack of expertise for counseling children infected with HIV/AIDS, yet many of the schools have the need. This calls for orientation/training for teachers in specialized child counseling at school level with a focus on HIV/AIDS.

Some children in primary school are older than their peers (those in upper primary classes) and they tend to be sexually active and are always asking questions that contradict messages provided during PIASCY sessions. PIASCY implementers have been advised to separate the older children and counsel them separately.

### **Be Faithful Interventions**

#### **Achievements**

- 29,968 individuals reached with abstinence and be faithful messages through CSO efforts
- 200 new couples mobilized to participate in faithful activities through TUKO Club support to five CSOs
- TUKO started planning for phase out activities and working with the CSOs to integrate Be Faithful activities into their existing work plans

As part of the national effort to curb HIV/AIDS through be faithful promotional interventions, UPHOLD has continued to work with CSOs to increase awareness on mutual fidelity and to mobilize communities for counselling services. A total of 29,968 individuals were reached during this quarter with abstinence and be-faithful messages through CSO activities.

Working directly and through other CSOs, Tukolerewamu (TUKO) Club, continued to mobilize, train and offer support supervision to enhance faithful activities among different community groups like mothers and fathers unions. A total of 200 couples were mobilized to participate in be faithful promotional activities through TUKO Club during this quarter. Other CSOs, notably Maturity Audiovisuals, UCOBAC, Student Partnership Worldwide, Youth Alive and Association Francois-Xavier Bagnound (AFXB) also contributed to the above achievements through community outreach activities.

## **2.5 Other Prevention Interventions**

Between January and March 2007, a total of 16,908 individuals were reached with tailored HIV prevention messages other than abstinence and being faithful. UPHOLD continued to focus these interventions on the most-at-risk populations including fishing communities in the islands and along the shores of Lake Victoria, plantation migrant workers mainly from tea plantations in Kyenjojo, people living in Internally Displaced People (IDP) camps in Gulu and Kitgum Districts, out-of-



school youth and HIV positive and discordant couples. In addition, post-test clubs for PLHA and psychosocial support groups of PMTCT mothers continued to hold meetings to provide support to their members during which issues of their concern were discussed including discordance, disclosure, STIs and correct and consistent use of condoms.

UPHOLD received 240 cartons of condoms from the Ministry of Health, which were distributed to The AIDS Support Organization (100 cartons) and the AIDS Information Centre (50 cartons). Ninety (90) cartons were also delivered to CSOs, while the rest were delivered to health units and offices of UPHOLD partners for distribution to targeted most-at-risk populations before and during the Christmas festive season.

UPHOLD also finalized a contract with the new Uganda Health Marketing Group (UHMG) to promote other prevention promotion activities by implementing HIV/AIDS workplace policies in bars and lodges. This is a new initiative in Uganda, based on good experiences from Thailand and the Dominican Republic, to make places that are typically risky in terms of HIV/AIDS transmission safer for people to go. UPHOLD worked with UHMG to ensure there will be no duplication of efforts in the work plans or double-counting of people reached. Implementation began with an assessment of existing training materials for bar and lodge owners this quarter.

***CHALLENGES AND WAY FORWARD***

Some people still want to obtain condoms in privacy which is an indicator of condom related stigma and therefore most facility-based services are not able to capture the number of individuals who access condoms privately. Additionally, irregular condom supplies lead to inconsistent use among those who most need them.

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 most-at risk populations. UPHOLD will also continue to promote condom use among HIV positive individuals and discordant couple through its support to post-test clubs and family support groups.



## 2.6 Orphans and Vulnerable Children (OVC)

A total of 7,542 OVC were supported through various interventions as detailed in Table 5.

**Table 5: Details of support offered to OVC through UPHOLD support**

	Type of support	Number of OVC supported		
		Male	Female	Total
1	Legal Support	391	346	737
2	Child Protection	242	221	463
3	Basic Health	868	771	1,639
4	Psychosocial support	1,139	1,167	2,306
5	Education	563	499	1,062
6	Mitigation of Impact	102	104	206
7	Palliative Care for HIV+ OVC	37	49	86
8	Care and Support	332	301	633
9	Food Security and Nutrition	34	55	89
10	Social Economic Security	469	444	913
	<b>TOTAL</b>	<b>3,888</b>	<b>3,654</b>	<b>7,542</b>

UPHOLD supports 11 CSOs to provide various support interventions to OVC. Psychosocial support is ongoing for all the enrolled OVC mainly through the CSO home-care givers. Anti-retroviral therapy to HIV positive children was provided through referral networks with community health units. Livelihood skills training targeted children between 14 and 18 years who are expected to acquire skills to help them and their siblings. These skills included trained in tailoring, hairdressing, motor vehicle repairs and welding. Advocacy campaigns promoting child rights and responsibilities were conducted to create a child friendly social environment, an example being Ibanda Child Development Center which mapped out 300 OVC and educated caregivers on their roles in the care and protection of OVC. CSOs also worked directly with individual OVC in order to promote positive behaviors such as delay in sexual debut, avoidance of early marriages and exchange of sex for money and other gifts.

### **CHALLENGES AND WAY FORWARD**

Many CSOs have mapped out and registered OVC in their geographic areas, but not all the OVC can benefit from their interventions due to resource constraints. Recording of the ‘software’ types of support (e.g. psychosocial support, guidance and counseling) is still a challenge because communities do not regard these services to be as important as tangibles like school fees and material support. UPHOLD oriented all the OVC implementing CSOs it supports to the new PEPFAR guidelines during the quarter and took the opportunity to reinforce the importance of recording all type of support that OVC are given.



## **2.7 Organisational Development Support to AIC and TASO**

During the January-March 2007 quarter UPHOLD continued to provide financial and technical support to the AIDS Information Centre (AIC) and The AIDS Support Organization (TASO) through tailored support to meet identified needs.

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

During this quarter UPHOLD provided AIC with an Interim Executive Director pending recruitment of a substantive. Other management support to AIC included review of various organizational policies, which were submitted to the AIC Board of Trustees for approval, dialogue and communication between management and the AIC Board of Trustees and preparatory work for the recruitment of a substantive Executive Director. Other milestones that have been realized at AIC with UPHOLD support over this reporting period include:

- Improved communication channels between AIC sectors, branches and Headquarter. This has been mainly through monthly communication updates from the Interim Executive Director and sector heads and introduction of monthly general staff meeting at head quarters.
- Guidance in drafting a new scope of work upon which the next five year strategic plan will be based.
- Strengthening the human resource policies - UPHOLD supported AIC to review their staff performance appraisal tools. At a staff retreat in January, AIC oriented its staff on how to use the appraisal tool among other issues. In addition UPHOLD provided both financial and technical support to review AIC's staff remuneration policy and staff remuneration levels. Administration notices on the use of vehicles and organizational equipment were put in place.
- Strengthening of the internal audit function. With support from UPHOLD, AIC has now defined the institutional expectations of the internal audit office in a clearer manner. Management has also put in place a mechanism for support and guidance to the internal audit function.
- UPHOLD worked closely with both the Interim Executive Director and the AIC Board of Trustees to ensure a quick and transparent recruitment process for a substantive Executive Director. By the end of this quarter, AIC had advertised for the Executive Director job and was planning to shortlist and interview prospective candidates for the job.
- Technical support to AIC in compiling the Participatory Learning and Action Manual for community voluntary counseling and testing (VCT). The manual is being compiled for future use by partners who may wish to start community-owned VCT (CO-VCT) services and is based on experiences gained through the CO-VCT needs assessment exercise supported by UPHOLD last year at AIC's Kayunga sites.

Plans for BCC technical assistance to AIC were developed for implementation in the next quarter. In addition, UPHOLD awarded a contract to a firm to develop take-home BCC materials for clients that guide next steps after testing including disclosure to their friends and family members. The materials will be pre-tested in the next quarter through AIC and FSGs of other CSO grantees.

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

UPHOLD continued to work closely with TASO on both finance and program issues. In the course of the quarter, UPHOLD participated in the quarterly donors meeting, which discussed among other things, TASO's plans to recruit a new Executive Director to replace the current one whose tenure ends this year. The board selected a committee to plan and execute the recruitment to ensure that



there is adequate time for the current Executive Director to orient a new one. Other notable program highlights during the quarter include the following:

- All mini TASO sites (previously funded by Global Fund) were taken on by USAID and basket funding from development partners.
- Guidance was given on HIV/AIDS staging for TASO clients. According to WHO staging, the majority of TASO clients are in stage two; meaning that they are not yet in need of anti-retroviral therapy (ART).
- TASO's TB targets were reduced due to the MoH guidance that requires TASO to refer all TB clients to government health centres.
- TASO began training all its medical personnel in basic counseling as a means of increasing the number of staff that can provide counseling services.

## 3.0 Education Services



### INTRODUCTION

During the quarter of January – March 2007 UPHOLD supported 19 districts to scale-up the delivery of its Integrated Education Strategy (IES) through technical, material and financial support to all UPHOLD-supported districts, 11 grantee Core Primary Teacher Colleges (CPTCs) and **four** civil society organizations. The IES has three core components, namely education management strengthening (EMS), teacher effectiveness (TE) and community involvement in education (CIE) with crosscutting performance improvement interventions. Each of these is discussed in the following sections.

### 3.1 Education Management Strengthening

#### ACHIEVEMENTS

- 262 (193 male, 69 female) head teachers and deputies trained in EMS 3-*Managing School Finances* in Nakaseke District
- 6,455 (4,991 male, 1,464 female) head teachers and deputies trained in EMS Module 4-*Managing the school curriculum*
- 1,289 schools and 6,719 teachers received on-site supervision and mentoring
- 22 districts provided with central-level supervision from teams made up of Ministry of Education and Sports (MoES), Education Standards Agency (ESA), Ministry of Local Government (MoLG) as well as Ministry of Gender, Labour and Social Development (MoGLSD)

The main objectives of the Education Management Strengthening component of UPHOLD this quarter, was to train 272 school representatives (head teachers and deputies) in EMS Module 3 in Nakaseke District and train 6,748 school representatives in EMS Module 4 (2,074 through the central mechanism of funding and 4,674 through the 11 grantee CPTCs). Additionally, focused central level supervision to the districts and school level support supervision and mentoring by the District Education Office and coordination centre tutors (CCTS) was planned for the quarter.

#### Training in EMS Module 3 and 4

A total of 262 (193 male, 69 female) school representatives in Nakaseke District were trained in EMS Module 3 - *Managing School Finances*. The module focuses on improving the skills and practices of education managers in financial management of primary schools. Ten out of 11 CPTCs received funding and conducted training sessions in EMS Module 4 - *Managing the School Curriculum*, in which 5,397 (4,218 male and 1,179 female) head teachers and deputies were trained covering 32 districts. Through the centralised mechanism of funding, UPHOLD trained an additional 1,058 (773 male and 285 female) head teachers and deputies across 12 districts bringing the grand total of

school representatives trained in this quarter to 6,717 (5,184 males, 1,533 female), details of which are contained in Annex III. Head teachers voiced their appreciation on the timeliness of this module as it happens to occur at the same time the Ministry of Education and Sports (MoES) is rolling out the Thematic Curriculum nationally.



#### Voices of EMS 4 Trainees

*“This training is timely. We are learning how to manage the curriculum at the beginning of the year--a time when we make action plans for the development of our schools. So we are going to include all the action points we have generated in this workshop in our personal and school work plans”* Head teacher, Pallisa District

*“The information in this module gives very good principles and guidelines on curriculum management that even the teachers whom we supervise and who do the actual teaching need to know, that is when it becomes easier for us to supervise and support them”* Head teacher, Pallisa District

*“The content is arranged systematically ....one session developing from the other sessions. This has enabled me as a new participant to understand and follow well the content. I am going to share it with my teachers as well”* Head teacher, Mbarara District

During this quarter, UPHOLD supported central level support supervision of the IES activities to 22 districts. This activity was carried out by a joint team from the Ministry of Education and Sports (MoES); Ministry of Gender, Labor and Social Development (MoGLSD); Ministry of Local Government (MoLG) and the Education Standard Agency (ESA), in collaboration with the district and the CPTCs. The aim was to provide oversight and support to the improvement of the quality of primary education, providing a major push towards sustainability of UPHOLD’s IES interventions from national level stakeholders.

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

Delays in accountabilities by the CPTCs continue to affect schedules for the training activities planned through the CPTC grants. UPHOLD will continue to work with the Core PTCs to expedite both technical and financial accountability. Additionally, CPTC sometimes postpone training workshops with very short notice, which requires a significant reorganizing of UPHOLD staff to ensure quality technical support to the field activities.



## 3.2 Teacher Effectiveness

### Achievements

- 20,447 teachers were trained in cooperative learning (CL)
- 768,358 pupils reached with CL
- 548 teachers in 55 schools provided with mentoring support by CCTs and UPHOLD staff
- 104 head teachers provided with guidance and support to effectively improve classroom teaching practice in their schools

UPHOLD continues to promote the use of cooperative learning (CL) as a means to ensure teacher effectiveness in the classroom. During January–March 2007, a total of 20,447 (12,026 male, 8,421 female) teachers were trained in CL and 15,174 of them were reported to be using the methodology at least weekly reaching 768,358 pupils in their schools. Table 6 shows these details.

Reports from the districts during this quarter indicate that there is increased preparation and lesson planning using the CL approach by teachers. Most teachers observed, planned and delivered adequate content resulting in pupils learning both academic and social skills. It was observed that there is regular use of the text and non-text book materials available at school by pupils, because CL encourages group study by the pupils. In Rukungiri District an example was in Kinyasano Primary

School where pupils were observed using social studies text books in a Primary 6 class lesson on ‘Natural Vegetations in East Africa.’

**Table 6: Teacher effectiveness achievements January-March 2007**

Individuals	Male	Female	Total
Teachers trained in CL	12,026	8,421	20,447
Teachers reported to be using CL	9,702	6,823	16,525
Pupils benefiting from CL	379,467	388,891	768,358

### Mentoring for Improved Supervision in Schools

In order to enhance the effectiveness of teachers, UPHOLD focused on providing mentoring support to the CCTs and district teams through Senior Training Mentors (STM). The STMs worked with the CCTs in 55 schools in the five districts of Luwero, Wakiso, Amuria, Kiruhura and Isingiro, reaching over 104 head teachers and 548 classroom teachers as shown in Table 7.

**Table 7: Details of mentoring support for cooperative learning January – March 2007**

District	Schools Reached	Number of Teachers Mentored
Luwero	7	91
Wakiso	16	119
Amuria	8	78
Kiruhura	7	84
Isingiro	7	56
	55	548



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

A major challenge this quarter has been the decreased classroom time as schools were closed from December to February for the annual holiday. In addition, in the West Nile districts, the outbreak of meningitis meant that some schools remained closed for an additional four weeks. Less support supervision has been completed in these districts because of this delay. It is expected that these districts will be covered during the next quarter.

A second challenge noted in the districts is an observed reduction in the quality of training that classroom teachers receive from their head teachers compared to that provided to the head teachers by district trainers. UPHOLD will address this challenge by intensifying mentoring at school level.

### **3.3 *Community Involvement in Education***

During this quarter, the Community Involvement in Education (CIE) component of the program aimed to provide technical support to local government staff and CSOs during planning meetings, roll out, follow up and inter-school exchange visits in 15 UPHOLD-supported districts and during action-oriented meetings (AOMs) at the school level in at least 60 schools across the districts. Additionally UPHOLD planned to train head teachers and deputies on CIE in 81 schools in Bugiri District and has programmed the money through the district and is working closely with the District Education Office to ensure that activities are completed and results achieved.

#### **Achievements**

- 392 schools in nine districts received technical support during follow up visits on the implementation of action plans
- 16 districts were provided with technical support to plan for the implementation of CIE activities
- Trained 130 head teachers and their deputies on the CIE tool kit and how to conduct action-oriented meetings in 81 schools in Bugiri District
- 48 inter-school exchange visits held in six districts involving 240 schools visiting model schools

During this reporting period, 16 planning meetings for CIE activities were held in 16 UPHOLD-supported districts. In nine districts the meetings focused on inter-school exchange visits (Amolatar, Kyenjojo, Rukungiri, Katakwi, Bushenyi, Isingiro, Amuria, Rakai and Mbarara), while in five districts (Amuria, Mbarara, Pallisa, Bugiri and Bushenyi) they focused on follow up of the inter-school exchange visits. In five districts (Isingiro, Kaliro, Bugiri, Mbarara, Nakapiripirit and Amolatar) activities focused on rolling out CIE activities into additional primary schools within the districts. Annex IV shows the details of these meetings.

#### **Action-oriented Meetings**

In this quarter an additional nine districts (Bushenyi, Isingiro, Amolatar, Kyenjojo, Lira, Mbarara, Nakapiripirit, Luwero and Amuria) were supported to conduct follow-up visits at the school level to assess the

implementation process of the action plans which were developed during the first AOMs. Particular attention was paid to how and what results these actions have yielded. During this quarter, a total of 222 schools were assessed in the districts of Amuria (60), Bushenyi (80), Amolatar (12), Mityana (40) and Isingiro (40). Annex IV shows details of the planning meetings and schools followed up by district.



Follow-up of CIE at the school-community level indicates that there are tangible results of the interventions. In Bushenyi District, the AOM of Rugazi Primary School resulted in the organization of a fund-raising event by old boys and girls of the school, raising Ug Sh. 19 million. The funds were used to construct a classroom block, girls' latrines and teachers' housing and a school garden was started both for learning purposes as well as for supplementing the pupils' meals. In Kyenjojo District, Nyantuungo Model School parents renovated classrooms by contributing funds for cementing the floors and the number of girls attending school regularly rose from 888 in 2005 to 988 in 2006.

### **Inter-school Exchange Visits**

The aim of inter-school exchange visits was to expose school managers, parents and teachers to model or good practices in better performing schools, giving them a practical learning experience. Eight model schools (which had implemented at least three activities developed through AOMs) were chosen in each district and managers and teachers from five other schools were selected to visit the model schools. A total of 48 exchange visits were made across six districts (Katakwi, Bugiri, Yumbe, Kyenjojo, Rukungiri, and Bushenyi) and 240 other schools participated in these visits.



*A parent gives feedback to a school-community meeting after an inter-school exchange visit, Arua District*

The visiting schools were able to identify the areas of weaknesses in their schools that have contributed to poor quality learning by learning from their host schools.

By the end of the visits participants were able to come up with concrete action plans to address these problems. They were also excited about some of the strategies used to address problems. An example from Toroma Primary School, situated in a camp in Katakwi District, was of seven girls who had been defiled and had left school after learning they were pregnant. As a result of an AOM, the head teacher, the school management committee and Parent/Teacher Association decided to re-invite the girls back to school after delivery. Parents agreed to take care of the newborns, and four out of the seven girls returned to school, two of them gaining admission into secondary school.

The enabling factors to the successful implementation of inter-school exchange visits include full participation of the District Education Office and CCTs in organizing the visits including transport logistics; simple guidelines for inter-school exchange learning visits making it easy to implement the activity; and the willingness of school-community stakeholders to participate in the inter-school exchange visits.

Several lessons were learned by the school-community stakeholders from the inter-school exchange visits;

- Schools in the same coordinating centre had varying levels of parental/community involvement depending on how the AOMs were conducted; the attitude of the parents, teachers, head teachers; whether the administration was welcoming or not; and the level of implementation of school-community action plans including transparency and accountability regarding resources mobilized.
- Afternoon meetings are not effective as the visiting schools members miss out on important aspects such as monitoring classrooms and interviewing of pupils.



- Inter-school exchange visits are an opportunity for the host school to articulate their achievements and challenges and receive feedback and suggestions from others.
- Experiences of success indicators are mainly in the following areas: nutrition and feeding; school projects such as construction, school gardens; school open days; girl child retention and hygiene.
- The exchange visits are a quick way of helping parents and communities learn about activities they can get involved in at school. Even the model schools were motivated to develop new action points to improve their schools further

### **Working with Civil Society Organizations for Quality Education**

During this quarter, three CSOs, Madrasa, Kids League and LABE-Yumbe received technical support to review their work plans through to June 2007. In addition Fort Portal Diocese was given on-site support supervision during annual review meetings with school-community stakeholders in Kyenjojo District. The focus of this support was in the area of documentation of results.

#### ***Fort Portal Diocese***

Fort Portal Diocese conducted annual review meetings that targeted head teachers and school management committee (SMC) Chairpersons. The purpose of the meetings was to review the achievements and challenges of the CSO's work with parents and communities. UPHOLD staff attended the reviews in which 22 schools were involved. Implementation of school-community action plans was one of the key successes shared during this meeting. The interventions were started in 2005 and the review meetings were held in February 2007. Table 8 highlights a few achievements shared in the review meetings.

**Table 8: Achievements**

<b>School</b>	<b>Situation before intervention (2005)</b>	<b>Situation after intervention (Term I, 2007)</b>
Kyankaramata Primary School	50% pupils packing lunch	90% pupils packing lunch
Kakabara Primary School	40% of children eating a meal at school	80% of their children eating a meal at school
Kidoda Primary School	No parents visited children at school	235 parents visit children at school per month
Kiswara Primary School	No parent visited the school	120 visited school during Term I
Kisoko Primary School	No changing room for girls	Have provided changing rooms for girls
Kicumu Primary School	Some teachers not on pay roll and not paid for some months	Payment of teachers not on pay roll taken on by parents in order to ensure continuity of teaching

The head teachers also reported that the Family Dialogue Agents (FDAs) who were trained to support community mobilization on a day-to-day basis have made a difference in their communities. The star among them is the FDA of Kyatega Parish who has had dialogue with parents whose children had dropped out and has managed to get these girls back in school. His work is acknowledged and appreciated by teachers, pupils, SMCs and head teachers alike.



***Parents get Involved in Improving a School:  
Case study from Angole Wera Primary School, Amuria District***

Angole Wera Primary School is located in Amuria District and a follow up visit to the previous action-oriented meeting was made this quarter.

**Parental visits to the school:** Since an AOM was held in the school last year, there have been increased numbers of parents who come to visit the school. The head teacher reported this quarter that 20 parents have come to visit the classroom this term, and she is optimistic that more will come after the follow-up meeting, yet this was unheard of before. The head teacher was also proud to say that the parents are quick to respond and come in large numbers when asked to attend meetings and the registers confirm this.

**School Hygiene:** With the help of parents, the school has maintained the hygiene in the school compound and latrines. Parents provide tools like hoes and spades for the cleaning of the compound, while the children make compound brooms for sweeping the classrooms and compound. The school has three pits for manure, sharp objects and plastic bags.

**School uniform:** The children all have school uniforms and teachers report that parents have improved on the personal hygiene of their children.

**Nutrition:** Food to the school is provided by World Food Program and parents have recently improved the kitchen structure and provided school utensils for cooking. They have also provided their children with cups and plates to be used at school. Through a contribution of Ug Sh. 1,000 parents also provide fire wood.

**Pupil Retention:** The head teachers together with the parents have followed-up school children who have dropped out from school because of early marriage. An example is a schoolboy who dropped out of school, got married and played the thumb piano for a living. The head teacher visited his parents convinced him to come back to school and he sat his Primary Leaving Examination (PLE), passing with 12 aggregates. The school also managed to retain two girls who got pregnant and they sat their PLE.

**Construction:** Parents have been able to build three grass thatched houses and one semi-detached permanent house for the teachers, through a contribution of Ug Sh. 2,000 each. This has enabled the teachers to come early for duty.



### ***Inter-Religious Council of Uganda (IRCU)***

Following the termination of the IRCU grant, UPHOLD's Education Team revised the strategy for implementing the remaining activities with religious leaders in UPHOLD-supported districts. To this effect, an additional six consultants have been hired to provide technical support for the accomplishment of these activities. The work began in late March, and is expected to continue through the end of May 2007. To date, Wakiso District Kamuli, Bugiri, Pallisa, has been followed-up beginning with a review meeting with religious leaders to discuss how they have utilized the job aides they were provided. Several of the leaders reported that the materials were used to prepare sermons and preach to their congregations although they have not yet evaluated how the parents have responded to their children's learning at school level. One example is that of a religious leader from Kyenjojo Seventh Day Adventist Church who used the materials to demonstrate how Jesus asked for and fed the crowds with fish and bread and likewise the congregation should give their children what they ask for and not something else. It was reported that from that day onwards, parents in this community started providing their children with packed meals for school time.

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

Long draught and famine in the area of the North and North East has seriously affected parental contribution towards lunch for children in most of the schools in the region.

Visiting classrooms by parents to monitor the teaching and learning process has remained the biggest challenge in CIE. Few parents are doing it in all the districts and there is a need for increased awareness campaigns to motivate parents for this.

## ***3.4 Performance Improvement Initiatives***

### ***On-Site Support Supervision***

Through the Core PTC grant mechanism, support supervision and mentoring visits were made to schools in 19 districts (Yumbe, Koboko, Arua, Nyadri, Lira, Dokolo, Amolatar, Amuria, Katakwi, Kamuli, Kaliro, Mayuge, Bushenyi, Rukungiri, Bundibugyo, Luwero and Rakai, Lyantonde Nakaseke) by CCTs and inspectors of schools. Using support supervision tools developed with UPHOLD support last year, the visits focused on the technical areas of Teacher Effectiveness, School Leadership, Administration and Management, Planning, Community Involvement, and School Health and Nutrition. By the time of submission of this report, data was still being analysed and will be presented in the next quarterly report. During this round of supervision, the central levels supervisors were able to participate in the school-based supervision for 12 of the 19 districts.

### ***Certificates of Performance***

Certificates of Performance were introduced last year as a mechanism of encouraging teachers and education managers who have undergone UPHOLD-supported training to put into practice what they learned. Nominees for the certificates are selected based on their performance after training. During the last quarter, nominations from 12 of the 29 districts were received at central level, totalling 1,896 of which 754 are for CIE, 649 for TE and 493 for EMS. Annex V details the nominees by category. UPHOLD Regional Offices are currently verifying whether the nominees deserve the awards with the district officials, after which the certificates will be printed for presentation. Districts will be encouraged to announce the awards as a part of ongoing activities or events, such as head teachers' meetings or district level celebrations of World Teachers' Day.



### **Planning for Regional and National Conferences**

As the program draws to a close, UPHOLD is planning for end of project dissemination conferences beginning with the education sector. During this quarter, UPHOLD initiated planning for the regional and national education conferences. The theme for the conferences is *Improving School Quality – Together* with a focus on transparency, partnership and professional development. The aim of the regional workshops is to evaluate UPHOLD education initiatives with partners and share stories, opinions, suggestions and recommendations from regional representatives for continuing the initiatives beyond the life of the UPHOLD program. Additionally, information from the regional conference will be synthesized for presentation at the National Conference. The learning and outcomes of the conferences will celebrate stakeholders' achievements and will assist MoES to leverage support for implementing its strategic plans in response to the demand for quality in education through changed practice at both system and school level.

### **Dissemination of Education achievements through International Conferences**

The education team has continued to push forward the documentation and dissemination agenda. In this reporting period two papers illustrating UPHOLD's education achievements were presented at the 51<sup>st</sup> Comparative and International Education Society Conference. The two papers were titled *Using Action-oriented meetings to Improve Parents' Support to Education in Uganda* and *A Whole-School Approach to School-Based Quality Reform: The Uganda Experience*.



## 4.0 Integration across Sectors



### HEALTH/EDUCATION/HIV/AIDS INTEGRATION

#### 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 printed and distributed during this quarter. One story about the Single Mother's Radio Listening Club, was highlighted by USAID on their special website on International Women's Day under the heading of Success Story: Single Mother's Radio Listening Club Demonstrates the Power of Women: [http://www.usaid.gov/our\\_work/global\\_health/home/News/iwd\\_2007/mhn.html](http://www.usaid.gov/our_work/global_health/home/News/iwd_2007/mhn.html)

#### Radio Listening Clubs

Radio listening clubs are community-based groups, comprising between 20-25 members that meet regularly to listen to radio programs that focus on social development. Radio Listening Club programming continued this quarter for the more than 1,200 clubs, reaching more than 11 million people across the country. This quarter UPHOLD developed six programs;

- The *Be a Man* campaign coordinated with the Young Empowered and Healthy (Y.E.A.H.) Initiative. The campaign encourages discussion about social norms and images of men, especially related to violence, faithfulness, abstinence and use of services
- Stigma and home-based care for PLHA. In this program, emotion-based testimonials of PLHA who are active and successful in local communities were held and aired. They focused on how there is no blame and what people can do to show compassion and acceptance to PLHA.
- Malaria treatment using the Home-Based Management of Fever (HBMF) mechanism. This program emphasized early treatment of malaria and also promoted the recognition the CMDs through small community awards.
- Malaria prevention through the use of insecticide-treated nets. The program included testimonials of people who are currently using ITNs every night, providing tips and techniques for using, hanging and avoiding over washing of the nets.
- Tuberculosis. This program aimed to encourage seeking of care for coughs that last for three or more weeks without responding to treatment. In addition, it also supported patients' adherence to their treatment course.
- Avian Influenza. This program focused on the role of community leaders in sensitizing the public on actions they can take to combat the pandemic; ensuring that the community knows where and how to report incidences of sickness among birds; and be role models in practices that prevent spread of infections like hand washing, safe handling of birds.

After the Local Council Leaders (LC III) training in the previous quarters, many of them participated in the Radio Listening Clubs. Their participation brings the clubs into a new level of prominence and impact to the communities.

### HIV/AIDS AND HEALTH INTEGRATION

On-site support supervision to HCT service providers was one of the main activities carried out during this quarter to support quality improvement and integration of HIV/AIDS, TB, malaria and



STI services at facility level. A total of 325 health workers in 61 health units were provided with technical support on improving the quality and integration of these services at their places of work. In addition, 104 health workers from the districts of Kiruhura, Lira, Mityana and Yumbe were trained on TB/HIV integration with a focus on improving case management of TB/HIV co-infection and screening TB patients for HIV.

The refresher training of 43 health service mentors on malaria in pregnancy focusing on IPTp uptake also provided an opportunity to ensure health workers integrate reproductive health and PMTCT.

#### **HIV/AIDS AND EDUCATION INTEGRATION**

PIASCY interventions, which fall under this category of integration, are discussed under the HIV/AIDS section of this report.

#### **HEALTH AND EDUCATION INTEGRATION**

CIE action-oriented meetings are often geared towards improving various health aspects of school children, examples being nutrition (through feeding programs) and sanitation. Additionally, guidance and counseling of children under the PIASCY Program also addresses the health of pupils.



## 5.0 Grants



The UPHOLD grants portfolio manages grants to local governments, the Family and Community Action Grants to district-based civil society organizations (CSOs), multi-district CSOs grants as well as grants to Primary Teachers Colleges (PTCs). The highlights for the quarter are presented by type of grant.

### 5.1 Local Government Grants

#### ACHIEVEMENTS

- 26 of the 29 local government(LG) grants received funds to implement activities
- 15 CSOs under the two-year Family Community and Action Grants received funds to implement activities
- 22 PEPFAR CSOs approved for receipt of a second year grant, received funds for implementation of activities
- Nine multi-district grants continued receiving funds to implement activities
- Two multi district CSOs completed implementation of activities

The current year's memorandums of understanding (MoUs) between UPHOLD and local governments were slated to end on February 28, 2007. However, review of the implementation progress of the district work plans revealed that many of the activities would not be completed on schedule. By the end February 2007, the financial analysis indicated that of the Ug. Sh. 1,170,200,100 allocated to districts, only Ug.Sh. 639,652,339 had been released to districts, which represents a disbursement of 55%. Based on this information, UPHOLD approved an amendment to the MoUs to provide for a no-cost extension of two additional months that moved the end-date of the MoUs to April 30, 2007.

During the quarter, the three districts of Wakiso, Rakai, and Kyenjojo that had not received funds in the previous quarter also started implementation of their work plans. The performance of districts varied considerably, with about a third of the districts receiving less than 50% funding by the time MoUs were expected to end. The UPHOLD staff at both regional and central level continue to address issues that affect the speed of utilization of funds. In the month of February 2007, UPHOLD approved additional funding for Rukungiri District. The approved funds were originally committed to a CSO (RUGADA) whose grant was terminated due to poor implementation of the grant.



**Table 9: Status of Local Government Grants for Financial Year 2006/07 as of March 31, 2007**

District	Region	Grant Amount	Amount disbursed	% disbursed
Luwero	Central	44,931,000	44,322,925	99%
Mityana	Central	30,255,900	27,223,900	90%
Mubende	Central	31,561,000	26,826,850	85%
Nakaseke	Central	29,584,400	29,554,333	100%
Rakai	Central	27,536,400	23,564,756	86%
Rakai 2 <sup>3</sup>	Central	140,281,800	78,284,000	56%
Wakiso	Central	30,172,400	21,538,071	71%
Bugiri	East	72,578,800	49,236,400	68%
Kaliro	East	25,042,000	20,317,100	81%
Kamuli	East	32,212,000	10,182,611	32%
Mayuge	East	30,873,200	27,322,632	88%
Pallisa	East	32,317,000	23,364,208	72%
Amolatar	N/East	25,838,400	25,838,400	100%
Amuria	N/East	26,717,000	26,717,000	100%
Katakwi	N/East	27,272,400	27,152,427	100%
Lira	N/East	35,249,000	34,191,000	97%
Nakapiripirit	N/East	28,344,500	22,158,767	78%
Arua	North	29,984,000	29,983,400	100%
Gulu	North	35,274,600	35,274,600	100%
Kitgum	North	27,405,700	27,405,701	100%
Koboko	North	28,341,400	28,341,400	100%
Yumbe	North	29,732,000	29,386,123	99%
Bundibugyo	Rwenzori	29,458,800	25,099,469	85%
Kyenjojo	Rwenzori	30,722,600	30,722,600	100%
Bushenyi	West	34,713,000	34,392,737	99%
Ibanda	West	33,172,400	33,172,400	100%
Isingiro	West	35,147,000	35,147,000	100%
Kiruhura	West	32,821,400	32,821,000	100%
Mbarara	West	34,726,400	30,634,793	88%
Rukungiri 1 <sup>3</sup>	West	35,068,400	32,284,783	92%
Rukungiri 2	West	82,865,200	82,865,200	100%
<b>Total</b>		<b>1,170,200,100</b>	<b>1,005,326,586</b>	<b>86%</b>

<sup>3</sup> Local government grant administered by the Regional Offices



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

By March 31<sup>st</sup>, 2007, all CSOs providing HIV/AIDS interventions had commenced implementation of activities with a total funding of over UGX 1,123,161,132 representing 83% of the total approved budget. During the quarter, UPHOLD noted with satisfaction the steady progress some CSOs made in implementing programme activities for the current grants. It is believed that with this level of effort some CSOs will be able to produce more results in the existing MoUs if granted a three-month cost extension (April-June 2007). In this regard, four CSOs (Kisubi Hospital, Youth Alive, Kyembogo Holy Cross Family and Mayanja Memorial Hospital Foundation) were requested to submit proposals for a cost extension of three months.

**Table 10: Status of Second Year PEPFAR Grants for Financial Year 2006/07 as of March 31, 2007**

CSO	Region	Grant Amount	Amount Disbursed	% Disbursed
AFXB	Central	61,686,800	61,686,800	100%
DSW	Central	46,760,400	29,533,788	63%
Kisubi Hospital	Central	68,191,000	67,134,150	98%
World Vision Kooki ADP	Central	48,477,400	22,753,500	47%
FLEP- Kamuli	Eastern	80,780,500	78,380,500	97%
FLEP -Mayuge	Eastern	24,948,600	21,656,938	87%
Kamuli Mission Hospital	Eastern	40,482,800	28,951,360	72%
Student Partnership Worldwide Kamuli	Eastern	27,383,500	27,382,879	100%
Student Partnership Worldwide Mayuge	Eastern	31,618,500	31,618,144	100%
Uganda Reproductive Health Bureau	Eastern	57,564,900	54,380,200	94%
Ugandan Community Based Association for Child Welfare	Eastern	40,599,000	40,596,949	100%
Youth Alive	Eastern	66,510,300	47,815,500	72%
Acord Gulu	North	70,706,172	63,553,872	90%
St Joseph's Hospital	North	75,096,500	63,029,596	84%
World Vision Gulu ADP	North	65,674,000	51,716,000	79%
Bandimagwara Cultural Group	Rwenzori	26,420,000	26,420,000	100%
Fort Portal Diocese HIV/AIDS Focal Point	Rwenzori	91,222,500	42,831,450	47%
Kyembogo Holly Cross Family Centre	Rwenzori	77,489,000	76,366,603	99%
Rural Welfare Improvement for Development	Rwenzori	53,589,900	53,589,900	100%
World Vision Bundibugyo ADP	Rwenzori	74,988,000	16,744,603	32%
Ibanda Child Development Centre	West	74,058,000	66,652,200	90%
Maturity Audiovisuals	West	39,623,700	33,395,700	84%
Mayanja Memorial Hospital Foundation	West	116,970,500	116,970,500	100%
<b>Total</b>		<b>1,360,841,972</b>	<b>1,123,161,132</b>	<b>83%</b>



Right through the quarter, 15 two-year Family and Community Action grants were operational for health and education interventions. These CSOs have made a significant contribution to delivery and utilization of health and education services in the districts where UPHOLD operates as shown in the technical reports, However one grant, Rukungiri Gender and Development Association (RUGADA), was terminated due to poor implementation and the funds were transferred to the district local government for implementation.

**Table 11: Status of two -year CSO grants under the Family and Community Grants program as of March 31, 2007**

CSO	Region	Grant Amount	Amount Disbursed	% disbursed
Huys Link Community	Central	81,415,900	81,413,333	100%
BUCADEF	Central	77,542,600	69,438,900	90%
RAIN	Central	137,916,800	121,428,440	88%
Idudi Development Association	East	125,724,800	112,670,997	90%
Acowa Family Helper Project	N/East	59,996,500	40,976,593	68%
Dokolo Project- CCF	N/East	58,465,150	47,401,245	81%
Teso Islamic Development Organisation	N/East	65,051,500	58,870,779	90%
RUHECO	N/East	120,462,350	109,273,300	91%
The Kids League	North	170,926,294	148,475,410	87%
Literacy and Adult Basic Education	North	88,744,300	73,460,076	83%
Education Secretariat Fort Portal Diocese	Rwenzori	155,039,000	136,577,270	88%
Tooro Kingdom	Rwenzori	128,577,400	107,272,554	83%
Bushenyi Medical Centre	West	115,892,600	95,999,884	83%
Kaaro Rural Development	West	123,161,100	118,476,900	96%
Rukungiri Women Development Centre	West	127,133,450	118,934,200	94%
Rukungiri Gender and Development Association	West	66,368,500	66,368,500	100%
<b>TOTAL</b>		<b>1,702,418,244</b>	<b>1,507,038,381</b>	<b>89%</b>



## 1.4 Grants to other Non-governmental Organizations

UPHOLD continued its support to CSOs that work in more than one districts as presented in table 12. During the quarter, UPHOLD agreements with Uganda National Health Consumers and Users Organization (UNCHO) and Inter-Religious Council of Uganda (IRCU) were completed and Tukolerewamu (TUKO) Club received a no-cost extension. On the other hand, Straight Talk Foundation received approval for a three-month cost extension of US\$. 53,343,108 ending March 31, 2007.

**Table 12: Status of Multi-District Civil Society Organizations grants as of March 31, 2007**

CSO	MOU Date	Grant Amount	Amount Disbursed	% Disbursed
Madrasa	21-Jul-04	625,552,575	482,899,781	77%
SAVE US	30-Sep-05	301,727,114	89,282,308	30%
Straight Talk Foundation	13-May-04	994,440,654	860,830,741	87%
UPMA- year 2 and 3	12-Dec-05	483,043,618	425,900,548	88%
IRCU	10-Jan-06	82,342,564	66,014,937	80%
TUKO Club	10-Feb-06	174,613,100	174,613,100	100%
UNHCO	20-Feb-06	77,916,000	77,802,700	100%
<b>TOTAL</b>		<b>2,739,635,625</b>	<b>2,177,344,115</b>	<b>79%</b>

### Mid Term Review of CSOs

In the last three months, UPHOLD completed the feedback meetings designed to help the CSOs address the weaknesses identified during the mid term review. In total, UPHOLD headquarter and Regional Office staff provided mid-term review feedback to 15 CSOs. The work included reviewing targets, implementation strategies and agreeing on new work plans to implement the remaining activities in the grant. In particular, CSOs including UPMA, Save the Children, Kids League and LABE Yumbe were requested to review and revise their work plans for the remaining six months.

### Requests for Application (RFA)

During the quarter, UPHOLD began the process of preparing an RFA for HIV/AIDS and Integrated Reproductive Health CSOs for possible funding in FY 2007/08. The RFA disseminates information about USAID-supported UPHOLD activities that will address district priorities in reproductive health and HIV/AIDS. The purpose of the RFA is to provide a fair and competitive opportunity for interested CSOs, NGOs and other private sector groups to submit applications for grant funding.

### Core Primary Teachers Colleges Grants

During this quarter, UPHOLD continued its support to rolling out the Integrated Education Strategy (IES) and PIASCY activities through the Core Primary Teachers Colleges (CPTCs). By March 31<sup>st</sup>, 2007, IES disbursements were at 82% of the grant amount, while the PIASCY disbursements were at 86% as shown in Tables 13 and 14 respectively. Overall 84% of allocated grant funds have been disbursed (Table 15).



**Table 13: Details of IES grants as of March 31, 2007**

<b>Grantee</b>	<b>Grant Total</b>	<b>Total Released as at 30/03/2007</b>	<b>% Release</b>
Bishop Willis core PTC	289,813,350	250,056,150	86%
Kabulasoke core PTC	100,455,600	81,536,200	81%
Nakaseke Core PTC	284,244,200	245,070,400	86%
Bushenyi Core PTC	289,205,300	251,065,300	87%
Ndegeya Core PTC	253,845,200	212,290,800	84%
Ladongo Core PTC	126,892,450	101,621,017	80%
Loro Core PTC	206,822,200	184,714,200	89%
Soroti Core PTC	118,974,600	101,064,100	85%
Kabale-Bukinda Core PTC	166,840,200	129,091,300	77%
Canon Apollo Core PTC	116,766,600	66,735,400	57%
Arua Core PTC	250,971,000	176,788,200	70%
<b>Total</b>	<b>2,204,830,700</b>	<b>1,800,033,067</b>	<b>82%</b>

**Table 14: Details of PIASCY Grants as of March 31, 2007**

<b>Grantee-PIASCY</b>	<b>Grant Total</b>	<b>Total Released as at 30/03/2007</b>	<b>% Release</b>
Arua Core PTC	128,326,900	96,593,234	75%
Bishop Stuart Core PTC	240,468,500	229,548,909	95%
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%
Busubizi Core PTC	128,159,300	128,159,300	100%
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	80,585,917	88%
Kabale-Bukinda Core PTC	183,806,900	158,384,733	86%
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	107,408,233	89%
Ladongo Core PTC	90,078,900	77,257,217	86%
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	143,388,800	100%
Ngora Core PTC	94,300,500	94,300,500	100%
Nyondo Core PTC	154,357,900	129,642,850	84%
Shimoni Core PTC	181,924,500	161,905,167	89%
Soroti Core PTC	164,220,500	140,162,000	85%
<b>Total</b>	<b>3,267,061,300</b>	<b>2,805,310,226</b>	<b>86%</b>



**Table 15: Performance of grants by type as of March 31, 2007**

	<b>Grantees</b>	<b>Grant Amount</b>	<b>Total Disbursed</b>	<b>% Disbursed</b>	<b>Completion Date</b>
1	PEPFAR CSO's 2006/07	1,360,841,972	1,123,161,132	83%	March 31, 2007
2	Local Government 2006/07	1,170,200,100	1,005,326,586	86%	April 30, 2007
3	Two-Year Grants 2005/06	1,702,418,244	1,507,038,381	89%	June 30, 2007
4	Multi-district Grants	2,739,635,625	2,177,344,115	79%	Jan- June 30, 2007
5	PTC- IES	2,204,830,700	1,800,033,067	82%	April 30, 2007
6	PTC- PIASCY	3,267,061,300	2,805,310,226	86%	April 30, 2007
	<b>Average</b>			<b>84%</b>	

## 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 the information needs of the program through the strengthening of established routine data collections systems, conducting targeted studies to inform program progress and disseminating achievements nationally and internationally. At the beginning of the year, the department held a staff retreat to review current data needs for the program and plan for effective MED support to the program. Highlights of activities carried out during the year are described in this section.

### **LOT QUALITY ASSURANCE SAMPLING SURVEY (LQAS)**

During this reporting period, analysis of the 2006 LQAS survey data commenced. By the end of the quarter, analysis was complete and writing of the draft report had commenced.

### **DOCUMENTATION AND DISSEMINATION**

During this quarter, an abstract titled *Couple-Couple Influence in HIV Prevention: the UPHOLD-TUKO Network Experience in Uganda*, was submitted and accepted for presentation at the annual PEPFAR implementers meeting due to take place next quarter in Kigali, Rwanda.

Two presentations from the education sector were made at the 51<sup>st</sup> Comparative and International Education Society Conference, USA;

- *Using Action-oriented Meetings to Improve Parents' Support to Education in Uganda*
- *A Whole-School Approach to School-Based Quality Reform: The Uganda Experience*

Four presentations were made at the 5<sup>th</sup> 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;*
- *HIV prevention for children in areas with conflict: Challenges and strategies used by primary schools in Northern Uganda*
- *Do 'talking compounds' talk? Experiences from Uganda's primary schools*

Three presentations were made at the 1<sup>st</sup> East African Community Health and Scientific Conference in Kampala;

- *Community-based Growth Monitoring as an Entry Point to Integrated Child Health*
- *Increasing Parental Communication to Children on HIV Prevention in Uganda*
- *Challenges of Implementing Intermittent Preventive Treatment of Malaria in Pregnancy*

In preparation for program close down, UPHOLD has selected a few technical areas to document as video documentaries to disseminate to appropriate audiences nationally and internationally. To this effect, documentaries on PIASCY, integrated child health and education interventions were refined by the consulting firms this quarter with the PIASCY documentary almost at completion.



Two products are expected from the education sector footage; a training video for education managers and one covering the components of UPHOLD's Integrated Education Strategy.

#### **MONITORING AND EVALUATION SUPPORT TO GRANTEES**

Following the data quality assessment carried out by the Monitoring and Evaluation of Emergency Progress (MEEP) Project in the last quarter, MED staff worked together with technical teams to provide support supervision to both local government and CSO grantees and their facilities. Over 16 CSOs in 10 districts were given on-job support to improve on the effective use of reporting tools and ensure data quality. To further ensure improvement in these areas, MED engaged and oriented more district resource persons to take charge of the data collation and reporting functions with responsible speed in the Central and Rwenzori Regions. Additionally, a training workshop was organized for Eastern Region CSOs to build their capacities in analysis and use of the data they collect from activities they conduct. The MED department also participated in the training of 25 health mentors from the Central Region, leading a session on data quality improvement using the LQAS methodology to identify and improve on data quality gaps.

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

During the quarter, the report of the HIV disclosure study documenting experiences on patterns of HIV disclosure among VCT clients was finalized. Other studies designed for implementation in the next quarter include: a program review of community-based growth promotion interventions; a qualitative study on the motivation of community medicine distributors and an action research on the acceptability of the women's passport.

A manual on participatory rural appraisal of community-owned voluntary counseling and testing for HIV/AIDS was also developed during the quarter. It is based on a pilot needs assessment conducted at AIC outreach sites in Kayunga District and provides a set of refined tools for a community needs assessment for VCT.

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

The MED department continues to grapple with building the capacities of the program's CSO and local government partners to report prompt and accurate data. Measures taken this quarter to address this will be reinforced over the next few months to ensure sustained improvement.



## ANNEXES

### Annex I: Number of health facilities visited, health workers trained and health workers supervised on Artemisinin-based combination therapy by district

District	N° Health Facilities Visited	N° of Health Workers Trained			N° of Health Workers Supervised		
		Male	Female	Total	Male	Female	Total
Amuria	17	10	16	26	22	38	60
Amolatar	13	19	27	46	32	45	77
Lira/Dokolo	63	46	53	99	105	200	305
Katakwi	12	13	20	33	20	45	65
Kamuli	52	20	74	94	61	152	213
Kaliro	16	12	31	43	19	46	65
Mayuge	25	21	25	46	25	60	85
Pallisa	39	21	25	46	43	70	113
Budaka	14	6	19	25	10	15	25
Kyenjojo	36	30	49	79	40	77	117
Bushenyi	85	35	65	100	42	78	120
Mbarara	41	32	48	80	70	100	170
Rukungiri	63	55	93	148	85	165	250
Rakai/Lyantonde	94	72	108	180	60	140	200
Mubende	43	0	0	0	80	150	230
<b>Total</b>	<b>613</b>	<b>392</b>	<b>653</b>	<b>1,045</b>	<b>714</b>	<b>1,381</b>	<b>2,095</b>



**Annex II: Participants for the mentors' refresher training on malaria in pregnancy from East and Central Region**

Cadre	Eastern Region		Central Region	
	Male	Female	Male	Female
Clinical Officer	6	1	6	
Midwives	0	3		2
Nurses	0	2	1	7
Medical Officers			3	
Orthopedic Officer	1			
Malaria Focal Person		1		
Reproductive Health Focal Person		1		
Assistant Drug Inspector	1		1	
Health Inspector	1		1	
HMIS Focal Person		1		
District Health Visitor		1		
District Health Educator				1
Medical Social Worker				1
Assistant District Health Officer			1	
<b>Total</b>	<b>9</b>	<b>10</b>	<b>13</b>	<b>11</b>

**Annex III: Training details for Education Management Strengthening, Module 4**

	<b>District</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
1	Rukungiri	324	120	444
2	Ibanda.	29	7	36
3	Dokolo	99	3	102
4	Lira	389	51	440
5	Amolatar	109	2	111
6	Bushenyi	550	197	747
7	Mbarara	28	14	42
8	Budaka/Pallisa	234	56	290
9	Bugiri	88	35	123
10	Mayuge	223	57	280
11	Isingiro	53	12	65
12	Mityana	48	29	77
13	Wakiso	79	76	155
14	Rakai	328	105	433
15	Isingiro	53	12	65
16	Mubende	62	18	80
17	Kaliro	122	24	146
18	Nakapiripirit	66	19	85
19	Kyenjojo	282	78	360
20	Bundibugyo	221	19	240
21	Kamuli	534	110	644
22	Gulu/Amuru	140	20	160
23	Kitgum	135	38	173
24	Katakwi	118	26	144
25	Nakaseke	193	69	262
26	Luwero	119	82	201
27	Kiruhura	33	07	40
28	Amuria	176	28	204
29	Arua/Nyadri	?	?	?
30	Yumbe/Koboko	370	33	403
	<b>Total</b>	<b>4,218</b>	<b>1179</b>	<b>5,397</b>



**Annex IV: Details of planning meetings for roll out of CIE into new schools and schools**

No	District	District team members		No of schools planned for	No of schools rolled in
		Male	Female		
1	Nakapiripirit	11	2	30	30
2	Bugiri	10	06	81	81
3	Gulu	18	4	35	35
4	Isingiro	11	5	30	30
5	Mbarara	25	8	30	30
6	Kaliro	3	1	12	12
	<b>Total</b>	<b>78</b>	<b>26</b>	<b>218</b>	<b>218</b>

**Planning meetings and actual number of schools followed-up on action-oriented meetings**

No	District	District team members		No of schools planned for	No of schools followed up
		M	F		
1	Amuria	6	0	60	60
2	Mbarara,	25	8	36	36
3	Bushenyi	35	13	40	40
4	Amolatar	15	3	40	40
5	Luwero	10	3	50	50
6	Pallisa	16	4	32	32
7	Kyenjojo	11	3	80	80
8	Kaliro	3	1	12	12
9	Lira	19	6	42	42
	<b>Total</b>	<b>140</b>	<b>41</b>	<b>392</b>	<b>392</b>



**Annex V: Number of nominations for certificates of performance in education by district**

	<b>CIE</b>	<b>TE 1</b>	<b>TE 2</b>	<b>EMS 1</b>	<b>EMS 2</b>	<b>EMS 3</b>
Mayuge	12	8	8	7	9	10
Kaliro	13	6	6	5	6	6
Pallisa	15	15		15	15	
Ibanda	18	29		22		35
Bushenyi	64	50		55	17	4
Bugiri	24	17		3	3	
Kiruhura	147	67		31	40	
Luwero	7	32		1		
Rukungiri	77	157		35	21	
Isingiro	4			4	4	11
Lira	34	101	9	29	27	20
Mbarara	339		144	26	32	
	<b>754</b>	<b>482</b>	<b>167</b>	<b>233</b>	<b>174</b>	<b>86</b>